AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) 48: H 77	PLE CONSTRUCTION		RM APPRO
WAS LENY	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDIN			E SURVEY
		HAL051060	B, WING		1	164 10000
IAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, 9	STATE, ZIP CODE		2/01/2023
OUR OA	KS SENIOR LIVING	\$65 BO	YETTE ROAD			
(X4) ID	SHAWADY	FOUR O	AKS, NC 2752	₹ 4		
PREFIX	I EAGH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC	TION	(2(5)
		R LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE OPRIATE	COMPLET
D 000	Initial Comments		D 000			
- 1	The Adult Care Licer	nsure Section conducted an		The response to the cited d	ofionaia-	
	annual survey and co	Omniaint investigation on	1	100es not constitute an adm	iccion or	1
	November 28, 2023	through December 1, 2023.		lable ettletif by the facility of	the truth	
D 079	104 NCAC 12E 000	2/4///	18	of the facts alleged or concluset forth in the Statement of	Heione	1
	Furnishings	6(a)(5) Housekeeping and	D 079	Deficiencies or Corrective A	ction	
	7/			Report the Plan of Correction	n ie	
	10A NCAC 13F .0306 Furnishinas	Housekeeping and		prepared solely as a matter	of	
	(a) Adult care homes	shall		compliance with State law.		
- 10	(5) be maintained in a	an uncluttered clean and				
10	orderly manner, free c	f all obstructions and			1	
	nazards;					
f	This Rule shall apply t acilities,	o new and existing				
I	his Rule is not met a	s evidenced by:				
T	YPE B VIOLATION			Ingestibile items will be kept	in a	1/15/24
В	ased on observations	, interviews and record		OCKED Cabinet in a secure to	ration 1	Ongoin
Le	eviews, the facility feil	ed to ensure the ensoiol		The Area Clinical Director co an in-service concerning the	nducted	
Ca	are unit environment v	Vas clean, orderly and	fi	mportance of keeping ingest	iblee	
In	ee of hazards includin	g cleaning chemicals,	100	ocked away. Rooms will he		
21	narp objects, and pers	onal care products.	#1	nspected 3 times daily by Me	mory	
T	ne findings are:		6	r designee for 30 days and t	octor	
Re	eview of the facility's p	policy and procedure for	ra	andom checks weekly.		
1 20	ecial Care Unit (SCL)	Safety Measures for				
AC	cidental Ingestion dat	ed September 2021			1	
	ersonal items that cou	ld he indected was				
ma	ilntained by staff (incli	uding all liquid personal				
Her	ns, and aerosols) i	n a secure location until				
nee	eded for resident use.					
-rke	esident and responsib icy on admission.	le party were notified of			1	
-Re	sident rooms and car	re areas were inspected				
reg	ularly for unsafe Items	s that could be				
Health Re	enine Deputation					
1	ON PROVIDER/SUPE	LIER REPRESENTATIVE'S SIGNATURE		TITLE	(X8) I	DATE 1
RM	//-			Executive Director	1.1	1

Reviewed and acknowledged 31 January 2024

AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DAT	RM APPRO
		HAL051080	B. WING_		OOM LETED	
NAME OF F	PROVIDER OR SUPPLIER				1	2/01/2023
FOUR OF	Ve arment	STREET	ADDRESS, CITY, 8	TATE, ZIP CODE		- 114060
ייט אפט ו	KS SENIOR LIVING		ETTE ROAD			
(X4) ID	SLEMMARY ST	TEMENT OF DEFICIENCIES	AKS, NC 2752	4		
PREFIX			ID	PROVIDER'S PLAN OF COR		
IMO	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	LEWAT CURRECTUE ACRAMA	to salled across	(205)
			1010	CROSS-REFERENCED TO THE ALL DEFICIENCY)	PPROPRIATE	COMPLET
D 079	Continued From page	1	0.000			
- 1	accidentally ingested		D 079	Soiled Utility Room lock w	as changed	1/15/24
- 1	-Staff mutinaly myested o	or narmful,				11 1 41 4
- 1	hoarding of substance	red residents for possible	4	I TOUTING TO BIISTIFF HONE IS IN	orbod & a	ongoin
