PRINTED: 03/13/2023 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 2741	or dorate of the transfer of t	BENTI IO/MIGN NOMBER.	A. BUILDING:			
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
RIVERWO	OD ALF	711 W ATH DOBSON,	(INS DR NC 27017			
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 000	Initial Comments		D 000			
	annual and follow-up	sure Section conducted an survey from 02/22/23 to telephone on 02/27/23.				
D 161	10A NCAC 13F .0504 Validation For LHPS	l(a & b) Competency Eval & Tasks	D 161			
	and Validation For Lic Support Tasks  (a) When a resident personal care tasks li (1) through (a)(28) of Subchapter, the task non-licensed staff or in their licensed capa professional has valid competent to perform (b) The licensed hea evaluate the staff per- abilities that relate to personal care task. T professional shall validas the knowledge, sidemonstrate the performance of the competence of the compe	may be delegated to licensed staff not practicing city after a licensed health dated the staff person is the task. Ith professional shall son's knowledge, skills, and the performance of each				
	facility failed to ensur professional support validation checklist ha return demonstration	ew and interviews, the e a licensed health				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL086014	B. WING		02	2/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
RIVERWO	OOD ALF		TKINS DR			
		DOBSO	N, NC 27017			
(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 AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 161	Continued From page	e 1	D 161			
	oxygen, and administ injection for 1 of 3 sa	tration of medication via mpled staff (Staff A).				
	The findings are:					
	licensed health profest validation checklist on Review of a resident's medication administrative revealed:	ealed: 01/16/23. tation she completed a ssional support (LHPS) skills n 01/16/23. s January 2023 electronic				
	2023. -Staff A had documer on 01/27/23.	values on 9 days in January  nted administration of oxygen  nted insulin administration on  23.				
	02/01/23 to 02/27/23 -Staff A had documer on 9 days in February -Staff A had documer on 02/04/23 and 02/1	nted checking FSBS values y 2023. nted administration of oxygen 5/23. nted insulin administration on				
	revealed: -She thought when sl the LHPS competend the pharmacy staff wl	ation competency validation t.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R 02/2	7/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 02,2	112020
RIVERWO	OD ALF	711 W ATKI DOBSON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 161	previouslyShe could not remen Director (ED) had told complete a LHPS corrupon hire.  Telephone interview vi.45pm revealed: -She was responsible their personnel record completeThe LHPS nurse who coming to the facility competency validation the check offs, but via in-person return demo-Staff A completed he validation skills check FaceTime with no in-I demonstrationThe pharmacist had hands-on skills such a medication via injection her medication via injection her medication during administration compeskills checklist so she need for return demotooShe was not at the face	the facility she worked at the facility she needed to impetency validation checklist with the ED on 02/27/23 at the for hiring staff and ensure dis were current and to had previously been to do on-site LHPS in checklists with staff still did a FaceTime with no constration. In LHPS competency list with the LHPS nurse via the person return checked Staff A off on her that FSBS and administering to when Staff A completed distration competency so checklist. The did staff A do a return ther medication tency validation clinical thought that covered the instration for the LHPS tasks	D 161			
D 167	10A NCAC 13F .0507 Cardio-Pulmonary Re		D 167			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED	
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK	INS DR			
MIVERWO	ALI	DOBSON,	NC 27017			
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D 167	Continued From page	÷ 3	D 167			
	10A NCAC 13F .0507 Cardio-Pulmonary Re Each adult care home staff person on the pr completed within the cardio-pulmonary res management, includir provided by the Amer American Red Cross, American Safety and First Aid, or by a train certification as a train from one of these org person trained accord	'Training On esuscitation e shall have at least one emises at all times who has last 24 months a course on uscitation and choking ng the Heimlich maneuver, ican Heart Association, National Safety Council, Health Institute or Medic er with documented er on these procedures anizations. The staff ling to this Rule shall have the facility to a one-way r use in performing				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at least one staff person was on the premises at all times who had completed an accredited course on cardiopulmonary resuscitation (CPR) within the last 24 months for 22 of 28 sampled shifts.					
	shiftsThere were no staff what current cardiopul training on the dates: -On 02/10/23 from 7:05:00pm to 11:59pm; -On 02/11/23, 02/12/2	23/23 revealed: s (MA) worked 12-hour  working in the facility who monary resuscitation (CPR) and times as follows: 00am to 9:00am, and from 23, 02/15/23, 02/18/23, 3 from 12:00am to 11:59pm;				

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Division of	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
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		HAL086014	B. WING		02/2	27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		711 W ATI	KINS DR			
RIVERWO	OD ALF		, NC 27017			
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				DEFICIENCY)		
D 407			D 407			
D 167	Continued From page	<del>2</del> 4	D 167			
	12:00am to 7:00am;					
	-On 02/13/23, 02/14/2	23 and 02/16/23 from				
	7:00pm to 11:59pm;	20 dna 02/10/20 mom				
		2:00am to 9:00am and from				
	3:00pm to 11:59pm;	2.00am to 3.00am and nom				
		2:00am to 10:00am and				
	from 12:00pm to 11:5					
	•	2:00am to 9:00am and from				
	11:00am to 11:59pm;					
		2:00am to 9:30am and from				
	5:00pm to 11:59pm.					
	Intoniow with a MA o	on 02/24/23 at 4:00pm				
	revealed:	11 02/24/23 at 4.00pm				
		training course in 2017.				
		taken another CPR course				
	_	training expired, but she				
	could not remember.	training expired, but sile				
		t har CDD training was				
		t her CPR training was				
	current.	, lead advisable an array what to				
		y had advised her on what to				
	do if a resident neede					
		nt where a resident needed				
		orm CPR for that resident				
	because she knew ho					
		, the Executive Director				
	` '	she needed to take another				
	CPR training course.					
		anyone else at the facility				
	had a current CPR ce	ertification.				
	Tolonhono intonvious	with the Decident Care				
	I =	with the Resident Care				
	, , ,	n 02/27/23 at 12:45pm				
	revealed:					
		sible for hiring staff and				
	managing personnel					
	-The ED created the					
	<sub>I</sub> -He was aware that h	ne was the only staff at the				

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facility with current CPR certification.

-The ED had tried several times to get someone

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7440127410	or Contraction	IBERTIN IS WISH NOW BERT	A. BUILDING: _		0011111	-125
HAL086014		HAL086014	B. WING		02/2	7/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALE	711 W ATK	NS DR			
KIVLKWO	OD ALI	DOBSON, I	NC 27017			
(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 167	Continued From page	5	D 167			
	to come to the facility never worked out.  -He had done his CPI was attending.  -All the staff knew that and they could call him needed because he complete.  -If he was not available at the facility needed and follow their instruction.  Telephone interview was responsible all components of the current and complete.  -In the previous few your the facility take a CPF the MAs and personate of those certifications.  -The previous two time certification course so had to be canceled be available to go to the someone to go to the with her staff.  -The RCC was the one CPR certification.  -The staff were all told CPR, they were to cat guidance.  -The MAs would do C because they had all	and do CPR training, but it R training at the college he the lived across the street m at any time if CPR was could be in the facility within le or at home and a resident CPR the staff would call 911 ction.  with the ED on 02/27/23 at for hiring staff and ensuring personnel records were ears she had everyone at R training course including I care aides (PCAs), but all had now expired es she had a CPR cheduled for all her staff it ecause there was nobody facility to do the training. as not successful at finding facility to do CPR training ally staff who had a current de that if someone needed				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, 55,25,110.		R	
		HAL086014	B. WING		02/27/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W AT	KINS DR NC 27017			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
(X4) ID PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 234	Continued From page	e 6	D 234			
D 234		8(a) Tuberculosis Test, unizatio	D 234			
	Medical Exam & Immunizatio  10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations  (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 5 sampled residents (#1 and #5) had completed two-step tuberculosis					
	The findings are:					
	11/14/22 revealed dia	obesity, muscle weakness,				
	Review of Resident # revealed an admissio	1's Resident Register n date of 11/30/21.				
	skin test on 01/29/22 -There was no docum test was given for Re	tation Resident #1 had a TB and the result was negative. nentation a two-step TB skin sident #1.				
	Interview with Reside	nt #1 on 02/23/23 at				

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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	
			50.25.110.		R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
RIVERWO	OD ALF		TKINS DR		
			N, NC 27017		
(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 234	Continued From page	÷ 7	D 234		
	11:39am revealed: -She had a TB skin to the facilityShe thought she had Interview with the Exc 02/23/23 at 12:16pm -Resident #1 did not I test completedResident #1's two-st fallen through the cra -The former Resident was responsible for e completed when Res test was dueShe and the current for ensuring two-step	est when she was admitted I a two-step TB skin test. ecutive Director (ED) on revealed: have her two-step TB skin ep TB skin test could have			
		n the ED on 02/27/2 at			
	Refer to interview with the ED on 02/27/2 at 3:05pm.  2. Review of Resident #5's current FL2 dated 02/13/23 revealed diagnoses included hypoglycemia, enlarged pituitary gland, hypothyroidism, elevated enzymes, tachycardia, Vitamin D deficiency, acute kidney injury, chronic obstructive pulmonary disease, history of seizures, schizophrenia, hypertension, hyperlipidemia, and macrocytic anemia.  Review of Resident #5's record revealed there was no documetation of a 2-step TB skin test.  Interview with the Executive Director (ED) on 02/23/23 at 12:16pm revealed:				

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which was prior to the current administration.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	
RIVERWO	OD ALF	711 W ATK DOBSON,				
(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 234	assumed Resident #5 because he was alrea -She was responsible were completed for re Interview with Reside 12:42pm revealed he skin test completed.  Refer to interview with 12:42pm.  Refer to interview with 3:05pm.  Telephone interview v 12:42pm revealed: -The ED was respons TB skin tests were co -Residents usually ha TB test prior to admis Telephone interview v 3:05pm revealed: -The first TB skin test residents upon admis -The second step TB within 30 days of the she could get a nurse	ip took over in 2014 and she is had his two-step TB test ady a resident. If for ensuring TB skin tests esidents.  Int #5 on 02/23/23 at add not know if he had a TB in the RCC on 02/27/23 at a sible for ensuring two-step impleted for residents. In the ED on 02/27/23 at a sible for ensuring two-step in the ED on 02/27/23 at a sible for ensur	D 234	DEFICIENCY		
D 270	10A NCAC 13F .0901 Supervision	(b) Personal Care and	D 270			
	10A NCAC 13F .0901 Supervision	Personal Care and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
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		HAL086014	B. WING		02	2/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
RIVERWO	OOD ALF		KINS DR I, NC 27017			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 270	(b) Staff shall provide	e supervision of residents in n resident's assessed needs, symptoms.	D 270			
	Based on observation interviews, the facility according to the need	ns, record reviews and failed to provide supervision ls of 1 of 5 sampled ad a history of wandering into				
	The findings are:					
	epilepsy, anxiety diso development delay. -He was constantly di	fetal alcohol syndrome, order, and mental				
	dated 12/09/22 revea documentation Resid	2's psychiatry progress note led there was ent #2 continued to go into s and grab things but was				
	12/21/22 revealed the Resident #2 was agita	2's progress note dated ere was documentation that ated and trying to get into s, so an as-needed anxiety nistered.				
	Review of Resident # 02/21/23 revealed:	2's progress note dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
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		HAL086014	B. WING		02	2/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
RIVERWO	OOD ALE	711 W AT	KINS DR			
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D 270	Continued From page	<del>2</del> 10	D 270			
	resident physically as -The personal care ai altercation reported th Resident #2 by the th was punching him in -The Executive Direct involuntary commitmer residentThere was no docum supervision of Resided  Interview with a PCA revealed: -She was the only sta altercation between F residentShe thought the alte 02/21/23 at 12:40pm, and staff were in the outleast -The other resident w Resident #2 after leav punched him twice or twice on the shoulder -Resident #2 did not y physical assaultShe immediately ste residents to stop the se -She thought the fight Resident #2 sometim resident #2 sometim resident #2 sometim resident #2 and to saw him in a room the -The altercation on 02 other resident had sh	de (PCA) who witnessed the nat the other resident had roat up against the wall and the face.  for (ED) initiated an ent (IVC) for the other  mentation that increased ent #2 was implemented.  on 02/23/23 at 9:32am  off who had witnessed the desident #2 and the other  recation happened on because the other residents dining room for lunch, alked up behind the ving the dining room and in the left side of the face and enterpretation of the two desidents.  I happened because es went into the other ook his baseball items, physical altercation on digust been keeping an eyerying to redirect him if they				
		nt #2 over for injury, but did uries and he was not acting				

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DIVISION	or riealin Service Negu	lation			
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		HAL086014	B. WING		02/27/2023
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		DOBSON	NC 27017		
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DAIE
				52.18.2.16.17	
D 270	Continued From page	e 11	D 270		
		ent returned to the facility,			
	she had not been adv	· -			
	differently for him or F	Resident #2.			
	Telephone interview v	vith Resident #2's guardian			
	on 02/23/23 at 9:50ar				
	-The facility contacted	d her if there were incidents			
	with Resident #2.				
	-She had not been co	entacted in the previous			
	week regarding any ir	ncidents.			
	-She relied on the fac	ility to keep her updated on			
	what was happening	with Resident #2, because			
	he was not able to co	mmunicate for himself.			
	-She was aware that	Resident #2 sometimes			
		sidents' rooms, but he did			
	not know any better.	,			
	_	e contacted any time there			
	was any incident invo	•			
	was any molachemive	iving resident #2.			
	Interview with the oth	er resident on 02/23/23 at			
	11:10am revealed:	01 1001d011t 011 02/20/20 dt			
	-	his room to try to steal his			
	stuff and he did not like				
		t #2 went through his stuff			
		room to go to the dining			
	room for meals.	room to go to the dining			
		w belongings and did not			
		y belongings and did not			
		ng the few possessions that			
	he did have.	0			
		2 was not "smart", but he did			
		vay on 02/21/23 because he			
	was trustrated that he	had gone through his stuff.			
	<b></b>				
		vith the county Adult Home			
	Specialist (AHS) on 0	2/23/23 at 12:15pm			
	revealed:				
	-She had not received	d an incident report			
	regarding the altercat	ion between Resident #2			
		t because the ED had told			
	her what happened o	ver the phone.			