- 1	"All utility closets and it	s that could be ingested.		INCCRS ALLITONNUMAATE	and the second	
1	unless under direct sur	aundry areas were locked	1	importance of keeping doc at all times.	or locked	
c u	-All toxic substances re	ervision.		or all arries,		
	containers and were se	cured in a locked area	1 1			()
	unless being used unde	A QUECLE STREET STEEL	1 1			
			1 1			
F	Review of the facility's o	ensus report detect	1 1		1	
- 1	11/20/23 levesied (Dele	were 34 residents in the	1		1	
8	SCU.	a i i danoci ita ili dile	1 1			
		•	1		- 1	
10	bservations of the SCL	soiled utility room on			. 1	
1 0	1/20/23 81 9:438m neve	slori.			1	
	ne door to the solled u	tility room was unlocked.	1			
1 7	HOTE WE'S 3 Mala resir	Onle cillian in all to	1		1	
1110	SAL DIE SOIIGE FILITY WO	m in the small beller.			1	
1 200	יין מאווטווש ווא עו עיייא עו עיייא	Reide area	1			
an	here was an unopened tibacterial hand soap a	33.8 ounce bag of				
sta	ainless steel cleaner an	nd an aerosol can of			1	
ins	side the soiled utility roc	u polish on the shelf			1	- 1
-m	he labels on both conta	nore had went			1	- 1
IVEN	ep out of reach of childs	PRI And to contout -			1	- 1
[[Pill]	ysician of poison contro	Contor if must be and	1		1	- 1
-111	reile was an approximal	Ply holf full on-this and	1			- 1
THAN	AN ALL MODILIES CONCENTRAL	Q William a secondary of	1			- 1
Kam	er in read off of taach	of children and that it.	1		1	- 1
CON	counsie was an eve in	itent /	1		- 1	- 1
-Th	ere was an approximati	alv half full contains	- 1		1	- 1
Cetali	manificouceutate Mi	h a warning on the			1	- 1
Icine	in man concentrate was	hazamlous to human				
-14 M	ras corrosive, caused in	reversible eye damage	1	*	1	- 1
allu	akin dums.		1			- 1
-The	disinfectant concentre	te could be fatal if	1		6	- 1
пана	ieu and was hamful if :	swallowed or	1	3:50		1
The	orbed through the skin.					
the h	re was a commode with a	brown water inside	1		1	
	allu covered with a	Clear plantin have			1	

NO PLANE	of Health Service Red	(X1) PROVIDER/SUPPLIER/CLIA	(1/0)		. 0.	RM APPROV
MU PLAN	OF CORRECTION	DENTIFICATION NUMBER		CONSTRUCTION	(K3) DATE	SURVEY
		1	A. BUILDING: _			PLETED
		HAL051060	B. WING			
WE OF F	PROVIDER OR SUPPLIER				12	/01/2023
			ODRESS, CITY, STAT.	E, ZIP CODE		
JUR OA	KS SENIOR LIVING		ETTE ROAD			
(X4) (D	SLIMMARY	FOUR OF	AKS, NC 27524			
REFIX TAG	SEAUR DEFICIENC	Y MI IST RE DUECEDED ON EUR	IO PREFIX	PROVIDER'S PLAN OF C	ORRECTION	(205)
	ALDOLATOR OR	LSC IDENTIFYING INFORMATION	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	COMPLET
D 079	0			DEFICIENCY)	DATE
00/9	Continued From page	2	D 079			
- 1						
	Observations of the S	CU housekeeping closet	1 1			
	and electrical room or	11/28/23 at 10:30am	1 1			
	revealed:					
- 1	-The door to the hous	ekeeping closet was	1 1			
	unlocked.		1 1	•		
	- I nere was a full bottle	of chlorinated cleaner and	1 1			
-T	closet.	of in the housekeeping	1 1			
		onary statement on the			1	
	label to wear protective	A dialy statement on the	1 1			
10	ciothing, and eye and t	ace protection with	1 1			
11	handling and use of the	chlorinated cleaner and			. 1	
10	lisintectant.				.	
-	The label instructed to	call the poison control			-	
0	ænter of physician if sy	vallowed and fresh air			1	
	when inhaled,					
1	nere was a bottle of f	abric softener on the shelf				
1.1	the housekeeping clo	set.	1		1	
a	There were two 33.8 or ntibacterial hand soap	unce bags of the	1		1	
be	ousekeeping closet.	on the shelf in the				
-T	here were 17 addition	al 27 ounce bags of hair	1			
ar	nd body shampoo on ti	18 shelf in the	- 1			
l ho	ousekeeping closet.					