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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:		COMPLETED	
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		HAL086014	B. WING		02/27/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALE	711 W ATK	INS DR			
RIVERVVC	OD ALF	DOBSON,	NC 27017			
(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	e 12	D 270			
	-She had not request	ed a written incident report.				
	staff were told by the and make sure he sta residents' rooms. -There was nowhere watching Resident #2	evealed: ercation on 02/21/23 and another resident, all the ED to monitor Resident #2 ayed out of the other  to document that they were c. cometimes told Resident #2 n, but never showed				
	02/24/23 at 9:15am re -He was not aware of between Resident #2 -He would expect the him or the on-call pro altercation if it happer -He was not aware of	the physical altercation and the other resident. facility staff to notify either vider about a physical ned after office hours. fany increased supervision of his behavior of wandering				
	health provider (MHP revealed: -He was not aware of 02/21/23 between Re residentIt would be hard to compulses to go into othis mental capacityHe did not think that checks would resolve rooms that were not helft him, he could get	her resident's room due to increased supervision Resident #2 from going into nis, because as soon as staff				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		1141 000044	B. WING		R
		HAL086014	J		02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK			
		DOBSON, I	NC 27017		
(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 COMPLETE
D 270	Continued From page	<del>2</del> 13	D 270		
	aware of what had ha	appened so that he could esidents his next time at the			
	Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:45pm revealed: -He was aware that Resident #2 wandered into				
	other residents' rooms and that some of the other residents did not like it.  -The resident who physically assaulted Resident #2 for going into his room had not shown aggression towards Resident #2 prior to the incident on 02/21/23.  -Since the altercation on 02/21/23, staff were advised by the ED to monitor the two residents				
		each other, but he was not stocols put into place or e staff to complete.			
	1:45pm revealed:	with the ED on 02/27/23 at			
	other resident had no towards Resident #2	altercation on 02/21/22, the t shown any aggression other than cursing at him to			
	•	ent #2 in place prior to the			
	knew to redirect Residents' rooms if ne	eded.			
		e physical assault had lesident #2 had been in the			
	hallway and was with	ident had happened in the essed only by the one PCA. he PCA look Resident #2			
	vital signs.	d not asked her to check the facility at the time of the			

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 14 of 84

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				IRVEY TED
	A. Bollbing.			R		
HAL086014			B. WING		1	//2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK				
		DOBSON,	NC 27017			
(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 270	Continued From page		D 270			
	to be at his baseline a -She had not increase implemented anything Resident #2 since the all the staff knew to ke -She had not complet altercation between R resident because she what had happened a Resident #3 out for an	d, and Resident #2 seemed and no apparent injury. Red supervision or go new for the staff to do for altercation happened, but seep an eye on Resident #2. Red an incident report for the desident #3 and the other told the AHS via telephone and that she was sending in IVC.				
D 273	10A NCAC 13F .0902	(b) Health Care	D 273			
	` '	Health Care assure referral and follow-up ad acute health care needs				
	This Rule is not met a TYPE B VIOLATION	as evidenced by:				
	interviews, the facility with the primary care health care needs for (#3, #2, #1, and #4), i physically assaulted a laboratory work order who had been physically aresident (#2), a resident acid levels checked a resident who had mul	failed to ensure follow-up provider (PCP) to meet the 4 of 5 sampled residents including a resident who had another resident and missed ed weekly (#3), a resident ally assaulted by another ent who did not have valproic is ordered (#1), and a tiple medication as ordered				

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 15 of 84

DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			7 50.25 10.			
					R	l .
		HAL086014	B. WING	<del></del>	02/2	7/2023
NAME OF D	DOVIDED OD CLIDDLIED	OTDEET AS	DRESS, CITY, STA	TE 710 CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER		, ,	KIE, ZIP CODE		
RIVERWO	OD ALF	711 W AT				
_		DOBSON	, NC 27017			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	KIATE	DATE
				52.16.2.16.1)		<del>                                     </del>
D 273	Continued From page	e 15	D 273			ı
	(#4).					1
						1
	The findings are:					1
						I
	Review of Resident #3's current FL2 dated					1
	10/03/22 revealed:					1
	_	coronary artery disease,				1
	cerebral artery occlus					ı
		sm, hypertension, and				ı
	cognitive disorderHe was intermittently disoriented.					I
						1
	-He had a functional I	imitation regarding his				I
	speech.					1
						I
	a. Review of Residen	t #3's Psychiatry progress				1
	notes dated 02/06/23	revealed:				I
	-He was prescribed s	ertraline (an antidepressant				I
	medication) for mood					1
	-Staff reported to the	mental health provider that				1
	Resident #3 appeared	d irritated when things were				1
	not done for him imm	ediately.				1
	-He was prescribed q	uetiapine (an antipsychotic				1
	medication used to tre	eat diagnoses such as				I
	schizophrenia, bipola	r disorder and depression)				1
	for behaviors.					1
	-Staff had not docume	ented any behavioral				1
	concerns for Residen	t #3.				1
						I
	Review of Resident #	3's progress notes dated				1
	02/21/23 revealed:					1
	-Resident #3 continue	ed to refuse his all of his				1
	medications since 02	/16/23.				1
	-At 3:00pm, staff repo	orted seeing Resident #3				
	physically assault and					I
		de (PCA) who witnessed the				
	-	nat Resident #3 had the				
	•	throat up against the wall				ı
	and was punching the					
	-The Executive Direct					
		ent (IVC) for Resident #3.				
	Oranically Committee	2.1. (1 ν ο ) 101 1 τουιαστίτ πο.	I			i

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
	HAL086014		B. WING		R 02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALE	711 W AT	KINS DR		
KIVEKWO	OD ALF	DOBSON	, NC 27017		
(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 273	Continued From page	e 16	D 273		
	-At 3:30pm, law enfortransported Resident -The ED left a voicem guardian and updated via telephone about Fithe IVCThere was no docum provider (PCP) was not resident #3 was docum guardian and updated 02/22 Resident #3 was docum growider (PCP) was not resident #3 was docum guardian was docum guar	recement arrived and #3 to the hospital. hail for Resident #3's d the guardian's supervisor Resident #3's behavior and hentation the primary care hotified.  3's IVC hospital discharge 2/23 revealed: cumented as having been VC. combined receptive and difficulty speaking caused by			
	brain damage) as a late effect of cerebrovascular accident (CVA/stoke).  -There was an order to continue taking quetiapine 50mg every morning, quetiapine 100mg every evening and sertraline 100mg daily.				
	revealed: -She was the only state altercation between FresidentShe thought the alternative happened around 12: residents and staff we lunchResident #3 walked after leaving the dining twice on the left side left shoulderThe other resident diduring the physical as	40pm, because the other ere in the dining room for up behind the other resident groom and punched him of the face and twice on the did not yell out or act hurt essault.			
		as not cognitively aware			

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STATE FORM 9THX11 If continuation sheet 17 of 84

DIVISION	or reality Service Regulation					
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY	
AND PLAN C	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					_	
			B. WING		R	
		HAL086014	B. WING		02/27/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		711 W ATK	INS DR			
RIVERWO	OD ALF	DOBSON,				
		<u> </u>	NC 27017			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
IAO		,	IAG	DEFICIENCY)		
D 273	Continued From page	e 17	D 273			
	-She thought the fight	t hannened herause				
		seball, and the other resident				
		Resident #3's room and				
	took his baseball item					
		2/21/23, was the first time				
		wn aggression towards the				
	other resident.					
	-Once the residents' altercation was broken up,					
	she reported the incident to the Executive					
	Director (ED) who then called the police to come take Resident #3 away.					
		ed her to complete any				
	-	orts regarding the incident				
		rite the report herself.				
	•	ed her to verbally describe				
	what she had witness					
		er resident over for injury,				
		sible injuries and the other				
	resident was not actir					
	-Resident #3 returned	from the hospital on				
	02/22/23.					
		turned to the facility, she				
		I to do anything differently				
	for him.					
	-Resident #3 had not					
		ning from the hospital.				
	-She did not think Res	sident #3 had been having				
	any behavioral issues	prior to the physical assault				
	on the other resident.					
	Interview with Reside	nt #3 on 02/23/23 at				
	11:10am revealed:					
	-He had lived at the fa	acility for almost a year and				
		because he felt like he could				
	not get along with the	ED.				
	-The ED would not ta					
		trouble communicating with				
	her.	-				
	-He had a stroke and	ever since the stroke he				

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was not able to think or speak well.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER:  HAL086014  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR  DOBSON, NC 27017  (X4) ID  PREFIX (EACH CORRECTION SHOULD BE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  D 273  Continued From page 18  -He tried to be nice to everyone.  -There was one resident at the facility who came in his room to try to steal his stuff and he did not like that.  -He felt as if the other resident went through his stuff every time he left his room to go to the dining room for meals.  -He did not have many belongings and did not want someone stealing the few possessions that he did have.  -He knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:  Level and the did #3 we cont to the control of the control	DIVISION	IVISION OF HEARTH SERVICE REGULATION					
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017  [X41] ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  D 273  Continued From page 18  -He tried to be nice to everyoneThere was one resident at the facility who came in his room to try to steal his stuff and he did not like thatHe felt as if the other resident went through his stuff every time he left his room to go to the dining room for mealsHe did not have many belongings and did not want someone stealing the few possessions that he did haveHe knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:	STATEMENT	,		(X2) MULTIPLE	CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 18  -He tried to be nice to everyoneThere was one resident at the facility who came in his room to try to steal his stuff and he did not like thatHe felt as if the other resident went through his stuff every time he left his room to go to the dining room for mealsHe did not have many belongings and did not want someone stealing the few possessions that he did haveHe knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:	AND PLAN C	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 18  -He tried to be nice to everyoneThere was one resident at the facility who came in his room to try to steal his stuff and he did not like thatHe felt as if the other resident went through his stuff every time he left his room to go to the dining room for mealsHe did not have many belongings and did not want someone stealing the few possessions that he did haveHe knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:						'	
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RIVERWOOD ALF  711 W ATKINS DR DOBSON, NC 27017    (X4) ID PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DATE		HAL086014		02/27/2023			
RIVERWOOD ALF  711 W ATKINS DR DOBSON, NC 27017    (X4) ID PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DATE	NAME OF PE	ROVIDER OR SUPPLIER	STREET AI	ODRESS CITY STA	TE ZIP CODE		
(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETE DEFICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE	0	10115211 011 001 1 21211					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   Description (EACH DEFICIENCY)   Deficiency (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   Deficiency (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   Date	RIVERWO	OD ALF					
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 18  -He tried to be nice to everyoneThere was one resident at the facility who came in his room to try to steal his stuff and he did not like thatHe felt as if the other resident went through his stuff every time he left his room to go to the dining room for mealsHe did not have many belongings and did not want someone stealing the few possessions that he did haveHe knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:			DOBSON	I, NC 27017			
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 273  Continued From page 18  -He tried to be nice to everyoneThere was one resident at the facility who came in his room to try to steal his stuff and he did not like thatHe felt as if the other resident went through his stuff every time he left his room to go to the dining room for mealsHe did not have many belongings and did not want someone stealing the few possessions that he did haveHe knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
D 273 Continued From page 18  -He tried to be nice to everyoneThere was one resident at the facility who came in his room to try to steal his stuff and he did not like thatHe felt as if the other resident went through his stuff every time he left his room to go to the dining room for mealsHe did not have many belongings and did not want someone stealing the few possessions that he did haveHe knew the other resident was not "smart", but he did hit him the other day anyway, because he was frustrated that he had gone through his stuff.  Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:							
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Telephone interview with Resident #3's guardian on 02/23/23 at 12:20pm revealed:							
on 02/23/23 at 12:20pm revealed:		was irustrated triat ne	riad gorie tillough his stull.				
on 02/23/23 at 12:20pm revealed:		Tolonhono intonviow v	with Posidont #3's quardian				
		-					
		·					
-He was aware that Resident #3 was sent to the							
hospital for an IVC on 02/21/23.							
-He had been off work that day so had received							
the notification on 02/22/23, and he also spoke							
with the hospital regarding the IVC on 02/22/23.			_				
-Resident #3 had never had an altercation with							
another resident prior to the incident on 02/21/23.		•					
-Aside from Resident #3 being upset over not		-Aside from Resident	#3 being upset over not				
having permission to walk to town to go to the		having permission to	walk to town to go to the				
store by himself, he did not have a history of		store by himself, he d	id not have a history of				
behaviors.		behaviors.					
Interview with a medication aide (MA) on		Interview with a media	cation aide (MA) on				
02/23/23 at 2:45pm revealed:			, ,				
-After the physical altercation on 02/21/23, all the							
staff were told by the ED to monitor the other							
resident and make sure he stayed out of Resident		-					
#3's room.							
-There was nowhere to document that they were		** *	to document that they were				
watching Resident #3's room.							
-Resident #3 sometimes told the other resident to		•					
stay out of his room, but never showed							
aggression towards him in the past.							

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_
	HAL086014 B.		B. WING		R 02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK DOBSON, I			
		<u> </u>	10 27017		
(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 COMPLETE
D 273	Continued From page	e 19	D 273		
D 273	Telephone interview of 02/24/23 at 9:15am relephone interview of Resident #3 and the oral end on-call provider if it has the did not think that #3 had missed due to caused his behavior of the agreed with the EResident #3 out for an advised her to do any Telephone interview of health provider (MHP) revealed:	with Resident #3's PCP on evealed: I the altercation between other resident. I facility staff to either notify altercation or to notify the appened after office hours. The medications Resident or refusing them would have on 02/21/23. ED's decision to send in IVC and would not have			
	Resident #3 and the of Both Resident #3 and patients of his, and he notified of the altercathem.  -He would not have a anything differently, by them to make him aw so that he could address time at the faciliting-Resident #3 had a harmonic patient #3 and a harmonic patient #3 an	other resident from 02/21/23.  If the other resident were the would have wanted to be the tion between the two of the dvised the facility to do not would have expected the face of what had happened the sessit with both residents his			
	Telephone interview v Coordinator (RCC) or revealed: -He was not working v #3 hit the other reside -The ED would have following up with both	vith the Resident Care n 02/27/23 at 12:45pm on 02/21/23 when Resident ent.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK			
		DOBSON,	NC 27017		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	the other resident prio 02/21/23.  -Since the physical al were advised by the Bresidents when they was not aware of any or documentation for  Telephone interview was not aware of any or documentation for  Telephone interview was telephone interview was telephone interview was telephone interview was took the altercation had not shown any agresident other than confission was told that the Resident #3 had happresident had been in -She was told the incihallway and was with -She would have been otifying the PCP, but to Resident #3's PCP incident, because she to the hospital for an -She had not been at altercation, but she was happened.  b. Review of Residen 08/01/22 revealed an international normalizused to check coagul	shown aggression towards or to the incident on  Itercation on 02/21/23, staff ED to monitor the two were near each other, but he new protocols put into place the staff to complete.  With the ED on 02/27/23 at on on 02/21/22, Resident #3 aggression towards the other arising at him to stay out of e physical assault by pened because the other Resident #3's room. Ident had happened in the essed only by the one PCA. In the staff responsible for thad not sent a notification of MHP regarding the enact Resident #3 sent out IVC instead. Ithe facility at the time of the tent to the facility after it had  It #3's physician order dated order for weekly sed ratio (INR) (a blood lab ation time or effectiveness edication) laboratory work	D 273		
	Review of Resident # revealed:	3's laboratory results			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COMIT LETED
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
DIVEDMO	OD ALE	711 W ATK	INS DR		
RIVERWO	OD ALF	DOBSON,	NC 27017		
(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 273	Continued From page	21	D 273		
	-There was documen	tation Resident #3 had an weekly except on 11/29/22, 23. Int #3's INR was 1.71 as 2.0-3.0). Int #3's INR was 1.25			
	the facility's contracted 3:25pm revealed: -On 11/29/22, there we Resident #3's INR, but received which indicated -There was no order to Resident #3 on 12/06 -When they collected Resident #3 the result electronic medical received:				
	the facility's contracted 10:00am revealed: -Resident #3 had an obtained every weekThere was no docum obtained on 11/29/22 that the facility had coobtain Resident #3's lidaysThere was no docum refused to have his billiaboratory, so the technique of the contraction of the c	nentation his INR had been 1, 12/06/22 or 02/07/23 or 1, 12/06/23			

Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	1	
RIVERWOOD ALF DOBSON, I		NC 27017				
(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 APPROPE DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	22	D 273			
	was taking warfarinHe did not remembe blood drawsHe did not think he h blood drawn.  Interview with a medi 02/23/23 at 2:45pm reThe Resident Care Cresponsible for command the primary care and the primary careThe MAs did not kee or follow up with the lawas neededShe did not know if Fan INR laboratory drawn on 02/23/23 at 3:30prHe was the physician #3's PCPHe saw Resident #3 but also received noticoncerns while he warkesident #3 was tak of left ventricular throruselem -Resident #3's goal ra 2.0-3.0He was more concer INR value being high -Any INR value below placed Resident #3 a stroke.	r missing any weeks with his add ever refused to have his cation aide (MA) on evealed: Coordinator (RCC) was nunication with the laboratory provider (PCP). The track of laboratory orders aboratory if a blood draw  Resident #3 had ever missed law.  With Resident #3's physician in revealed: In who supervised Resident in person every 6 months, fications regarding resident is in the office. In who supervised Resident in gwarfarin for a diagnosis in the office. In who supervised Resident in gwarfarin for a diagnosis in the office in gwarfarin for a diagnosis in the about Resident #3's				

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02/24/23 at 9:15am revealed:

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NAME OF PROVIDER OR SUPPLIER  RIVERWOOD ALF  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR DOBSON, NC 27017  [M4] ID PREFIX TAG  CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCIS (EACH DEFICIENCY MIST BE PRECEDED BY FULL PREFIX TAG  CROSS-REFERENCE TO THE APPROPRIATE DATE  D 273  Continued From page 23  -He reviewed Resident #3's INR results every Monday when he was at the facility, -He was not aware of Resident #3 not having an INR obtained on 11/29/22, 12/06/22, or 02/07/23He would expect the facility to follow up with the laboratory if they did not obtain Resident #3's weekly INR.  Telephone interview with the RCC on 02/27/23 at 12-45pm revealed: -It was his responsibility to fax laboratory orders to the laboratory draws or resultsThe laboratory came to the facility every week to obtain a blood specimen from Resident #3 to check his INR levelOnce the laboratory result was sent to the facility he would print the result and place it in Resident #3's folder for the PCP to reviewHe had not noticed that there was no INR obtained for Resident #3 on 11/29/22, 12/06/22 or 02/07/23There was no process in place for him to keep track of which laboratory work was due and which laboratory work was obtained and to follow up with the laboratory or work was obtained and to follow up with the laboratory or work was obtained and to follow up with the laboratory work was obtained and to follow up with the laboratory work was obtained and to follow up with the laboratory work was obtained and to follow up with the laboratory work was obtained and to follow up with the laboratory or work was massed.		F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURV	
NAME OF PROVIDER OR SUPPLIER  RIVERWOOD ALF  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR  DOBSON, NC 27017    (X4) ID PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY PILL)   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)   D273    D 273   Continued From page 23   -He reviewed Resident #3's INR results every Monday when he was at the facilityHe was not aware of Resident #3 not having an INR obtained on 11/29/22, 12/06/22, or 02/07/23He would expect the facility to follow up with the laboratory if they did not obtain Resident #3's weekly INR.  Telephone interview with the RCC on 02/27/23 at 12:45pm revealed:  -It was his responsibility to fax laboratory orders to the laboratory and follow up with them regarding laboratory draws or results.  -The laboratory came to the facility every week to obtain a blood specimen from Resident #3 to check his INR level.  -Once the laboratory result was sent to the facility he would print the result and place it in Resident #3 to check his INR level.  -Once the PCP to review.  -He had not noticed that there was no INR obtained for Resident #3 on 11/29/22, 12/06/22 or 02/07/23.  -There was no process in place for him to keep track of which laboratory work was obtained and to follow up				A. BUILDING			
RIVERWOOD ALF  T11 W ATKINS DR DOBSON, NC 27017    CALL   DEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DREFIX TAG   DEFICIENCES CROSS-REFERENCED TO THE APPROPRIATE   DATE			HAL086014	B. WING			2023
(24) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 273  Continued From page 23  -He reviewed Resident #3's INR results every Monday when he was at the facilityHe was not aware of Resident #3's weekly INR.  Telephone interview with the RCC on 02/27/23 at 12:45pm revealed: -It was his responsibility to fax laboratory orders to the laboratory and follow up with them regarding laboratory ame to the facility every week to obtain a blood specimen from Resident #3 to check his INR levelOnce the laboratory result was sent to the facility he would print the result and place it in Resident #3's folder for the PCP to reviewHe had not noticed that there was no INR obtained for Resident #3 on 11/29/22, 12/06/22 or 02/07/23There was no process in place for him to keep track of which laboratory work was obtained and to follow up  The prefix prefix (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE C	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG    (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG     (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE)	RIVERWO	OOD ALF					
-He reviewed Resident #3's INR results every Monday when he was at the facilityHe was not aware of Resident #3 not having an INR obtained on 11/29/22, 12/06/22, or 02/07/23He would expect the facility to follow up with the laboratory if they did not obtain Resident #3's weekly INR.  Telephone interview with the RCC on 02/27/23 at 12:45pm revealed: -It was his responsibility to fax laboratory orders to the laboratory and follow up with them regarding laboratory draws or resultsThe laboratory came to the facility every week to obtain a blood specimen from Resident #3 to check his INR levelOnce the laboratory result was sent to the facility he would print the result and place it in Resident #3's folder for the PCP to reviewHe had not noticed that there was no INR obtained for Resident #3 on 11/29/22, 12/06/22 or 02/07/23There was no process in place for him to keep track of which laboratory work was due and which laboratory work was obtained and to follow up	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
Telephone interview with the Executive Director (ED) on 02/27/23 at 1:45pm revealed: -She was not aware of Resident #3's missed laboratory draws on 11/29/22, 12/06/22, and 02/07/23The laboratory technician gave the RCC a list of all the residents they came to obtain blood from and if they were successful in obtaining the specimen or not, so the RCC would know if Resident #3 refused his laboratory workThere were no documented laboratory refusals for Resident #3 that she was aware of.	D 273	-He reviewed Resided Monday when he was -He was not aware of INR obtained on 11/2 -He would expect the laboratory if they did weekly INR.  Telephone interview was 12:45pm revealed: -It was his responsibile to the laboratory and regarding laboratory and regarding laboratory came obtain a blood specing check his INR levelOnce the laboratory he would print the resident obtained for Resident of Section 12/07/23.  -There was no process track of which laboratory work was of the laboratory work was obtained interview of (ED) on 02/27/23 at 1-She was not aware of laboratory draws on 02/07/23.  -The laboratory technall the residents they and if they were successed in the section of the section	at the facility. Resident #3 not having an 9/22, 12/06/22, or 02/07/23. Facility to follow up with the not obtain Resident #3's  with the RCC on 02/27/23 at lity to fax laboratory orders follow up with them draws or results. To the facility every week to men from Resident #3 to result was sent to the facility sult and place it in Resident P to review. That there was no INR #3 on 11/29/22, 12/06/22 or ses in place for him to keep ory work was due and which obtained and to follow up a blood draw was missed.  With the Executive Director :45pm revealed: of Resident #3's missed l1/29/22, 12/06/22, and lician gave the RCC a list of came to obtain blood from essful in obtaining the he RCC would know if nis laboratory work.  The results was results at the facility sult and place in obtaining the he RCC would know if nis laboratory refusals	D 273			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		02/27/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALE	711 W AT	KINS DR			
KIVLKWO	OD ALI	DOBSON	I, NC 27017			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	24	D 273			
	ordered laboratory work was completed and following up with the laboratory and the PCP if laboratory work was not completed as ordered.  2. Review of Resident #2's current FL2 dated					
	12/12/22 revealed:	fetal alcohol syndrome,				
	development delay.  -He was constantly disoriented.  -He had a functional limitation regarding his					
	speech and sight.	0 0				
	dated 12/09/22 revea documentation Resid	2's psychiatry progress note led there was ent #2 continued to go into s and grab things but was				
	12/21/22 revealed the Resident #2 was agita	2's progress note dated ere was documentation that ated and trying to get into s, so his as-needed anxiety nistered.				
	02/21/23 revealed: -At 3:00pm, staff reporesident physically as -The personal care ai altercation reported the Resident #2 by the the was punching him in the Executive Direction involuntary commitments resident.	sault Resident #2.  de (PCA) who witnessed the nat the other resident had roat up against the wall and the face. for (ED) initiated an				
		are provider (PCP) had				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		, ,	E SURVEY PLETED	
			7.1. 20.25.1.to.		R	
HAL086014 B. WING		02	2/27/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		711 W AT	KINS DR			
RIVERWO	OOD ALF	DOBSON	I, NC 27017			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 25	D 273			
	Interview with a PCA revealed: -She was the only sta altercation between F residentShe thought the alte 02/21/23 at 12:40pm, and staff were in the 1-The other resident w Resident #2 after lear punched him twice or twice on the shoulder -Resident #2 did not physical assault.	on 02/23/23 at 9:32am  off who had witnessed the Resident #2 and the other reation happened on because the other residents dining room for lunch. alked up behind the ving the dining room and in the left side of the face and residents will be the face and residents at the left of the face and residents.				
	on 02/23/23 at 9:50ar -The facility contacted with Resident #2She had not been con week regarding any ir -The last phone call is facility was on 02/01/2 appointmentShe relied on the fact what was happening he was not able to conshe was aware that went into other the result into other the result into whose services at 10 miles.	charted in the previous encidents.  The received from staff at the 23 regarding a podiatry cility to keep her updated on with Resident #2 because mmunicate for himself.  Resident #2 sometimes sidents' rooms, but he did				
	02/24/23 at 9:15am re -He was not aware of Resident #2 and the e -He would expect the him or the on-call pro	the altercation between				

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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: _			
HAL086014		B. WING		R 02/27/2023		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		711 W ATK		, 211 0002		
RIVERWO	OD ALF	DOBSON,	NC 27017			
(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 273	clinical judgment regar Resident #2.  -If he had known about punched in the head I suggested monitoring incident or completing on him such as check change in pupil size of the management of th	if at the facility to use their arding after-care for ut Resident #2 being he probably would have him for 24 hours after the geneurological assessments sing for facial drooping, or other neurological deficits.  With Resident #2's mental on 02/24/23 at 11:25am  If the altercation from sident #2 and the other deficited would have wanted to be sing between the two of control Resident #2's her resident's room due to increased supervision. Resident #2 from going into his, because as soon as staff up and go. dvised the facility to do not would have expected are of what had happened ess it with both residents his y.  With Resident #2's physician merevealed: s physician who oversaw	D 273			
	was in the office.	sident concerns while he				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. BOILDING		R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W AT			
			, NC 27017		
(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 273	Continued From page	e 27	D 273		
D 273	between Resident #2 happened on 02/21/2 -He would expect the about a physical alter -If the ED was not ab PCP, he would have Emergency Medical S facility to evaluate Re neurological assessm  Telephone interview v Coordinator (RCC) or revealed: -He was not working #2 was hit by the other -He did not know if the regarding the altercate  Telephone interview v 1:45pm revealed: -She had not sent a r PCP or MHP regardir Resident #2 did not ar -She had left a voicer guardian on 02/21/23 guardian had called be incident.  Based on record review it was determined Re interviewable.	and the other resident that it is. If acility to notify their office recation between residents. It to get into contact with the advised her to have Services (EMS) come to the resident #2 to determine if thents were needed.  With the Resident Care in 02/27/23 at 12:45pm  on 02/21/23 when Resident er resident. It is ED had notified the PCP ition.  With the ED on 02/27/23 at intoitification to Resident #2's ing the incident because appear injured in any way, mail for Resident #2's indicated the proper in the process of the proc	D 273		
	<ul> <li>3. Review of Resident #1's current FL2 dated 11/14/22 revealed:</li> <li>-Diagnoses included bipolar disorder, anxiety, and major depressive disorder.</li> <li>-There was documentation on the medication section "see MAR."</li> </ul>				
	Review of Resident #	1's previous FL2 dated			

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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. BOILBING.		R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK	(INS DR NC 27017		
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	NI (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 273	Continued From page	e 28	D 273		
	diabetes mellitus type disease, hypothyroidi -There was an order to (Depakote) (used to to disorder) 125mg daily daily at bedtime.	sm, and osteoarthritis.			
	10/21/22 revealed an #1's valproic acid (VF measure the amount to ensure Depakote is the therapeutic range Review of Resident #	of valproic acid in the blood s administered and within .) 1's record revealed there			
	was no documentatio completed after 10/21	n of a VPA level check 1/22.			
	Interview with the facility's contracted laboratory on 02/23/23 at 3:23pm revealed: -There was no documentation the laboratory had received the order dated 10/21/22 to check Resident #1's VPA levelResident #1's last VPA level check was completed on 07/05/22, but he could not confirm the results.				
	Interview with Resident #1 on 02/23/23 at 11:39am revealed she last had her blood drawn some time before December 2022, but she did not know when or if her VPA level was checked.  Telephone interview with Resident #1's Mental Health Provider (MHP) on 02/24/23 at 11:45am				

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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	
		71. 501251110.		R	
	HAL086014	B. WING		02/27/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWOOD ALF	711 W ATK	INS DR			
NIVERWOOD ALI	DOBSON,	NC 27017		,	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
VPA level check as a -VPA levels were rown administered Depak was not above the the tried to have VPA levels above 1 sodium levels, and levels above 1 sodium levels	esident #1 did not have a ordered on 10/21/22. Utinely checked for residents ote to ensure the VPA level herapeutic level of 120; she wels checked twice a year. It is above 120, she would start for Depakote. 20 could cause toxicity, low ow platelet levels. Dected the facility to follow er dated 10/21/22 to have evel checked.  With the Resident Care on 02/27/23 at 12:42pm  If for faxing orders to the any or so of the order date. Her the order dated 10/21/22 ave her VPA level checked or in the order.  With the Executive Director 3:05pm revealed: Consible for sending orders to atory. He well checked or in the order we her VPA levels checked. CCC to make sure physician's it tests were sent to the	D 273			

Division of Health Service Regulation

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DIVISION	or riealin Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
					1 _	_
			D WING		F	
		HAL086014	B. WING		02/2	7/2023
NAME ∩E P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE ZIP CODE		
TVAIVIL OF T	NOVIDER OR GOLT EIER			(IL, ZII OOBL		
RIVERWO	OD ALF	711 W ATH				
		DOBSON,	NC 27017			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
				DEI IOIENCI )		
D 273	Continued From page	30	D 273			
	Communication page	. 65				
	disease.					
	-There was an order t	for benztropine (used to				
	treat physical restless	sness, agitation, fidgeting,				
	and spasms of the ey	es, tongue, jaw, neck and				
	back muscles) 1mg, 1					
	bedtime.					
		for docqlace (used to treat				
		1 capsule twice a day.				
		for hydroxyzine (used to				
		` `				
	treat anxiety) 25mg, 1					
		for mirtazapine (used to				
	•	anxiety) 15mg, 1 and 1/2				
	tablets at bedtime.					
	-There was an order t	for valproic acid (used to				
	treat bipolar disorder)	syrup 250/5ml, 4ml at				
	bedtime.					
	Review of Resident #	4's physician's orders dated				
		order for melatonin (used to				
	aid with sleep) 3mg 1	,				
	ala with cloop) chig i	tablet at boatime.				
	Review of Resident #	4's February 2023 electronic				
		ation Record (eMAR) from				
	02/01/23 through 02/2					
	_	or benztropine 1 mg, 1 and				
	1/2 tablets at bedtime					
	administration at 8:00	•				
	-There was an entry f	or hydroxyzine 2mg, 1 tablet				
	at bedtime scheduled	for administration at				
	8:00pm.					
		or melatonin 3mg, 1 tablet				
	at bedtime scheduled					
	8:00pm.					
		or mirtazapine 15mg, 1 and				
	1/2 tablets at bedtime	· · · · · · · · · · · · · · · · · · ·				
	-					
	administration at 8:00					
		or valproic acid syrup				
	250/5ml, 4ml at bedtii					
	administration at 8:00	pm.				