-Ti	here was a kitchen ste	ak knife on the shelf in			1	
the	e housekeeping claset		1		1	
-11	here was an aerosol c	an of glass cleaner with a				1
W8	aming label that instruc	ted to keep out of reach				
OF	Children and call poiso	D control if ewallowed			1	- 1
frim	of odor country	ainer approximately half	1			- 1
Wa	of odor counteractant ming label to keep out	on the shelf with a	1			- 1
-Th	ne odor counteractant	Was flammable and		*	1	1
cat	used eye and skin irrite	ition.			1	- 1
-Th	ere was a full gallon o	ontainer of the octor	1			- 1
COU	interactant, neutral cle	aner and multi-surface	I			
glas	ss cleaner on a wheels	ed cart between the	1			- 1
enti	rance door of the hous	ekeeping closet and the				
Loio	ctrical-room.				. I.	- 1

AND PLAI	n of Health Service Reg ent of Deficiencies N of Correction	(X1) PROVIDER'S (PO) ISSUED IN	dwar a min		H	ORM APPRO
	OUTAZO JON	DENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DA	TE SURVEY
			A. BUILDING	,	CO	MPLETED
		HAL051060	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STORM			1	2/01/2023
FOUR OF	AKS SENIOR LIVING	ERE DE	ADDRESS, CITY, ST.	ATE, ZIP CODE		
		FOUR	OAKS, NC 27524			
(X4) IO PREFIX	SUMMARY STA	CUMMARY STATEMENT OF STATEMENT				
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	PREFIX	PROVIDER'S PLAN OF CORRECT	TON	(A(R)
		THE PRINTING!	TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLE
D 079	Continued From page	3		DEFICIENCY)	COMIE	DATE
			D 079			
1	housekeeping closet -	ical room was inside the				1
1	housekeeping closet at propped open with a ci-	Soning and	1			1
- 1	- I ne electrical mom we	te cluttoned with	1 1			1
	LOCALITIES ALLE DOXES IN	front of 2 alaski	1 1			1
	A	as a large hot water	1			
1	heater in the comer.			•		
	Observations during at		1 1			ĺ
	11/28/23 from 9:43am u	initial tour on the SCU on	l tr	oilet in room 611 was replac		
117	THE WAS DO COVER OF	the ballet temp. :	1 1	and in room of the was replace	ced.	12/20/2:
1 4	Jauntoom in resident roo	on Cdd	T	oilet paper holder installed in		10/00/00
11-	There was no tollet pan	Pr halder on Al-	6	12 and holes repaired.	LOOM	12/20/23
	LA AMMINONI III III IBRIDANI	man E12	1 1		- 1	- 15
D	There were holes in the aper holder had been.	wall where the toilet		ooring in room 602 bathroor	n was	2/20/23
15	The toilet naner hower	vas resting on the towel	10	placed.		
ra	ck near the handwashir	ng sink with the 2 screws	1			
""	are obuildut bosition.		l bu	Paning was in Market		
	here was a torn piece o	f linoleum with a raised	l n	eaning was initiated on 12/0 bathroom and room 502.	1/23 1	2/02/23
1 44	'An Duidoilla a filipha ha	972ml of the entrument	Mo	outhwash was removed.		