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-There was documentation Resident #4 refused

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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	
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
RIVERWO	OD ALF		KINS DR		
040.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	I, NC 27017	PROVIDER'S PLAN OF CORREC	TION
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
D 273	Continued From page	31	D 273		
	and valproic acid for \$02/03/23, 02/11/23, 002/16/23There was no docum administered benztromelatonin, mirtazapin with blank spaces on 02/14/23, 02/15/23, 002/19/23.  Resident #4's Februa 02/01/23 through 02/2	e, and valproic acid 7 times 02/04/23, 02/09/23, 2/17/23, 02/18/23, and			
	acid were not docume total of 12 of 22 oppo	ented as administered for a			
	(eMAR) for 02/01/23 at 12-1 at 12-2 at	cheduled for administration m. tation Resident #4 refused opportunities on 02/03/23 at 8:00pm, 02/12/23 at 8:00pm, and 02/16/23 at 8:00am and			
	administered docqlac on 02/04/23 at 8:00pm 02/14/23 at 8:00pm, 0 02/17/23 at 8:00pm, 0 02/19/23 at 8:00pm. Resident #4's Februa 02/01/23 through 02/2	o2/18/23 at 8:00pm, and ry 2023 eMAR from 22/23, docqlace was not histered for a total of 1 of 23 m and 12 of 22			

Division of Health Service Regulation

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Division of	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
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		DOBSON	, NC 27017		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	32	D 273		
	medication room to real The MAs told the rest the medication room with medications, they worefused.  -Staff must have marked do not show up at the to get his medication; asleep during medical and staff did not bring wake him up.  Interview with a medical occupancy of the medication for 3 consumers. She went to Residen him medication room wind resident #4 had not so she had not needed the RCC.  Telephone interview with a resident consistently.  -Staff had not made have a medication administered medication room wind care provider (PCP) or revealed:  -He expected staff to 72 hours if a resident consistently.	edications. go to the window at the eceive their medications. sidents if they did not go to window to get their uld mark them down as seed him as refused when he emedication room window sometimes he was in bed tion administration times in his medication to him or excation aide (MA) on excaled: The Resident Care as resident refused a ecutive days. That they are the time to the dow. The refused medications for her end to report any refusals to the refused their medications with Resident #4's primary on 02/24/22 at 10:15am  The refused their medications with medications and aware Resident #4 is or had not been			

administered so that he could see if there was an

STATE FORM 6899 9THX11 If continuation sheet 33 of 84

STATEMENT OF DEPICIENCIES (MT) PROVIDENSULPPLIENCIA DESTINATION NAMBER  AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 WATKINS OR  POBSON, NC 27017  PROVIDENT WATKINS OR  OUR CONTROLL OF CONTROLL OF CERTOSCHOOL OF THAT WATKINS OR  PETT, WAS COMPACTED TO PROVIDER TO CERTOSCHOOL OF THAT WATKINS OR  OUR CONTROLL OF CONTROLL OF CERTOSCHOOL OF THAT WATKINS OR CONTROLL OF CERTOSCHOOL OF THAT WATKINS OR CONTROLL OF CERTOSCHOOL OF CERTOSCHO	Division of fleatin Service Regulation		T		1			
INME OF PROVIDER OR SUPPLIER  THE ALDRESOLATOR STREET ADDRESS, CITY, STATE, ZIP CODE  THE WATKINS OR DOBSON, NC 27017  DOSSON, NC 27017  DOSSON, NC 27017  DEFOUNDER'S REALD FOR YOR IS CIDENTIFYING INFORMATION)  DEFOUNDER'S PLAN OF CORRECTION ON USE THE PRECEDED BY PIAL PREVIOUS SERVING TO BE COMPLETE TO A DEFOUNDER'S PLAN OF CORRECTION ON USE THE PRECEDED BY PIAL PREVIOUS SERVING TO BE COMPLETE TO A DEFOUNDER'S PLAN OF CORRECTION ON USE THE PRECEDED BY PIAL PREVIOUS SERVING TO BE COMPLETE TO A DEFOUNDER'S PLAN OF CORRECTION OF THE PREGULATORY OR IS CIDENTIFYING INFORMATION)  DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE PREVIOUS SERVING THE APPROPRIATE DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE APPROPRIATE DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE APPROPRIATE DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE APPROPRIATE DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE APPROPRIATE DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE APPROPRIATE DEFOUNDER'S PLAN OF CORRECTION OF THE PREVIOUS SERVING THE PROPRIATE DEFOUNDER OF THE PREVIOUS SERVING THE PREVIOU	, ,		(X2) MULTIPLE CONSTRUCTION		1 ' '			
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RIVERWOOD ALF    The company of the			HALU00014	15		1 02/2	11/2023	
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administered as ordered.		**						

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 34 of 84

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		D.
		HAL086014	B. WING		R 02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK DOBSON,			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 34	D 273		
	shift MA on 02/24/23	interview with the evening at 10:30am and 4:30pm, 50am was unsuccessful.			
		interview with a second 02/24/23 at 10:32am and 7/23 at 8:52am was			
	The facility failed to notify the physician about a physical altercation between two residents which resulted in one resident (#2) being physically harmed who was not able to verbally report symptoms of pain; a resident who missed INR laboratory work resulting in the PCP unaware of a decrease in his INR results below therapeutic range which placed the resident at risk for blood clots or stroke (#3); and a resident who was administered Depakote three times daily and did not have a VPA level check completed as ordered which placed the resident at risk of decreased sodium levels, decreased platelet levels, and toxicity (Resident #1). This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.				
	The facility provided a protection in accordar February 24, 2023.	an acceptable plan of nce with G.S. 131D-34 on			
		DATE FOR THE TYPE B OT EXCEED APRIL 13,			
D 276	10A NCAC 13F .0902	P(c)(3-4) Health Care	D 276		
	10A NCAC 13F .0902 (c) The facility shall a following in the reside	ssure documentation of the			

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 35 of 84

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK			
		·	NC 27017		
(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 276	Continued From page	35	D 276		
	a physician or other li and (4) implementation of	s, treatments or orders from censed health professional; procedures, treatments or abparagraph (c)(3) of this			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure implementation of orders for 5 of 5 sampled residents (#1, #2, #3, #4, and #5) who had orders for monthly weights and vital signs.				
	The findings are:				
	12/12/22 revealed dia	t #2's current FL2 dated agnoses included fetal ilepsy, anxiety disorder, and delay.			
	Review of Resident #2's physician order dated 03/22/22 revealed an order to obtain a monthly weight and set of vital signs to include blood pressure, heart rate, oxygen saturation, and temperature.				
	Review of Resident #2's December 2022 electronic medication administration record (eMAR) revealed:  -There was an entry for weight and vitals monthly, no specified date.  -There was a space to document blood pressure, oxygen saturation, pulse, temperature and weight.  -There were no weights or vital signs documented from 12/01/22 through 12/31/22.				
	Review of the facility's signs sheet revealed	s monthly weight and vital there was a form with			

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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. BOILDING.		D	
		HAL086014	B. WING		R 02/27/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATKI DOBSON, N				
(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 276	Continued From page	<del>2</del> 36	D 276			
	weights and vital signs documented for January 2023 and February 2023 but not for December 2022.  Interview with the Executive Director (ED) on 02/22/23 at 12:45pm revealed: -It was part of the facility's standing orders for all residents to have monthly weights and vital signs checkedIf Resident #2 did not have a weight or set of vital signs documented for December 2022 he might have refused or been unable to hold still long enough for staff to obtain the weight and vital					
	signs.  Telephone interview with Resident #2's primary care provider (PCP) on 02/24/23 at 9:15am revealed: -Since Resident #2 did not have diagnoses of heart failure or adult failure to thrive it was not critical for his weight and vital signs to be monitored every monthHe expected the facility to obtain the monthly weight and set of vital signs for Resident #2 because it was ordered.					
	Telephone interview with the ED on 02/27/23 at 1:45pm revealed the weights and vital signs for Resident #2 for December 2022 might have been obtained but never entered into the eMAR.					
		erview with the Resident CC) on 02/27/23 at 12:45pm.				
	Refer to telephone int 02/27/23 at 1:45pm.	erview with the ED on				
	10/03/22 revealed dia	t #3's current FL2 dated gnoses included coronary ral artery occlusion, history				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.11.5 1 27.11	or contraction	BENTI IO/MISIN NOMBER.	A. BUILDING: _	<del></del>	JOHN EETEB	
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OOD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
D 276	Continued From page	e 37	D 276			
		parkinsonism, hypertension,				
	Review of Resident #3's physician order dated 07/18/22 revealed an order to obtain a monthly weight and set of vital signs to include blood pressure, heart rate, oxygen saturation, and temperature.  Review of Resident #3's December 2022, January 2023, and February 2023 electronic medication administration record (eMAR) revealed there was no entry for monthly weight and vital signs.					
	Review of the facility's monthly weight and vital signs sheets revealed: -There was no form to document weight and vital signs on for December 2022There was a form for January 2023 with resident's weights and vitals documented on it but there was not a weight or vital signs documented for Resident #3.					
	Interview with the Executive Director (ED) on 02/22/23 at 12:45pm revealed: -It was part of the facility's standing orders for all residents to have monthly weights and vital signs checkedSince there was no entry on Resident #3's eMAR to document weights and vital signs on, the eMAR would not trigger the medication aides (MA) to check his weight or vital signsNobody had mentioned to her that Resident #3 did not have a place on his eMAR to document weights and vital signsShe often worked on the medication cart in the role of MA and had not noticed that Resident #3 did not have a place to document weights or vital signs either.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1.		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
		HAL086014	B. WING		R 02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK			
		DOBSON,	NC 27017	T	_
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 276	Continued From page	e 38	D 276		
	-Resident #3's primary care provider (PCP) had never asked to see his weight or vital sign values.				
	Telephone interview v 02/24/23 at 9:15am re	with Resident #3's PCP on evealed:			
		id not have diagnoses of			
	critical for his weight	ailure to thrive it was not and vital signs to be			
	monitored every mon				
	-He expected the facility to obtain the monthly weight and set of vital signs for Resident #3 because it was ordered.				
	•	with the Resident Care n 02/27/23 at 12:45pm			
	revealed he was not a Resident #3's eMAR weights and vital sign				
	Telephone interview v 1:45pm revealed:	with the ED on 02/27/23 at			
		ll signs for Resident #3 for			
	been missed since th	January 2023 might have ere was no entry on his			
	eMAR for itThe MAs created the	e list of residents who			
	_	and vital signs checked by			
		eMAR, but it would not o did not show as being due sign check such as			
	Resident #3She had not told the	MAs to do anything			
	differently about how	they created their list for			
	•	cause she was not aware not have an entry on his			
	eMAR for that information				
	Refer to telephone in 02/27/23 at 12:45pm.	terview with the RCC on			

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DIVISION	i Health Service Negu	iauon					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1			(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	=1ED	
					R	,	
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		I IALUUU I I			1 02/2	112023	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
DIVEDMO	OD ALE	711 W ATK	INS DR				
RIVERWO	OD ALF	DOBSON,	NC 27017				
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PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE	
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			1	DEFICIENCY)			
D 276	Continued From page	e 39	D 276				
	Refer to telephone int	terview with the ED on					
	02/27/23 at 1:45pm.						
	3. Review of Residen	t #1's current FL2 dated					
	11/14/22 revealed:						
	-Diagnoses included	osteoarthritis, morbid					
	obesity, muscle weak	ness, hypothyroidism,					
	hyperlipidemia, and h	eart disease.					
	-Resident #1 was nor	n-ambulatory.					
	Review of Resident #	1's standing orders for					
	medication and treatn	nent dated 12/17/21					
		obtain weight and vital signs					
		ure, heart rate, oxygen					
	saturation, and temper	erature monthly.					
	Davious of Davidant #	11a agra plan dated 12/05/22					
	revealed Resident #1	1's care plan dated 12/05/22					
		and required extensive					
	assistance with transf						
	assistance with transi	lennig.					
	Review of Resident #	1's electronic Medication					
		d (eMAR) for December					
	2022 revealed:	,					
		or weight and vitals monthly,					
	no specified date.	2					
	•	o document blood pressure,					
	oxygen saturation, pu	· · · · · · · · · · · · · · · · · · ·					
	weight.	•					
		nts or vital signs documented					
	from 12/01/22 through	<del>-</del>					
	Review of the facility's	s monthly weight and vital					
		there was a form with					
	•	s documented for January					
		023 but there was not a form					
	for December 2022.	UZU DUL HIGIG WAS HUL A IUIIII					
	ioi Dodoilibol 2022.						
	Review of Resident #	1's eMAR for January 2023					

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revealed:

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DIVISION	or rieditii Service Negu	ialion	1		T
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		HAL086014	B. WING		02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ALE, ZIP CODE	
RIVERWO	OD ALE	711 W ATK	(INS DR		
KIVEKWO	OD ALF	DOBSON,	NC 27017		
0/10/15	STIMMADV ST	ATEMENT OF DEFICIENCIES	- 15	PROVIDER'S PLAN OF CORRECTIO	N OVE
(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)	
D 276	Continued From page	e 40	D 276		
		or weight and vitals monthly,			
	no specified date.				
	-There was a space to	o document blood pressure,			
	oxygen saturation, pu				
	weight.	,			
	_	tation of Resident #1's vital			
	signs on 01/02/23, bu				
		sident #1's weight from			
	01/01/23 through 01/3	31/23.			
	Review of the facility's	s monthly weight and vital			
	signs sheet for Janua				
	_	sident #1's vital signs for			
		ere was no documentation of			
	1	ere was no documentation of			
	Resident #1's weight.				
		4's eMAR for February 2023			
	revealed:				
	-There was an entry f	or weight and vitals monthly,			
	no specified date.				
	-There was a space to	o document blood pressure,			
	oxygen saturation, pu	·			
	weight.	,			
		nentation of Resident #1's			
		from 02/01/23 through			
	02/28/23.				
		s monthly weight and vital			
	signs sheet for Februa	ary 2023 revealed			
	documentation of Res	sident #1's vital signs, but			
		ntation of Resident #1's			
	weight.				
	Interview with Reside	nt #1 on 02/23/22 of			
		III # I UII UZIZJIZJ AL			
	11:39am revealed:				
	-She could not stand				
	_	a seated scale, but they had			
	not used it to weigh h	er since around the time she			
	was admitted in 2021				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R 02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE	,
RIVERWO	OD ALF		, NC 27017		
(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 276	Continued From page	e 41	D 276		
	revealed: -Resident #1 refused standing scale in Feb obtain her vital signsShe did not documen weighed.  Observation of the far revealed: -The MA asked the conscale wasThe co-owner told the employee loungeThe MA opened the and pointed to a boar wall and stated she the wheelchair scale.	cility on 02/23/23 at 3:29pm co-owner where the seated e MA to check in the door to the storage room d leaning against a back			

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Coordinator (RCC) on 02/27/23 at 12:45pm

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
RIVERWO	OD ALE	711 W ATK	NS DR			
KIVEKWO	OD ALF	DOBSON, I	NC 27017			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
	revealed: -The facility used a stand on scale to weigh residents monthlyHe did not know why Resident #1's vital signs were not obtained in December 2022 and weights were not obtained in December 2022, January 2023 or February 2023He did not know if Resident #1's vital signs and					
	weights were not obtained or not documented.  -He did not know how residents who were not able to stand were weighed.  -Resident #1 would have difficulty standing to be weighed.  -He thought the seated scale was not working.  -It was the Executive Director's (ED) responsibility to ensure there was a working scale in the facility for residents who could not stand and had					
	physician's orders to be weighed.  Telephone interview with the ED on 02/27/23 at 3:05pm revealed: -She did not know Resident #1's vital signs were not obtained in December 2022 and weights were not obtained in December 2022, January 2023 or February 2023She did not know if monthly weights and vital signs were included in the facility's standing orders for all residentsThere was not a seated scale right now; she thought that the seated scale would not calibrate correctlyThe RCC was responsible for ensuring the facility had a working scale in place to weigh residents who were not able to standThe RCC was responsible for notifying the PCP for residents who were not able to weigh because they could not stand.					
		terview with the Resident CC) on 02/27/23 at 12:45pm.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	· /	SURVEY PLETED	
			A. BUILDING:			_
		HAL086014	B. WING		02	R / <b>27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
DI (EDI4(6		711 W AT	KINS DR			
RIVERWO	OOD ALF	DOBSON	, NC 27017			
(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 COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 276	Continued From page	e 43	D 276			
	Refer to telephone int 02/27/23 at 1:45pm.	terview with the ED on				
	07/18/22 revealed dia schizophrenia, migrai chronic obstructive pu	t #4's current FL2 dated agnoses included chronic nes, chronic pain syndrome, ulmonary disease polydipsia, er, and gastroesophageal				
	Review of Resident #4's physician's orders dated 06/20/22 revealed an order to obtain and record weight and vital signs monthly (no documentation of which vital signs).					
	medication and treatn	obtain weight and vital signs ure, heart rate, oxygen				
	Administration Record 2022 revealed:	4's electronic Medication d (eMAR) for December for weight and vitals monthly,				
	no specified dateThere was a space to oxygen saturation, put weight.	o document blood pressure, ilse, temperature and				
	-There were no weigh from 12/01/22 through	nts or vital signs documented h 12/31/22.				
	signs sheets revealed	s monthly weight and vital I there was not a monthly form for December 2022.				
	revealed:	4's eMAR for January 2023 for weight and vitals monthly,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
					R
		HAL086014	B. WING		02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W AT			
<u> </u>		, NC 27017	DROWNERIO DI ANI OF CORRECTION		
(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 276	Continued From page	2 44	D 276		
D 276	no specified date.  -There was a space to oxygen saturation, puweight.  -There were no weigh from 01/01/23 through Review of the facility's signs sheet for Janua documentation of Resigns.  Interview with Reside 11:59am revealed:  -The facility did not wigns monthly.  -Staff recently took himmember when.  -The last time he remine weighing him was round interview with Reside Provider (PCP) on 02.  -Resident #4 had a didine expected the facion weights and vital signs available for review with reviewed Richard with the reviewed Richard signs, he looked weights.  -He was not sure why vital signs were not controlled the was not at the controlled review with the reviewed Richard signs were not controlled review with the reviewed Richard signs were not controlled review with the reviewed Richard signs were not controlled review with the reviewed Richard signs were not controlled reviewed Richard signs were reversed rev	o document blood pressure, alse, temperature and ats or vital signs documented in 01/31/23.  Is monthly weight and vital ry 2023 revealed no sident #4's weights or vital at eigh him and take his vital is vital signs, but he did not embered the facility and December 2022.  Int #4's Primary Care 1/24/23 at 9:13am revealed: agnosis of weight loss. It is monthly and have them when he visited the facility. The sesident #4's weights and for gains and losses in his at Resident #4's weights and for gains and losses in his at Resident #4's weights and for gains and losses in his at Resident #4's weights and sompleted.  With the Resident Care in 02/27/23 at 12:45pm aware Resident #4 did not of his vital signs and weights	D 2/6		
	Telephone interview v	vith the ED on 02/27/23 at			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL086014	B. WING	B. WING		7/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATKI				
		DOBSON, N	NC 27017		_	
(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 276	Continued From page	÷ 45	D 276			
	3:05pm revealed she	did not know Resident #4's s were not obtained in				
		erview with the Resident CC) on 02/27/23 at 12:45pm.				
	Refer to telephone int 02/27/23 at 1:45pm.	erview with the ED on				
	02/13/23 revealed dia hypoglycemia, enlarg hypothyroidism, eleva	ed pituitary gland,  ted enzymes, tachycardia,  acute kidney injury, chronic  disease, history of  hia, hypertension,				
	06/20/22 revealed an	5's physician's orders dated order to obtain and record monthly (no documentation				
	Administration Record 2022 revealed: -There was an entry f	5's electronic Medication d (eMAR) for December or weight and vital signs				
	oxygen saturation, pu weight.	o document blood pressure, lse, temperature and				
	-There were no weigh from 12/01/22 through	nts or vital signs documented n 12/31/22.				
	signs sheet revealed weights and vital sign	s monthly weight and vital there was a form with s for January 2023 and ere was not a form for				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		D D	
		HAL086014	B. WING		R 02/27/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK				
		DOBSON, I	NC 27017			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 46	D 276			
	was last weighed or h Interview with Reside Provider (PCP) on 02 -He expected the faci weights and vital sign available for review w -He did not know the was not in working co Telephone interview w Coordinator (RCC) or revealed he did not know the	did not remember when he had his vital signs checked.  Int #5's Primary Care  1/24/23 at 9:13am revealed:  Ility to obtain Resident #5's as monthly and have them when he visited the facility.  It is seated scale at the facility ondition.  In the Resident Care to 2/27/23 at 12:45pm how Resident #5's weights				
	2022.  Telephone interview v 3:05pm revealed she	with the ED on 02/27/23 at did not know Resident #5's as were not obtained in				
	Refer to telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:45pm.  Refer to telephone interview with the ED on 02/27/23 at 1:45pm.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:45pm revealed:  -The MA was responsible for obtain a weight and set of vital signs on every resident towards the first of each month.  -The MAs wrote the weight and vital signs down on a piece of paper as they went from resident to resident then manually entered the values into the eMAR system afterward.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALE	711 W A	KINS DR		
KIVEKWO	OD ALF	DOBSON	I, NC 27017		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 276	-If a resident refused signs checked the MA document the refusal -The only reason for the documentation of a resigns would be if the to that resident at a last sleeping or initially resolved. There was no staff resure weights and vital sign were entered.  Telephone interview with the staff resure was the MAs responsible to the model of the model of the model of the model of the medel of the medel of the include residents who weights on their eMA -When she worked in beginning of the model of the	to have their weight or vital A would be expected to there to be no esident's weight and vital MA had planned to go back after time because they were fused, then forgot to do it. esponsible for reviewing the is in the eMAR once they with the ED on 02/27/23 at consibility to ensure the is were entered in the eMAR and the personal care aides a weight and vital signs. It is of residents who and vital signs checked by eMAR, but it would not odd do	D 276		
	eMAR to ensure nobe- She was not aware t	for weights and vitals in the ody was missed. here were no vitals or for residents for the month			
D 278	10A NCAC 13F .0903 Professional Support	, ,	D 278		
	10A NCAC 13F .0903 Professional Support (a) An adult care hor appropriate licensed	ne shall assure that an			

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DIVISION	n rieaitii Service Regu		1		т —		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		HAI 096044	B. WING		R 02/27/2023		
		HAL086014	15		1 UZ/2/	12023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		711 W AT	(INS DR				
RIVERWO	OD ALF		NC 27017				
	OLUMANA DV OT			DDO//DEDIO DI ANI OF CODDECTION			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF		DATE	
				DEFICIENCY)			
D 278	Continued From page	10	D 278				
D 210	Continued From page	e 48	D 276				
	participates in the on-	-site review and evaluation					
	of the residents' healt	th status, care plan and care					
	provided for residents	requiring one or more of					
	the following persona	l care tasks:					
	(1) applying and rem	oving ace bandages, ted					
	hose, binders, and br						
	(2) feeding technique						
	swallowing problems;						
		training programs to regain					
	continence;	31 3 3					
	(4) enemas, supposi	tories, break-up and					
	removal of fecal impa						
	douches;	,g					
	•	mptying of the urinary					
		aning around the urinary					
	catheter;	anning around and armary					
	,	apy or postural drainage;					
		nanges, excluding packing					
		on of prescribed enzymatic					
	debriding agents;	on or presented enzymatic					
		sting of fingerstick blood					
	samples;	sting of imgerstick blood					
	(9) care of well-estab	olished colostomy or					
		ealed surgical site without					
	sutures or drainage);	salod salgical site williout					
	<b>0</b> /·	e ulcers up to and including					
		lcer which is a superficial					
		n abrasion, blister or shallow					
		n abrasion, blister or snallow					
	crater; (11) inhalation medic	eation by machine:					
	` ,	- · · · · · · · · · · · · · · · · · · ·					
	(12) forcing and restr	•					
		urate intake and output data;					
	(14) medication adm	•					
	well-established gasti						
		gical site without sutures or					
		which a feeding regimen					
	has been successfully	•					
		inistration through injection;					
	Note: Unlicensed staf	ff may only administer					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED	
		HAL086014 B. WING			02	R 2/27/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	02	12112023
		711 W AT		, ZII CODE		
RIVERWO	OOD ALF	DOBSON	I, NC 27017			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 278	subcutaneous injectica anticoagulants such a (16) oxygen adminis (17) the care of residerestrained and the usualternatives to restrai (18) oral suctioning; (19) care of well-estato include indo-trache (20) administering arfeedings through a witube (see description this Rule); (21) the monitoring oppressure devices (CF (22) application of pr (23) application and devices except as ustreatment for shaping (24) ambulation usin requires physical ass (25) range of motion (26) any other prescription occupational therapy; (27) transferring semon-ambulatory resid (28) nurse aide II tas practice as established	ons, excluding as heparin. tration and monitoring; lents who are physically e of care practices as ints; ablished tracheostomy, not eal suctioning; and monitoring of tube ell-established gastrostomy in Subparagraph(a)(14) of of continuous positive air of continuous positive air of continuous positive air of continuous positive air of the extremity; removal of prosthetic ed in early post-operative of the extremity; g assistive devices that istance; exercises; ribed physical or in-ambulatory or ents; or less according to the scope of	D 278			
	facility failed to ensur professional support	ews and interviews, the e an updated licensed health (LHPS) evaluation had been ropriate licensed health				

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STATE FORM 9THX11 If continuation sheet 50 of 84

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W AT			
		DOBSON	, NC 27017		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 278	Continued From page	e 50	D 278		
	(Resident #1, #4, and #5) with LHPS tasks of transferring a non-ambulatory resident, fingerstick blood sugar (FSBS) checks, and insulin injections (#1), FSBS checks and insulin injections (#5), and an as needed medication injection used to treat allergic reactions (#4).				
	The findings are:	e:			
	1. Review of Resident #1's current FL2 dated 11/14/22 revealed: -Diagnoses included bipolar disorder, anxiety, and major depressive disorderResident #1 non-ambulatoryThere was documentation "See MAR," but there was no documentation of medication attached to the FL2.				
	Review of Resident # revealed:	1's FL2 dated 10/31/22			
	-There was an order for FSBS before meals and at bedtimeThere was an order for humalog kwikpen 100u/ml, 15 units at breakfast and lunchThere was an order for lantus 100u/ml, 30 units daily.				
	Review of Resident #1's care plan dated 12/05/22 revealed:				
	wheelchair.	n-ambulatory and needed a			
	<ul><li>-Resident #1 required extensive assistance with ambulating and transferring.</li><li>-There were no LHPS tasks listed.</li></ul>				
	-There were no LHPS tasks listed.  Review of Resident #1's electronic Medication Administration Record (eMAR) for December 2022, January, and February 2023 from 02/01/23 to 02/27/23 revealed: -There was an entry for check fingerstick blood				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.12 . 27.11	o. co.u.zo.io.i		A. BUILDING: _		
		HAL086014	B. WING		R 02/27/2023
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OOD ALF	711 W ATI DOBSON	KINS DR NC 27017		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 278	sugar (FSBS 3 times scheduled for 7:00am -There was entry for inject 15 units at brea FSBS was less than administration at 7:00 -There was an entry funits twice daily sche 8:00am and 5:00pm.  Review of Resident # Administration Record 2022, January, and Fto 02/27/23 revealed oxygen at 2L/minute at bedtime scheduled 12:00am and 7:00am 11:00pm.  Review of Resident # 04/14/22 revealed: -LHPS tasks included monitoring and medic injectionCollecting and testin and transferring semi non-ambulatory resid marked task.  Review of Resident # were no LHPS evaluated 04/14/22.  Interview with Resided 11:39am revealed: -She used oxygen at bedStaff assisted her with the scheduled 12:05 and 12:05 and 13:05 and 13:05 and 14:05 and 14:05 and 14:05 and 15:05 a	daily before meals a, 11:00am, and 5:00pm. Humalog kwikpen insulin akfast and lunch and hold if 120 scheduled for Dam and 11:00am. For Levemir insulin inject 30 duled for administration at  11's electronic Treatment at (eTAR) for December bebruary 2023 from 02/02/23 there was an entry for via nasal cannula continuous and between 8:00pm and  11's LHPS evaluation dated at oxygen administration and cation administration through ag fingerstick blood samples ambulatory or ents was not listed as a	D 278		