FEE	a naniloom in lesident v	Opm 602				lin m = 1
in	here was also an approx	ximately 1 inch wide rip	The	ese areas will be monitored	la a a	ngoing
1 4	the linoleum with raised approximately 18 inche	No in long the fact of the	HIC	Midiliferiance lock Evolut	ive	
1 6176	, where ranging a tub bas	rami incr	Pire	ector, or designee.	146	
-Th	iere was a brown substa	11 a h-moores 9005	T	<u>-</u>	1	1
GIEN	n counter, taucet handle	mirror most assess	1			- 1
948	k, light switch, and toilet esident room 502.	seat in the bathroom	1		1	- 1
11 11 11	gaidelir Loom 2012		1			- 1
blue	e toilet had feces and br e ring around the edge of	own water with a dark	1			- 1
1 -116	e iloor in resident mom !	502 had an				- 1
acci	umulation of dirt. food no	articles and				- 1
-1780	SIG MODE IN 10. HOUNGS IN	office of coding at				
	ithwash that was 2/3 full dent room 501.	on the dresser in				
ITIUU				and the second s		
resid	ervations of the SCU kits 4am revealed:	chen on 11/28/23	Desi	gnated Housekeeping hours been reinstated.		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED HAL051080 B. WING NAME OF PROVIDER OR SUPPLIER 12/01/2023 STREET ADDRESS, CITY, STATE, ZIP CODE FOUR OAKS SENIOR LIVING 565 BOYETTE ROAD FOUR OAKS, NC 27524 (X41 ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 079 Continued From page 4 D 079 Area has been cleaned and -There was a drawer next to the sink containing a 1/15/24 injestibles moved to a secured area. shaving razor, electric razors, electric hair flat Ongoing MCC, ED, or designee will check iron, and a blow dryer. daily to ensure no injestibles are in -There were two partially full containers of laundry that area. soap in the unlocked under sink cabinet. Interview with a personal care aide (PCA) on 11/28/23 at 10:36am revealed: -The doors to the soiled utility room and housekeeping closet were supposed to be kept closed and locked. -The facility did not have any housekeepers. -There were 2 housekeepers from a sister facility cleaning the facility. -The housekeepers might have left the doors unlocked since they did not work at the facility. -Things like razors and laundry soap were not supposed to be kept in the kitchen area. -She did not know how they got there. -There was no process to routinely check areas of the SCU for hazards in areas accessible to residents. -The maintenance person was told about the plugged-up tollet in room 502, the toilet tank cover in room 611 and the broken toilet paper holder in room 612. -The maintenance person was not able to work Maintenance work order logs have on repairs because he was the housekeeper on 1/15/24 been placed at each nurse's station, the assisted living (AL) side. Ongoing kitchen, and in front offices. Interview with the housekeeper on 11/28/23 at Maintenance Tech will check logs daily for needed repairs. ED will 10:42am revealed: -They were scheduled to clean at the facility for 2 check logs each morning and days (11/28/23 and 11/29/23). discuss during morning stand up -She reported all housekeeping concerns and meeting. repairs needed to staff working on the SCU. -She did not know the names of the staff. -She did not know anything about the solled utility room or housekeeping closet being locked or unlocked. Service Regulation

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		RM APPRO	
		MUMBER:	A. BUILDING	3:	(X3) DAT	E SURVEY PLETED	
		HAL051060	B, WING			Anut TEIST	
NAME OF F	PROVIDER OR SUPPLIER				12	/01/2023	
		STREET	ADDRESS, CITY, S	TATE, ZIP CODE		0 1/2020	
1 DON ON	KS SENIOR LIVING		ETTE ROAD				
(X4) (C)	SUMMARY S	TATEMENT OF DEPROPERTY	AKS, NC 27524				
PREFIX TAG		77 MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PROVIDERS PLAN OF PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TO		TON SHOULD BE COM		
D 079	Continued From page	9 5	D 079	DEFICIENCY)		DATE	
on -He reput siste siste -Whe on re	The solled utility room were supposed to be I There was no one reschecking that the clear housekeeping closet death the facility did not have proximately one more she had not been in resche did not know the composition on the SCI (29pm until 2:39pm resche door to the solled in the door to the solled in the door to the housekeeptrical room remained the cleaning chemical insonal care products in the cleaning chemical insonal care products in the science with the mainter (28/23 at 2:25pm reverse knew repairs and mainte SCU, and did not know everythical did not know everythical did not know everythical fusually told him where had been working at the had been working at the had been working at the product of the feepalrs and maintenance and maintenance and maintenance of the feepalrs and maintenance checking the returned to the feepalrs and maintenance.	n and housekeeping closet kept closed and locked. Sponsible for routinely in utility room and cors were locked. We any housekeepers for inth (November 2023). Sesident rooms like 502, so condition of the rooms. U on 11/28/23 from exaled: utility remained unlocked aning chemicals eeping closet and if unlocked and with none s, sharp objects or emoved. Internance were needed ing that needed to be not always at the at repairs needed to be the facility for 3 months for 3 weeks to help at a 2 weeks at a second accility, he was behind accility.					