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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	
		HAL086014	B. WING		R <b>02/27/2023</b>
					02/2//2023
NAME OF PI	ROVIDER OR SUPPLIER	711 W AT	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF		, NC 27017		
(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 COMPLETE
D 278	Continued From page	÷ 52	D 278		
D 278	-Medication aides (Matimes daily and admirinsulinsShe did not know the assessed by a nurse.  Interview with a MA or revealed: -Resident #1 had phy fingerstick blood sugainjectionsStaff assisted Reside her wheelchair to the roomResident #1 had oxy-She did not know whensuring LHPS evalu.  Refer to telephone into Care Coordinator (RCO).  Refer to telephone into Director (ED) on 02/2.  2. Review of Resider 02/13/23 revealed: -Diagnoses included pituitary gland, hypothenzymes, tachycardia acute kidney injury, of disease, history of se hypertension, hyperliganemiaResident #5 was nor	A) collected her FSBS 3 histered her two different e last time she was  n 02/23/23 at 4:01pm sician's orders for ars (FSBS) and insulin ent #1 with transfers from shower chair in the shower gen and used it at bedtime. ho was responsible for ations were completed. erview with the Resident CC) on 02/27/23 at 12:42pm. erview with the Executive 7/23 at 3:05pm. ht #5's current FL2 dated hypoglycemia, enlarged hypoglycemia, elevated a, Vitamin D deficiency, hronic obstructive pulmonary izures, schizophrenia, bidemia, and macrocytic	D 278		
	06/20/22 revealed an	5's physician's orders dated order for blood glucose of sugars (FSBS) twice a			

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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	
		HAL086014	B. WING		02	R 2/27/2023
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE		
			TKINS DR	, =		
RIVERWO	OOD ALF	DOBSO	N, NC 27017			
(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 (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 278	Continued From page	÷ 53	D 278			
		physician's orders dated				
	Administration Record 2022, January, and F through 02/23/23 reve	5's electronic Treatment ds (eTAR) for December ebruary 2023 from 02/01/23 ealed there was an entry for FSBS 2 times a week.				
		5's Licensed Health (LHPS) evaluation dated PS tasks included FSBS.				
	were no LHPS evalua	5's record revealed there ations completed between sharge date of 02/07/23.				
	Interview with Reside 12:42pm revealed sh staff up until a few we	e received FSBS checks by				
	sugars (FSBS) until F -She did not know wh	evealed: ers for fingerstick blood				
		terview with the Resident CC) on 02/27/23 at 12:42pm.				
	Refer to telephone in Director (ED) on 02/2	terview with the Executive 7/23 at 3:05pm.				
	07/18/22 revealed: -Diagnoses included migraines, chronic pa	nt #4's current FL2 dated chronic schizophrenia, in syndrome, chronic				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF PROVIDER OR SUPPLII	1	DRESS, CITY, STA	TE, ZIP CODE	1 02/21/2020	
RIVERWOOD ALF 711 W ATK		(INS DR NC 27017			
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
diseaseThere was an oliginary of Resident Administration If 2022, January, to 02/27/23 revelepinephrine injury anaphylaxis real Review of Resident were no LHPS.  Interview with a 02/23/23 at 4:00-Resident #4 has injections as neal-she had not nealed itShe did not known and the medication needed itShe did not known and the surring LHPS.  Refer to telephore Care Coordinate.  Refer to telephore care coordinate.	order for Epinephrine injection and for anaphylaxis reaction.  Ident #4's electronic Medication Record (eMAR) for December and February 2023 from 02/01/23 and there was an entry for action 0.3mg use as needed for action.  Ident #4's record revealed there evaluations for Resident #4.  In medication aide (MA) on the prevaled: Indian order for epinephrine eded. In the exploration of the explor	D 278			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE	-
TVAWL OF T	COVIDER OR GOL LEEK	711 W ATK		12, 211 0002	
RIVERWO	OD ALF	DOBSON, I			
0(1) 15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1 0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 278	Continued From page	e 55	D 278		
	3:05pm revealed: -She was responsible evaluations were com LHPS tasksThe facility had not hourse in 6 months, be able to find oneThe previous LHPS rup and completed LH residents each months-she thought the last completed for some rushe was trying her be	npleted for residents with  and a contracted LHPS ecause she had not been  nurse divided the residents PS evaluations for a few			
D 317	10A NCAC 13F .0905	5 (d) Activities Program	D 317		
	10A NCAC 13F .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.				
	failed to ensure a min variety of group activi week for the residents	ns and interviews, the facility nimum of 14 hours of a ties were provided each			
	The findings are:				
		ry 2023 activity calendar room on 02/23/23 at 9:00am			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	A. BOILDING.		
		HAL086014	B. WING		R 02/27/	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK	INS DR			
MIVERNO	- ALI	DOBSON, I	NC 27017			
(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 317	Continued From page	÷ 56	D 317			
	revealed: -There were activities SaturdayEvery Monday throug scheduled from 11:00 -Every Monday throug activity scheduled from except for 02/01/23 a was scheduled from -Every Monday throug activity scheduled from On Saturday 02/04/2 activity scheduled wa 2:00pmOn Saturday 02/11/2 activity scheduled wa to 9:00pmThere were no activit -The activities include paper crafts, exercise making, watercolor pa	gh Friday "Free Time" was am to 12:00pm. gh Friday there was an m 12:00pm to 2:00pm, and 02/15/23 when Bingo 1:00pm to 3:00pm. gh Friday there was an m 4:00pm to 5:00pm. gh Friday there was an m 4:00pm to 5:00pm. gh and 02/18/23 the only s ring toss from 12:00pm to 13 and 02/25/23 the only s movie night from 7:00pm to 15:00pm to				
	activity room on 02/23 -There was a log date documented as cards names listed as participantsThere was a log date documented as cards listed as participantsThere was a log date documented as cards names listed as participantsThere was a log date documented as Christ names listed as participants.	ed 12/05/22 with the activity with 5 resident names ed 12/09/22 with the activity and coloring with 5 resident cipants. ed 12/19/22 with the activity that crafts with 7 resident				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		D	
		HAL086014	B. WING		R 02/27/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W AT				
		DOBSON,	NC 27017			
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 317	Continued From page	e 57	D 317			
	documented as cards names listed as particular. There was a log date documented as cards resident names listed. There was a log date documented as cards names listed as particular Review of the staff so through 02/23/23 reveto be working every N	ed 01/17/23 with the activity s, coloring and music with 4 as participants. ed 02/07/23 with the activity s and coloring with 5 resident				
	Observation of the facility during the initial tour on 02/22/23 at 9:00am revealed:  -The door the activity room was closed and locked.  -There were no activity calendars posted in the resident rooms or hallways.					
	Observation of the activity room on 02/23/23 at 9:05am revealed: -There was a certificate on the wall for the Activity Director (AD) documenting completion of the North Carolina Assisted Living Activity Professional Training Course dated 09/08/22Activity supplies observed included markers, papers, and a board game.					
	Observation of the common lounge room on 02/22/23 at 12:35pm revealed: -There were chairs and couches for residents to sit onThere was one tvThere was a piano and a stationary bikeThere was one bookshelf which held books,					

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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	
			B. WING		R
		HAL086014	B. WING		02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATH DOBSON,			
040.15	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d over
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 317	Continued From page	e 58	D 317		
	hymnals, and puzzles	S.			
	-There was no activity				
	Observation of the fa-	oility during vorious hours or			
		cility during various hours on n to 4:45pm, on 02/23/23			
		om, and 02/24/23 from			
	8:30am to 5:15pm rev				
	•	residents during those			
	times.				
	Interview with a residence revealed:	ent on 02/22/23 at 9:10am			
	-There were no activit	ties offered at the facility at			
	all that he was aware				
	<ul> <li>-He would be interest activities if they were</li> </ul>	· · · · · · · · · · · · · · · · · · ·			
		available for the residents to			
	use, but no group act				
		o the store because the			
		on-site never had anything in			
	it.				
	Interview with a secon	nd resident on 02/22/23 at			
		ise class for the residents			
	once a week.				
	•	y room with some activity			
	supplies in it.	ould be bingo offered as a			
	group activity.	odia be billye olieled as a			
		ly offered twice a week by			
	the AD because she	was not at the facility every			
	day.				
	Interview with a third	resident on 02/22/23 at			
		nad lived at the facility for a			
	couple of weeks and	had not seen any activities			
	offered.				

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Interview with a fourth resident on 02/22/23 at

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. WING		R
		HAL086014	B. WING		02/27/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W AT			
	OUR MARK OF		, NC 27017		
(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 COMPLETE
D 317	Continued From page	e 59	D 317		
	9:27am revealed:				
	-The facility went thro	ough period where they			
		periods where there were			
		ng on which staff were			
	available.				
	-	he knew about was one			
	month prior.  -He would participate	in activities if they were			
	offered.	in activities if they were			
	-He would be interest	ted in activities such as			
	puzzles, coloring, or	a coffee social.			
		resident on 02/24/23 at			
	2:30pm revealed:	ts to the store once a month			
	if they requested to g				
		ad participated in included			
	playing monopoly and	d cards.			
	-The AD was at the fa week.	acility two to three days per			
	<ul> <li>There were no activi days the AD was not</li> </ul>	ties offered to him on the			
	•	·			
		onal care aide (PCA) on			
	02/23/23 at 9:32am re	evealed: he activity room was opened			
	every afternoon arou	•			
	•	any activities the previous			
		se the AD was out sick and			
	there was nobody to				
		staff in the facility who did			
	activities with the resi				
	•	ted about 40 minutes.			
		s she had seen included			
	cards, music, or going	g outside. ities to whoever was around			
		loing to start an activity.			
	21 410 4110 0110 W40 9	is start an activity.			
	Interview with a resid	ent on 02/23/23 at 2:25nm			

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revealed:

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		HAL086014	B. WING		02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
RIVERWO	OD ALF		KINS DR		
			I, NC 27017		
(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 SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 317	Continued From page	e 60	D 317		
	weekShe was a volunteer other residents and h -The Activity Participa activity room were all done with the residen -She did activities wit including coloring, ca -The previous day, or game of Uno with sor of other residents coldustrates and coloring coloring. She volunteered to because she felt like complete her daysThe AD was out sick -She did not know ho facility on the days she	th the residents every day rds, exercise, and music. In 02/22/23, she had played a me residents while a couple ored. It is activities at the facility she needed something to that week.			
	the residents and she day.  -She had heard the rebored before, but had mentioned wanting mathematical endings and the residents to do formationed saw the AD.  Telephone interview was Coordinator (RCC) or revealed:  -He did not have a set the AD was in-and-out.	revealed:  y staff who did activities with was not at the facility every esidents comment on being I never specifically fore activities.  available at the facility for r entertainment.			

facility.

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 61 of 84

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		HAL086014	B. WING		02/27/2023
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AP	DDRESS, CITY, STA	TE ZIR CODE	
NAME OF P	ROVIDER OR SUPPLIER			ite, zip code	
RIVERWO	OD ALF	711 W AT	, NC 27017		
			·		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 317	Continued From page	e 61	D 317		
D 317	-He had observed he including coloring, ga movie in the lounge, He did not hear the ribored.  Telephone interview of (ED) on 02/27/23 at 12-The AD was the only she was out sick that They did not have er AD when she was out activity room for ricoloring or games.  The AD recently did the residents and she store every two weeks She thought the AD calendar.  The AD was usually through Friday in the She did the activity to 12:00pm to 2:00pm with facility for the day.	r doing various activities mes, bingo, popcorn and a and a Valentine's day party. residents complain of being  with the Executive Director 1:45pm revealed: resident volunteer who opened resident volunteer who opened residents so they could do a Valentine's Day party with resident volunteer to the residents to t	D317		
	Attempted telephone	interview with the AD on and 02/27/23 at 9:55am were			
D 358	10A NCAC 13F .1004 Administration	4(a) Medication	D 358		
	10A NCAC 13F 1004	1 Medication Administration			

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STATE FORM 9THX11 If continuation sheet 62 of 84

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.11.2.1.2.11.1	5. GGT1257.1611	.52.7711.167.1716.1716.11.521.11	A. BUILDING: _		00 22.25
		1141 000044	B. WING		R
		HAL086014			02/27/2023
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATH			
	T	·	NC 27017		
(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 APPROF DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	62	D 358		
	preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained (2) rules in this Section and procedures.  This Rule is not met a Based on record revieinterviews, the facility medications were admost 5 sampled resident #3) regarding 2 antips anti-inflammatory medication anti-anxiety medication medication, an anti-cordinate in according to the prescription of	sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: ews, observations, and failed to ensure ministered as ordered for 3 as (Residents #4, #5, and sychotic medications, an dication, and an dication (#5), a laxative, an on, an anti-depressant onvulsant medication and (#4), and an antipsychotic r medication, and			
	The findings are:				
	02/13/23 revealed dia hypoglycemia, enlarg hypothyroidism, eleva	ed pituitary gland, ated enzymes, tachycardia, acute kidney injury, chronic y disease, history of nia, hypertension,			
	02/13/23 revealed: -There was document -The electronic Medic (eMAR) was signed b	t #5's current FL2 dated tation to "see MAR." eation Administration Record by Resident #5's Primary and included an order for			

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 63 of 84

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION		X3) DATE SURVEY COMPLETED		
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMILLI			
		HAL086014	B. WING		R <b>02/27</b> /	/2023		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RIVERWO	OD ALF	711 W ATK DOBSON,						
	CLIMMADY CT	·		DDOV/DEDIC DI AN OF CODDECTION	.,			
(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 358	Continued From page	e 63	D 358					
	Haldol (used to treat stwice daily.	schizophrenia) 2mg/ml, 1 ml						
	through 02/23/23 reve							
		or Haldol 2mg/ml, 1 ml twice dministration at 8:00am and						
		tation Haldol was not 23 opportunities at 8:00am 3, and 02/21/23 due to						
	medication not availa -There was document	ble. tation Haldol was not						
	on 02/19/23, and 02/2	22 opportunities at 8:00pm 20/23 at 8:00pm due to ble and 1 blank space on						
	02/17/23 at 8:00pm.							
	· · · · · · · · · · · · · · · · · · ·	did not remember being out						
	of any of his medicati	ons.						
	Observation of Residence available for administ 4:09pm revealed:							
	-Haldol was available dispense date of 02/0							
		e-half inch of Haldol liquid e that had been dispensed.						
	the facility's contracte	with a representative from ad pharmacy on 02/27/23 at						
	9:15am revealed: -Resident #5 had an oml twice daily.	order for Haldol 2mg/ml, 1						
	-Haldol was dispense 12/26/22, 02/22/23, a	d to the facility on 11/09/22, nd on 02/27/23 with a						
		time. d contacted him to let him is needed prior to the refill						

Division of Health Service Regulation

STATE FORM 9THX11 If continuation sheet 64 of 84

DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
			- I			
					F	
		HAL086014	B. WING	<del></del>	02/2	7/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, STA	ALE, ZIP CODE		
RIVERWO	OD ALE	711 W AT	KINS DR			
KIVLKWO	OD ALI	DOBSON	, NC 27017			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
D 250	0 " 15	0.1	D 250			
D 358	Continued From page	9 64	D 358			
	date, he would have t	ried to assist them				
	dato, no would have t	and to doolet thom.				
	Interview with a medi	cation aide (MA) on				
	02/23/23 at 2:46pm re					
		#5 had been out of his				
	Haldol.					
		of Haldol during her shift on				
		s going to reorder it, but				
	there was documenta					
	attempted to reorder	Haldol on 02/14/23 and it				
	was too early to reord	ler.				
	-She did not contact t	he pharmacy on 02/19/23 to				
	see if she could reord	ler the Haldol.				
	-She did not tell anyo	ne that Haldol was not				
	available in the facility					
	•	,				
	Interview with Reside	nt #5's mental health				
		2/23/23 at 11:45am revealed:				
	-Resident #5 was ord					
	schizophrenia.					
	-She did not know Re	scident #5 missed 5				
		Haldol and would have				
	expected the facility to					
		-				
	-	cility to reach out to her for				
	,	re not able to get Haldol				
	from the pharmacy.					
	_	doses of Haldol could have				
		o have psychosis, paranoia,				
	and hallucinations.					
		vith Executive Director (ED)				
	on 02/27/23 at 3:05pr					
		#5 had been out of Haldol.				
	-She requested Haldo	ol from the pharmacy twice,				
	but the pharmacy did	not send it.				
	•	n the pharmacy told her it				
	was too soon to get th					
	_	nt #5 ran out of Haldol				
		cy sent the wrong amount				
		5 dropped a dose of Haldol				
	once and Nesident#3	o aropped a dose of Haldol	1			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL086014	B. WING		R 02/27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK DOBSON, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	appeared to be a few remaining in the bottle-She did not know whavailable on the medio2/02/23.  Attempted telephone shift MA on 02/24/23 and 02/27/23 at 8:50a Attempted telephone evening shift MA on 04:32pm, and 02/27/23 unsuccessful.  b. Review of Residen 02/13/23 revealed: -There was documen -The electronic Medic (eMAR) was signed be Care Provider (PCP) orders: -There was an order is schizophrenia) 2mg/m-There was an order in treat inflammation) 10-There was an order is schizophrenia) 100mg-There was an order is schizophrenia)	nistered. Deen reordered when there days of the liquid Haldol e. Dy the label on the Haldol cation cart was dated  Interview with the evening at 10:30am and 4:30pm, am was unsuccessful.  Interview with a second 12/24/23 at 10:32am and 8:52am was  It #5's current FL2 dated tation to "see MAR."  Interview with a second 12/24/23 at 10:32am and 15:52am was  It #5's current FL2 dated tation to "see MAR."  Interview the following second and included the following for Haldol (used to treat and 1, 1 ml twice daily. For hydrocortisone (used to 1) tablet twice daily. For quetiapine (used to treat 50mg, 1 tablet at bedtime. For quetiapine (used to treat 1, 1.5 tablets every morning	D 358		
	Administration Record 2022 revealed:	5's electronic Medication d (eMAR) for December or Haldol 2mg/ml 1 ml twice			

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE S		(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL086014	B. WING		02/27/2023
					1 02/21/2020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALF	711 W ATK			
		DOBSON,	NC 27017		
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 66	D 358		
	8:00pm.  -There was an entry fixablets twice daily scheology.  -There was an entry fixice daily scheduled 8:00pm.  -There was an entry fixablet at bedtime scheology.  -There was an entry fixablet at bedtime scheology.  -There was an entry fixablet every morning scheduled for administration of Himetoprolol, quetiaping 100mg for 8 times at	for quetiapine 100mg 1 eduled for administration at for quetiapine 50mg 1.5 and 1 tablet at bedtime stration at 8:00am and acces with no documentation laldol, hydrocortisone, e 50mg, or quetiapine 8:00pm on 12/01/22, 2/19/22, 12/20/22, 12/21/22,			
	revealed: -There was an entry fidally scheduled for act 8:00pmThere was an entry fitablets twice daily scheduled 8:00am and 8:00pmThere was an entry fitwice daily scheduled 8:00am and 8:00pmThere was an entry fitablet at bedtime sche8:00pmThere was an entry fitablet every morning	for Haldol 2mg/ml 1 ml twice dministration at 8:00am and for hydrocortisone 10mg 1.5 neduled for administration at for metoprolol 50mg 1 tablet I for administration at for quetiapine 100mg 1 eduled for administration at for quetiapine 50mg 1.5 and 1 tablet at bedtime stration at 8:00am and			

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8:00pm.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S	
744012744	or connection	BENTIL IS ATTENTION BETT.	A. BUILDING: _	A. BUILDING:		
		HAL086014	B. WING		02/2	₹ 2 <b>7/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W AT				
			, NC 27017			
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 67	D 358			
	-There were blank sp of administration of H metoprolol, quetiapine	aces with no documentation				
	dispense date of 02/0 -There was about one remaining in the bottle -All the other medicat cassettes that held tw medication in themThe cassettes had the printed on the sticker dispensed dateHydrocortisone, metal and quetiapine 100mg	ration on 02/23/23 at  for administration with a 12/23. e-half inch of Haldol liquid e that had been dispensed. ions were in refillable plastic				
	Interview with Reside 12:42pm revealed he of any of his medicati administered medicat	did not remember being out ons or not being				
	-She did not know Rehis psychotropic med expected the facility to-She expected the facility assistance if they were psychotropic medicat.  Telephone interview was	cl/23/23 at 11:45am revealed: esident #5 missed doses of ications and would have o notify her.				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL086014	B. WING		R 02/27/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 02/21/2020	
		711 W ATK	, ,	,		
RIVERWO	OD ALF	DOBSON,				
0.40.1=	CHMMADY CT	<u> </u>		PROVIDER'S PLAN OF CORRECTIO	N over	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPL	ETE
D 358	Continued From page	e 68	D 358			
D 336	revealed: -He was not aware R had not been adminisIf his medications we needed to let him known he could get a prescrument of the red to know it administered so that he issue with the facility.  Interview with a medical occupancy with the eMAR to administered the medical fithere was a blank a meant that the medical administered.	esident #5's medications stered. For unavailable, the facility ow within 48 to 72 hours so iption to the pharmacy. If medications were not he could see if there was an or with the pharmacy.  Cation aide (MA) on evealed: For medication, entered her to document she dication.  Space on the eMAR, it fation had not been	D 336			
	the facility's contracted 9:15am revealed: -Resident #5 had and twice dailyHaldol was dispensed 12/26/22, 02/22/23, amonth's supply each -Cycle filled medication first day of each montiand resident was supply, and refilled expensed to the resident #5 had ord 1.5 tablet twice daily; twice daily; quetiaping	ons were dispensed on the th. re delivered to the facility in , filled with a two week very two weeks. ers for hydrocortisone 10mg metoprolol 50mg 1 tablet e 50mg 1.5 tablets every at bedtime; and quetiapine ditime.				

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STATE FORM 9THX11 If continuation sheet 69 of 84

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:   COMPLET	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  T11 W ATKINS DR DOBSON, NC 27017   (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 69  quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	(X5) COMPLETE
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  T11 W ATKINS DR DOBSON, NC 27017   (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 69  quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	(X5) COMPLETE
NAME OF PROVIDER OR SUPPLIER  RIVERWOOD ALF  T11 W ATKINS DR DOBSON, NC 27017   (X4) ID PREFIX TAG  CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 69 quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	(X5) COMPLETE
RIVERWOOD ALF    Company	COMPLETE
DOBSON, NC 27017   DOBSON, NC 27017	COMPLETE
DOBSON, NC 27017  (X4) ID PREFIX TAG  D 358  Continued From page 69  quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	COMPLETE
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 69  quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	COMPLETE
quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	-
quetiapine 50mg and quetiapine 100mg were dispensed to the facility on 12/01/22, 01/01/23, and 02/01/23 with a 30 day supply.  Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:42pm revealed:	
eMARs where medication administration should have been documented for Resident #5 or why there were blank spaces.  -If there was a blank space on the eMAR, the medication was not administeredHe had not reviewed the eMARs, because he had not been told he needed toHe did not know who reviewed the eMARsHe relied on the MA Supervisor to let him know that medications were not administered, and he would contact the resident's PCP.	
Telephone interview with the Executive Director (ED) on 02/27/23 at 3:05pm revealed: -She did not know about the blank spaces on Resident #5's eMARIf there was a blank space on Resident #5's eMAR, it meant that Resident #5 did not get up to take his medication and the MA waited to see if he would take the medication later; the MA just forgot to document the medication was givenIf the medication was given, it should have been documented by the MA as administered.  Attempted telephone interview with the evening shift MA on 02/24/23 at 10:30am and 4:30pm, and 02/27/23 at 8:50am was unsuccessful.  Attempted telephone interview with a second evening shift MA on 02/24/23 at 10:32am and 4:32pm, and 02/27/23 at 8:52am was	

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unsuccessful.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	A. BUILDING:		
		HAL086014	B. WING		R <b>02/27/2</b>	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W AT				
		DOBSON	, NC 27017			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	(X5) COMPLETE DATE
D 358	Continued From page	e 70	D 358			
	07/18/22 revealed: -Diagnoses included of migraines, chronic para obstructive pulmonary of mouth cancer, and diseaseThere was an order of treat physical restless and spasms of the eyback muscles) 1 mg, -There was an order of treat and anxiety) 25r -There was an order of treat depression and every eveningThere was an order of treat depression and every evening.	y disease polydipsia, history gastroesophageal reflux for benztropine (used to sness, agitation, fidgeting, es, tongue, jaw, neck and 1.5 tablets at bedtime. for docqlace (used to treat				
		4's physician's orders dated order for melatonin (used to tab at bedtime.				
	Administration Record 2022 revealed: -There was an entry f	4's electronic Medication d (eMAR) for December or 1 mg 1.5 tablets at r administration at 8:00pm.				
	-There was an entry f capsule twice daily so at 8:00am and 8:00pr	or docqlace 100mg 1 cheduled for administration m.				
	tablet at bedtime sche 8:00pm.	or hydroxyzine 25mg 1 eduled for administration at or melatonin 3mg 1 tablet at				

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bedtime scheduled for administration at 8:00pm.

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	BUILDING:	COMPLETED
		R
HAL086014 B. V	WING	02/27/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS	SS, CITY, STATE, ZIP CODE	
RIVERWOOD ALF		
DOBSON, NC 2	220//2520 2/ 44/	OF CORRECTION (VC)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMPLETE DATE
D 358 Continued From page 71	358	
-There was an entry for mirtazapine 15mg 1.5 tablet at bedtime scheduled for administration at 8:00pm.  -There was an entry for valproic acid 1 tablet every evening scheduled for administration at 8:00pm.  -There were blank spaces with no documentation of administration of benztropine, docqlace, hydroxyzine, melatonin, mirtazapine or valproic acid for 6 times at 8:00pm on 12/6/22, 12/15/22, 12/19/22, 12/20/22, 12/21/22, and 12/29/22.  Review of Resident #4's eMAR for January 2023 revealed:  -There was an entry for benztropine 1 mg 1.5 tablets at bedtime scheduled for administration at 8:00pm.  -There was an entry for docqlace 100mg 1 capsule twice daily scheduled for administration at 8:00am and 8:00pm.  -There was an entry for hydroxyzine 25mg 1 tablet at bedtime scheduled for administration at 8:00pm.  -There was an entry for melatonin 3mg 1 tablet at bedtime scheduled for administration at 8:00pm.  -There was an entry for mirtazapine 15mg 1.5 tablet at bedtime scheduled for administration at 8:00pm.  -There was an entry for valproic acid 1 tablet every evening scheduled for administration at 8:00pm.  -There were blank spaces with no documentation of administration of benztropine, docqlace, hydroxyzine, melatonin, mirtazapine, or valproic acid for 11 times at 8:00pm on 01/02/23, 01/04/23, 01/08/23, 01/12/23, 01/16/23, 01/17/23, 01/18/23, 01/20/23, 01/20/23, 01/20/23, 01/20/23, 01/20/23, 01/20/23, 01/20/23, 01/20/23, 01/30/23, 01/31/23.		

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Review of Resident #4's eMAR for 02/01/23

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 358 Continued From page 72 through 02/22/23 revealed:	` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR  DOBSON, NC 27017   (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 72  through 02/22/23 revealed:  STREET ADDRESS, CITY, STATE, ZIP CODE  711 W ATKINS DR  DOBSON, NC 27017  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLE DATE)  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  D 358  Continued From page 72  Through 02/22/23 revealed:						R	
RIVERWOOD ALF  T11 W ATKINS DR DOBSON, NC 27017  (X4) ID PREFIX TAG  DOBSON, NC 27017  ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 72 through 02/22/23 revealed:  D 358			HAL086014	B. WING		02/27	7/2023
ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 72 through 02/22/23 revealed:	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DOBSON, NC 27017  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358 Continued From page 72 Through 02/22/23 revealed:	RIVERWO	OD ALF	711 W ATK	INS DR			
PREFIX TAG    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   D 358   Continued From page 72   Continued From page 72   Through 02/22/23 revealed:			DOBSON, I	NC 27017			
through 02/22/23 revealed:	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
	D 358	Continued From page	e 72	D 358			
There was an entry for benztropine 1 mg 1.5 tablets at bedtime scheduled for administration at 8:00pm.  There was an entry for docqlace 100mg 1 capsule twice daily scheduled for administration at 8:00am and 8:00pm.  There was an entry for hydroxyzine 25mg 1 tablet at bedtime scheduled for administration at 8:00pm.  There was an entry for melatonin 3mg 1 tablet at bedtime scheduled for administration at 8:00pm.  There was an entry for mitrazapine 15mg 1.5 tablet at bedtime scheduled for administration at 8:00pm.  There was an entry for mitrazapine 15mg 1.5 tablet at bedtime scheduled for administration at 8:00pm.  There was an entry for valproic acid 1 tablet every evening scheduled for administration at 8:00pm.  There were blank spaces with no documentation of administration of benztropine, docqlace, hydroxyzine, melatonin, mitrazapine or valproic acid for 7 times at 8:00pm on 02/04/23, 02/09/23, 02/14/23, 02/15/23, 02/18/23, and 02/19/23.  Observation of medications available for Resident #4 on 02/23/23 at 3:55pm revealed:  The medications were in refillable plastic cassettes that held two weeks' worth of medication in them.  The cassettes had the date of the initial order printed on the sticker rather than the most recent dispensed date.  Benztropine, hydroxyzine, melatonin, mitrazapine, and valproic acid were available, but it was not observed how many tablets remained of each medication.	D 358	through 02/22/23 reverance - There was an entry for tablets at bedtime schellength. There was an entry for capsule twice daily so at 8:00am and 8:00pround - There was an entry for tablet at bedtime schellength. There was an entry for tablet at bedtime schellength. There was an entry for tablet at bedtime schellength. There was an entry for tablet at bedtime schellength. There was an entry for every evening schedulength. There was an entry for every evening schedulength. There were blank spoof administration of behydroxyzine, melaton acid for 7 times at 8:002/14/23, 02/15/23, 002/19/23.  Observation of mediculength. Observation of mediculength. The medications were cassettes that held two medication in them.  -The cassettes had the printed on the sticker dispensed date.  -Benztropine, hydroxymirtazapine, and valpit was not observed here.	ealed: for benztropine 1 mg 1.5 neduled for administration at for docqlace 100mg 1 cheduled for administration m. for hydroxyzine 25mg 1 eduled for administration at for melatonin 3mg 1 tablet at for administration at 8:00pm. for mirtazapine 15mg 1.5 eduled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet fuled for administration at for valproic acid 1 tablet for valproic acid	D 358			