Digit Al	veek and maintenance	e housekeeper 3 days 2 days per week.			1	- 1	

Division	of Health Service Red				PRINTED: 12/22/ FORM APPRO
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	
		TOTAL ICANION NOWBER:	A. BUILDING:		(XX) DATE SURVEY COMPLETED
		1	1		COMPLETED
		HAL051060	B. WING		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT		12/01/2023
OUR OA	KS SENIOR LIVING		ETTE ROAD	E, ZIP CODE	
			AKS, NC 27524		
(X4) ID PREFIX	BUMMARY 8	ATEMENT OF DEFICIENCE			
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
		LOO IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIAT	COMPLE
D 079	0			DEFICIENCY)	E DATE
D 0/9	Continued From page	e 6	D 079		
- 1	-The solled utility root	m and housekeeping closet			1
- 1	were usually locked.	nousekeeping closet	1 1		1
	, and the same of		1 1		1
- 1	Interview with the Spe	ecial Care Coordinator	1 1		
- 1	(SCC) on 11/28/23 at	3.060m reversed	1		
- 1	-The soiled utility mon	n and housekeeping closet	1 1	•	
- 1	Were supposed to alw	ays be locked because	1 1		1
- 1	there were chamicale	and household cleaning	1 1		1
products stored in the		and uppression dealing	1 [1
- 1-	It was a SCU and resi	idents should not have	1		
access to chemicals		nd cleaning products that	1 1		
10	could be harmful if inge	ested	1 1		1
-	The doors may have b	gen left unlocked for 2nd	l : 1		
S	inm to have access sir	ice the facility did not have			1
/ n	iousekeepers for the la	est month (November			
2	(023).		1		1
-/	A family member migh	t have brought the			
m	nouthwash in for the re	sident in room 501			1
-7	here was no process	in place to periodically			1
ct	heck the doors and res	sident rooms for hazards.			į.
					1
ln	terview with the Admir	histrator on 11/28/23 at	- 1		
3;	Zöpm revealed:		1		1
I-T	he solled utility room a	and housekeeping closet			
WE	ere to be kept locked a	t all times to keep	1		1
re:	sidents out.				
-A	former housekeeper k	eft one week ago without			
TUI	ning in her key to the !	soiled utility room and			
l no	usekeeping closet.		Hou	sekeeping storage lock has	
-St	aff on the SCU did not	know she had a spare	hee	on changed Mointenance 11	11/28/23
Ke)	y until today (11/28/23)).	and	n changed. Maintenance, MT	
-Sh	ne was not at the facilit	y that morning and	Mai	Housekeeping have keys.	ongoing
net	ther was the maintena	DC6 person	IVIAI	HUCHBICO LECH. HI) or decions	e
I -Ho	ousekeeping staff, mai	Dienance the MCC and	WIN	check daily.	
one	MA on the SCU had a	B key to the solled utility			
POOI	m ana nousekeepina d	closet			1
-Th	ere was a key on the M	MA key ring so that 3rd			1 1
SIMI	t had access to clean i	up any housekeeping			
	dents.	-	1		
	iff on the SCU on duty	The second secon	1		1 1

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		SURVEY PLETED
		HALU51060	B, WING			
NAME OF F	PROVIDER OR SUPPLIER	SIPEET	DDGccc om. o		12	/01/2023
EQUID A			ODRESS, CITY, ST	TATE, ZIP CODE		
POUR QA	UKS SENIOR LIVING		ETTE ROAD AKS, NC 27524			
(X4) ID	SUMMARY S	TATEMENT OF DESIGNATION	ANS, NC 27524			
PREFIX TAG	(CACH DEFICIENT	CY MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFIX TAG			(X5) COMPLETI DATE
D 079	Continued From pag	e 7	D 079			
	_		0019	Type to there		
- 1	and housekeeping cl	y to the soiled utility room				
- 1	Sho did not to a	oset,	1			
- 1	-oue did tot know Mi	nether the soiled utility room				
- 1	housekeeper left.	oset were unlocked since the				
- 1	Staff reing the sailed	l x*M*	1 1	1		
- 1	-Staff using the soiled	Utility room and				
	Sure the doors were a	were responsible for making losed and locked after use.	1 1			
- 1	-No one was respond	ble for periodically checking	1 1			
	that the solled utility m	om and housekeeping	1 1			
	closet were locked.	on and housekeeping	1 1			
		pt locked because there	1			
	were chemicals stored	hi tocken because mete			1	
11/2	Residents with adven	ced stages of dementia	1 1			
10	night not see or know	those were chemicals and	1 1			
1 2	ccidentally ingest it.	alose were chemicals and	1 1			
1.3	There were no inciden	its of residents accidentally	1		1	
li in	ogesting any hazards	or being in the soiled utility	1		1	
n	oom or housekeeping	closet				
-	There were 3 residents	s that she could think of	1		1	
ti	nat had wandering bet	aviors on the SCU but				
th	ney mostly wandered in	n and out of other	1			
re	sidents' rooms.	or of of other	1		1	
-8	Staff were responsible	for completing a work			1	
Of	der for repairs concer	ns and nutting it in the how				
OL	itside the administrativ	/e offices				
-V	Vork orders were revie	wed daily at the morning				
-T	he maintenance perso	on completed any repairs,			1	
SIÇ	ined the work order, a	nd turned it in to her	1		1	
-S	he verified the repair v	vas completed and				
sig	med the work order,					
Th	e facility failed to ensu	re the special care unit				
en	vironment was clean, (prderty, and free of	1		W.	31
haz	zards including caustic	Cleaning chemicals	1		1	
Sha	arp objects, and perso	nal care products				
res	ulting in unmonitored	BCCess to hazards on the	1			1
	Manager to the second of the second	414 814				
SC	U which had resident	s with cognitive g behaviors. This failure				

ANO PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTFICATION NUMBER		PLE CONSTRUCTION		RM APPR
			A. BUILDIN	Ġ;	(X3) DAT	E SURVEY PLETED
		HAL051060	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET	Danes on .		12	/01/2023
FOUR O	AKS SEMOR LIVING	565 BO	VOORESS, CITY, S VETTE ROAD	TATE, ZIP CODE		
		FOUR O	AKS, NC 2752	4		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID			
TAG	The second of the	MOST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION BI CROSS-REFERENCED TO THE AP	Life or on one	(XS) COMPLE DATE
D 079	Continued From page	8	D 079	DEFICIENCY)		
		hanth defet	2018	Unit 20 was repaired on 12 Temperature checks for rai will be done by the Mainten ED or designee daily for 30 Regional Mainten	random rooms a tenance Tech, o	1/18/2/ and ongoin
	The facility provided a paccordance with G.S. 1 this violation.	olan of protection in 31D-34 on 11/28/23 for		Regional Maintenance Dire completed an in-service with Tech concerning proper roo	La Barata a	Э
- 1	THE CORRECTION DA VIOLATION SHALL NO 2024,	TE FOR THE TYPE B CEXCEED JANUARY 15,				
D 106	10A NCAC 13F .0311(b)	Other Requirements	D 106			
n v fo	10A NCAC 13F .03110th b) There shall be a heat naintain 75 degrees F (2 vinter design conditions. oflowing shall apply to he ppliances. his rule apply to new & e	ing system sufficient to 4 degrees C) under In addition, the aters and cooking				
וד רו	nis Rule is not met as ev YPE B VIOLATION	ridenced by:				
he Fa	ased on observations, int views, the facility failed to ating system sufficient to hrenhelt under winter (AL) the Assisted Living (AL) ecial Care Units (SCU).	o ensure a reliable maintain 75 degrees				
The	e findings are:					- 1
l ue Ai	riew of the website www.					
Can	e weather forecast in the ofina area on 11/28/23 a	Four Oaks, North				

BMRS11

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Vm) to a more		101	RM APPRI
	o connection	DENTIFICATION NUMBER	A. BUILDING;	CONSTRUCTION	(X3) DATE	ESURVEY
					COM	PLETED
_		HAL051060	B, WING		1	
NAME OF F	PROVIDER OR SUPPLIER	STREET	IDDDESS ATT		12	/01/2023
FOUR OA	KS SENIOR LIVING	565 RO	ADDRESS, CITY, STATI	E, ZIP CODE		
		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST/ (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID I	ODG! /OFFI		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO	E 4754 Auto to the co-	(3(5)
			TAG	OLOGO-MELEKENCED TO THE	APPROPRIATE	COMPLE
D 106	Continued From page	9	D 106	DEFICIENCY)		
- 1	degrees outside.		D 106			
- 1	-The weather forecast	in the Four Oaks, North	1 1			
- 1	Carceria area on 11/28	/23 at 4:40 pm about	1 1			
10	MEGRICE I BAIGM OF 8 DIC	th of 51 degrees and a li				
- 1	of 28 degrees on 11/29	/23,	1 1		1	
1	a. Observation of reside		1			e.