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11:59am revealed:

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	,
RIVERWO	OD ALF	711 W ATI DOBSON	(INS DR NC 27017		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
D 358	58 Continued From page 73		D 358		
		go to the window at the			
		eceive their medications. sidents if they did not go to			
	the medication room				
		uld mark them down as			
	refused, but he never				
		ot go to the medication			
		vas asleep, and staff did not			
	bring his medication to him.  -He did not remember being out of any medications when he went to the window for				
	medication administra	ation.			
	-	vith Resident #4's primary on 02/24/22 at 10:15am			
	revealed:	511 02/2 1/22 at 10.10am			
	-He was not aware Re	esident #4's medications			
	had not been adminis				
		ere unavailable, the facility			
		ow within 48 to 72 hours so iption to the pharmacy.			
		f medications were not			
		he could see if there was an			
	issue with the facility	or with the pharmacy.			
		with a representative from			
	•	ed pharmacy on 02/27/23 at			
	9:15am revealed:	ons were dispensed on the			
	first day of each mont				
	-	re delivered to the facility in			
	medication cassettes	, filled with a two week			
	supply, and refilled ev				
		ers for benztropine 1 mg 1.5			
		ocqlace 100mg 1 capsule			
		ne 25mg 1 tablet at bedtime; et at bedtime; mirtazapine			
	_	dtime; valproic acid 1 tablet			
	every evening.	a			
		pine, docqlace, hydroxyzine,			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		HAL086014	B. WING			
		HALU00014			02/27/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		711 W AT	KINS DR			
RIVERWO	OD ALF		I, NC 27017			
			1, 140 27017	T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	()	<sub></sub>
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI		'- I
				DEFICIENCY)		
D 358	Continued From page	e 74	D 358			
	melatonin mirtazanin	ne, and valproic acid were				
		ity on 12/01/22, 01/01/23,				
	and 02/01/23 with a 3					
	and 02/01/25 with a 5	oo day suppiy.				
	Telephone interview	with the RCC on 02/27/23 at				
	12:42pm revealed:	with the ROO on oziziiza at				
	•	re were blank spaces on				
		ministration should have				
		Resident #4's eMAR or why				
	there were blank space					
	medication was not a	space on the eMAR, the				
		I the eMARs, because he				
	had not been told he					
		reviewed the eMARs.				
		Supervisor to let him know				
		e not administered, and he				
	would contact the res	eident's PCP.				
	T					
		with the Executive Director				
	(ED) on 02/27/23 at 3					
		out the blank spaces on				
	Resident #4's eMAR.					
		space on Resident #4's				
	•	Resident #4 did not get up to				
		nd the MA waited to see if				
		edication later; the MA just				
		e medication was given.				
		s given, it should have been				
	documented by the M	riA as administered.				
	A44	indomination with the				
		interview with the evening				
		at 10:30am and 4:30pm,				
	and 02/27/23 at 8:50a	am was unsuccessful.				
	A44	:				
	· · · · · · · · · · · · · · · · · · ·	interview with a second				l
		02/24/23 at 10:32am and				
	4:32pm, and 02/27/23	3 at 8:52am was				l
	unsuccessful.					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIDI E	CONSTRUCTION	(X3) DATE S	I ID\/EV
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLE	
			A. BUILDING: _			
					R	
		HAL086014	B. WING		02/2	7/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		711 W AT	KINS DR			
RIVERWO	OD ALF		NC 27017			
	OUR MAR DV OT				. 1	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 358	Continued From page	75	D 358			
2 000	. •					
		t #3's current FL2 dated				
	10/03/22 revealed:					
		coronary artery disease,				
	cerebral artery occlus					
	* ·	sm, hypertension, and				
	cognitive disorder.					
		for acetaminophen (an				
		lication used to treat pain				
	, -	ke two tablets three times				
	daily.					
		for pravastatin (a medication				
		olesterol levels) 40mg every				
	evening.	for				
	-There was an order t					
	antipsychotic medical					
		r disorder or depression)				
	100mg every evening	<b>J.</b>				
	Review of Resident #	3's December 2022				
		administration record				
	(eMAR) revealed:					
		or acetaminophen 325mg,				
		times daily scheduled at				
	8:00am, 2:00pm and	•				
	· ·	or pravastatin 40mg every				
	evening scheduled at					
		or quetiapine 100mg every				
	evening scheduled at	8:00pm.				
		nentation of administration of				
		astatin or quetiapine at				
	8:00pm on 12/09/22 of	or 12/25/22.				
		0005				
		3's January 2023 eMAR				
	revealed:	ion ocataminanha - 205				
		for acetaminophen 325mg,				
		times daily scheduled at				
	8:00am, 2:00pm and					
		for pravastatin 40mg every				
	evening scheduled at					
	-ı nere was an entry f	or quetiapine 100mg every				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			A. BUILDING		_	
		HAL086014	B. WING		02/2	7/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK				
		DOBSON, I	NC 27017			
(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 358	Continued From page	÷ 76	D 358			
2 000	evening scheduled at -There was no docum	8:00pm. nentation of administration of astatin or quetiapine at	2 000			
	#3 on 02/22/23 at 3:4 -The medications wer cassettes that held tw medication in themThe cassettes had th printed on the sticker dispensed dateThere were three cas 325mg tablets, two had them and one had 11 -There was one casse with 10 doses remain -There was one casse with 10 doses remain Interview with Reside 11:10am revealed: -He had not refused r 2022 or January 2023	re in refillable plastic ro weeks' worth of  re date of the initial order rather than the most recent  ssettes for acetaminophen ad 10 doses remaining in doses remaining. ette for pravastatin 40mg ing. ette for quetiapine 100mg ing.  nt #3 on 02/23/23 at  medication in December				
	8:00pm medications of 01/17/23 or 01/18/23.  Interview with the Exe 02/23/23 at 11:55am -If a medication was remark as either admir show up as a blank system of blank spaces on his enot documented as arolf there was no documented.	ecutive Director (ED) on revealed: not documented on the nistered or refused, it would pace on the eMAR. ware that Resident #3 had eMAR where medication was dministered. mentation that a medication neant the medication had				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	02/21/2023	
RIVERWO	OD ALF	711 W ATI DOBSON,	KINS DR NC 27017			
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	<del>2</del> 77	D 358			
	care provider (PCP) or revealed:  -He was not aware the administered acetaming quetiapine twice in Double January 2023.  -There would be risk of missing two doses permedications.  -He expected the mean administer medication.  Telephone interview of the facility's contracted.  -Medications were disfirst day of each montrefilled every two weedstay and the permedication.  -Resident #3's acetarn been dispensed on 12/01/2 with a quantity of 30 to the resident #3's quetiand dispensed on 12/01/2 with a quantity of 30 to the resident #3's quetiand the resident #3	dication aides (MA) to as as ordered.  with a representative from ad pharmacy on 02/27/23 at spensed to the facility on the th, and the cassettes were eks.  minophen 325mg tablets had 2/01/22, 01/01/23, and tity of 180 tablets each time. Statin 40mg had been 22, 01/01/23, and 02/01/23 ablets each time.  pine 100mg had been 22, 01/01/23, and 02/01/23 ablets each time.  with the Resident Care				
	Telephone interview with the Resident Care Coordinator (RCC) on 02/27/23 at 12:45pm revealed:  -If there were blank spaces on the eMAR where a medication was not documented as administered, then the medication had not been administeredHe was not aware of the blank spaces on Resident #3's eMAR for acetaminophen, pravastatin and quetiapine at 8:00pm on					

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12/09/22, 12/25/22, 01/17/23 or 01/18/23.

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL086014	B. WING		02/27/2023
NAME OF D	ROVIDER OR SUPPLIER	STDEET ADD	DRESS, CITY, STA	TE ZIR CODE	
NAIVIE OF FI	NOVIDER OR SUFFLIER			ile, zir Gobe	
RIVERWO	OD ALF	711 W ATK DOBSON,			
		<u> </u>	NC 27017		
(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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 78	D 358		
	-There were no staff a responsible for complete ensure medications orderedThe MAs were experimedications as either administered along with should be no blank sp. Attempted telephone shift MA on 02/24/23 and 02/27/23 at 8:50a. Attempted telephone	at the facility who were leting audits of the eMARs is had been administered as coted to document all radministered, or not with the reason why; there baces on the eMAR.  Interview with the evening at 10:30am and 4:30pm, am was unsuccessful.  Interview with a second 02/24/23 at 10:32am and			
D911	G.S. 131D-21 Declar Every resident shall had 1. To be treated with dignity, and full recognindividuality and right.  This Rule is not met Based on observation interviews, the facility sampled residents (# and dignity related to privileges if he did no do.  The findings are:	to privacy.  as evidenced by: ns, record reviews, and failed to ensure that 1 of 5 3) was treated with respect being told he would lose t do what staff asked him to	D911		
	Review of Resident # 10/03/22 revealed:	3's current FL2 dated			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		, , ,	E SURVEY PLETED
		HAL086014	B. WING		02	R 2/ <b>27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RIVERWO	OOD ALF	711 W A	TKINS DR			
KIVLKVVC	JOD ALI	DOBSOI	N, NC 27017			
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D911	Continued From page	e 79	D911			
	cerebral artery occlus secondary parkinsoni cognitive disorder. -He was intermittently	coronary artery disease, sion, history of stroke, ism, hypertension, and disoriented.  I disoriented.  I disimitation regarding his				
	12/21/22 revealed: -The note was writter (ED)There was documen told Resident #3 he can store until he took as Resident #3 became ED and took a showed -There was documen took Resident #3 his he was mad at her; the store was was was was was written.	tation at 5:00pm, the ED medication and he told her ne ED told Resident #3 she sident #3 appeared as if he				
	01/03/23 revealed: -The note was writter -There was documen #3 was upset becaus to talk to him for a month is medication.  Review of Resident # 02/20/23 revealed: -Resident #3 refused weekend and again to -The ED told Resider	tation at 4:40pm, Resident e the ED did not have time oment, so he refused to take 3's progress note dated to take his medication all				
		nose negative behaviors and				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OOD ALF	711 W ATK DOBSON, I			
	CLIMMADY CT	<u> </u>		DDOVIDEDIS DI ANI OF CODDECTIO	N 0.50
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D911	Continued From page	e 80	D911		
	-Resident #3 became visibly upset and shook his fists at the EDThe ED called to notify Resident #3's guardian but was unable to reach him.				
	2:41pm revealed: -There was a handwr bedThe note read: when medicine you are put	ting your health at risk. If you dicine, I will go to the store ed.			
	02/23/23 at 3:20pm re -The store was next to facilityThe store had shelve including: a bucket of gum for 50 cents a pi \$1.00 a piece, packs with no price posted, popcorn with no price no price listed, a varie prices listed, and pack -There was a refrigere	es with food items for sale individually wrapped bubble ece, packs of crackers for of candy coated chocolate packs of microwave listed, chocolate bars with ety of snack cakes with no ze bags of chips with no s of noodles for \$2.00 each. ator with freeze pops in the oda in the refrigerator for it of two per day.			
	11:10pm revealed: -He had resided at th -The ED would not ta past him whenever he -He was "a good guy everyone".	e facility for almost a year. lk to him, she just walked			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or dorace more	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL086014	B. WING		R <b>02/27/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK	INS DR			
		DOBSON,	NC 27017			
(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	Ē
D911	Continued From page	e 81	D911			
	hard for him to talk ar since his stroke.  -He wanted to be abletine felt like nobody a anything because he buy snacks and was the just wanted to go Director (AD) told him store, but had not yet the wanted to be abletonce a week so he copport and candy.  Telephone interview won 02/23/23 at 12:20pt -Resident #3 contacted week and told him the being talked to by any -Resident #3 had a himoney and the fact the go to the store.	e to talk better. It the facility would let him do wanted to go to the store to told he could not go. It to the store and the Activity in she would take him to the se to go shopping at the store ould get grapes, cheese,  with Resident #3's guardian om revealed: ed him within the previous at he felt like he was not				
	health provider (MHP revealed: -Resident #3 had a di	vith Resident #3's mental ) on 02/24/23 at 11:25am fficult time communicating, ter with some staff than				
	-Resident #3 had nev taken any privileges f	rer reported that staff had rom him, but he did say that ne ED or get along with her.				
	revealed: -The AD opened the couple of days per we	on 02/24/23 at 12:19pm on-site resident store a eek and offered Resident #3 resident store, but could not hop at that time.				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL086014	B. WING		R <b>02/27/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RIVERWO	OD ALE	711 W ATK	INS DR		
KIVEKWO	OD ALF	DOBSON,	NC 27017		
(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
D911	Continued From page	e 82	D911		
D911	at the store in town of Resident #3 declined resident store, because theese and those we in their on-site resider. She had not offered Resident #3 in the paspecifically asked her Interview with Reside revealed:  -The ED had given his he did what she want medications she would items he had been wastore.  -He was working on was a slow writer so is hours to get his list will had been about the able to go to the store.  -He did not like to show store because it was \$3.00 for a pack of Mother things he wanter.  Telephone interview with the store because it was \$3.00 for a pack of Mother things he wanter.  Telephone interview with the store because it was \$3.00 for a pack of Mother things he wanter.  Telephone interview with the store of the wanter of th	inging Resident #3 to shop nee per month. It to shop in the on-site se he wanted grapes and re things they did not have not store. It oget those items for st week because he had not for them.  Int #3 on 02/24/23 at 2:40pm  In a note that day that said if ed him to do like take his lid be willing to go buy the anting from the grocery  In a shopping list but he thad taken him a couple of ritten.  In the on-site resident arip off and they charged &Ms and did not have the led to buy.  In the ED on 02/27/23 a had consistent refusals for neg medication. In a talk with Resident #3 howering because he had had to say no more shopping lered or took his medications.	D911		
		ith Resident #3 numerous ssing notes back and forth easier method of			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL086014	B. WING		02/2	7/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
RIVERWO	OD ALF	711 W AT					
	OLUMBA DV OT		, NC 27017				
(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	
D911	Continued From page	83	D911				
	communication for hir -She did not think that talking to Resident #3 -The facility did not hadrive Resident #3 to twanted.  -Due to Resident #3's not felt comfortable wistore but he did give house of the comfortable wistore but he did give house house of the comfortable wistore but he did give house	m. It she ignored or avoided It she ignored or avoided It she staff available to the store every week like he It recent behaviors she had tith Resident #3 going to the ther a shopping list on It store run for him. It did for Resident #3 on tent on him taking his It taken his medication on total taken his					

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