	Assisted Living on 11/2	ant room #315 in the 3/23 at 9:34 am revealed:				
-	There were two resider	Nts that resided in this	1		1	
1.0	oom,		1 1		1	
-	Upon entering the room	there was a perceivable			-	
1, 4	siedwei in ine iewels	fure in the room as	1		1	
J	ompared with the hallw	ay.	1			
c	omforter and a blanket	ring in their beds with a	1		1	
-F	Room #315 central HVA	C vent did not produce				
CO	old or hot air.	so vent did not produce				
Int	terview with the first res	sident in room #315 on				
1,000	126/23 at 9:34 am rever	aled:				
-TI	he room was very cold.		1			
-5/	ne told the medication a	eide (MA) that the room	1		1	
loo	is cold, and the Adminis ik into it a month ago.	itrator said she would			1	
1.00	and it a month ago.					
Inte	erview the second resid	ent in room #315 pp				
1 116	20/23 at 9:34 am revea	led:	1		1	
elt v	was worse at night; "we	can't hardly stand it at	1		1	
Lingi	JL,					
MA	e said when the MA gar said it was cold, and sh	ve ner medicine, the				
extr	a cold at night."	re responded, "It is				
Sen	ond observation at D	m #315 on 11/28/23 at				
2:14	pm revealed the room	iii #315 on 11/28/23 at	1			- 1
therr	mometer showed 61.6°	F.				
- 1		. 10			.	
4:07	observation of Room pm revealed the room	#315 on 11/28/23 at			1	- 1
thern	nometer showed 62.5°	emperature	1			- 1
	nca regulation	Γ.	I			

	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY
					COMP	LETED
AME OF F	PROVIDER OR SUPPLIER	HAL051050	B. WING		12/	01/2023
			DDRESS, CITY, STA	TE, ZIP CODE		
OUR OA	NKS SENIOR LIVING		ETTE ROAD AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	lio I	PROVIDER'S PLAN OF GORRI		
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOH II PURE	(0(5) COMPLETE DATE
D 106	Continued From page	10	D 106	Tricle Inde		
the construction of the co	heating unit ran, but n -The HVAC company i month and a half ago i coming out, the HVAC panelThe HVAC company o annual service, and he found when the units w interview with the Admi 4:56 pm revealed: -The staff had not ment coldness in the residen The residents did not s cold in their room. There were no reports itVAC company when the nnual inspection. Maintenance, she, or the mostats. When something was w yestem, she contacted the contacted the facility's re- contacted the facility's re-	evealed: ting unit in room #315's ting unit in room #315's to heat came out of the vent. fixed the system about a because air was not replaced an instrument came out last week for the was unsure what was were checked. Inistrator on 11/28/23 at tioned anything about t's room. Tay anything about it being of any issues from the hey came out for the me MA could control the wrong with the heating he in-house maintenance here was a problem with huld not be fixed, then she regional maintenance ad the HVAC company. relocated to another fis process. In first resident in room fam revealed the		VIEW here		
Se #3	cond interview with the 15 on 11/30/2023 at 11	first resident in room		California Comment De 2002		- 1

Division	of Health Service Reg				PRINTI	ED: 12/22/20 RM APPROVI
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI S	CONSTRUCTION		
	- November 64958 #	DENTIFICATION NUMBER	A. BUILDING:		(X3) DATE	SURVEY
		HAL051060	B. Wring			
AME OF F	PROVIDER OR SUPPLIER	Property			12	01/2023
DUR OA	KS SENIOR LIVING		DORESS, CITY, STAT	TE, ZIP CODE		
	AG SENIOK LIVING		ETTE ROAD NKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	ATTUCKT OF SECURITION				
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 108	Continued From page	11	D 106	- interest		
- 1	-She was not feeling w	vell and had a sore throat				
	and a cold, but she did	not mention her	1 1			
	symptoms to anyone.		1 1			
	-She had felt this way t	for about a month,	1 1			
	-She stayed in her room offered an extra blanke	m last night and was	1 1		1	
	-The 2nd shift MA men	tioned to has that -t	1 1		1	9
1	could sleep next door it	f she would like	1 1			
	-This was the first perso	on to mention moving due	1			
1 8	to their cold room.				1	
-	Although cold, she pre	ferred sleeping in her			- 1	
ľ	room because "things g	et stolen,"		8		
11	nterview with the perso 11/30/23 at 12:04 pm re	nal care aide (PCA) on				
	She was aware the heal 315.	vealed; at was not getting to room				
1.6	ave noal.	to her that they did not				
-5	She did not mention it to	anvone because she	1			
W	as busy.					- 1
Se	econd interview with the	second resident in				
100	om #315 on 11/30/23 a	it 12:09 pm revealed;	1			- 1
89	he Administrator came	to her last night and				- 1
Wa	anted.	other room at night if she				- 1
	he did not want to do th	ont boomuse H				
HKE	e a lot of trouble.		1			- 1
-Si	he was offered an extra	blanket.			1	- 1
Inte	arview with medication	aide (MA) on the AL hall				
on	11/30/23 at 12:54 pm n	evealed:	1		1	
-Sh	ne walked into the room	. felt cold air and	1		*	- 1
ask	ed the residents in room	m #315 if they wanted			1	- 1
IO II	s abusing and the first resid	lent in room #315 said, .	1			
nesi	s always cold in here," ; ident said no.	and the second			100	- 1
	e MA would inform the I	Resident Care	1			
Con	ordinator (PCC) or the A	Administrator about the			1	- 1

STATEME	of Health Service Rec				ro	RM APPROV
IND PLAN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(Mar bya)	SURVEY
		The second secon	A. BULDING: _			PLETED
		HAL051060	B. WING			
ME OF	PROVIDER OR SUPPLIER	CTILION .	DODGOD CT		12	01/2023
			DORESS, CITY, STATI	E, ZIP CODE		
JOR OF	AKS BENIOR LIVING		ETTE ROAD NKS, NC 27524			
(XY) ND	SUMMARY ST	ATEMENT OF DESICISMOIDS				
TAG	REGULATORY OR	REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEPOSITE OF THE DEPOSIT OF THE		N SHOULD BE E APPROPRIATE	(XS) COMPLETE DATE	
D 106	Continued From page	12	D 106			
	cold room issue.					
	Intentious with the De-		1 1			
(RC	(RCC) on 11/30/23 at	sident Care Coordinator	1			
	-The rooms on the end	d of the building tend to be	1.			
	colder, but if the door	was open, the room would	1 1			
- 1	warm up.		1 1			
- 1	Process was to offer a	plained about the cold, the xtra blankets or suggest	1 1		- 1	
- 1	leaving the door open :	50 air could circulate				
- 1	-The next step was to !	move to a warmer mom				
13	and speak with mainter	nance about the issue			1	
- 1:	-The RCC was unawar	e if the HVAC company		*	1	
1.	knew of any issues.		1			
- 0	Observation of the facil	ity on 12/10/23 at 2:45 pm	1			
100	revealed the HVAC staf neating units.	were working on the				
11	nterview with the HVAC	company maintenance				
l te	echnician on 12/10/23	et 2:48 nm revealed:				1
a	reset.	eaker tripped and needed				
-1	His company was in the	e facility for annual	1			- 1
m	naintenance service the	prior week.				- 1
b.	. Observation of resider	nt room #503 on the			1	
S	pecial Care Unit (SCU)	on 11/28/23 at 10:34 am				- 1
re	vealed:					- 1
-0	ipon entering the room	there was a perceivable				
CO	ecrease in the temperatempared with the hallwa	ture in the room as	1			- 1
-π	he resident was eitting	in a chair in his room				- 1
wit	th his coat on and a bla	inket over his lap.			-	- 1
Int	erview with the residen	t in mom #503 on				- 1
11/	/28/23 at 10:34 am reve	ealed:	1			
-He	e would like to have mo	ore heat.	1			
-He	e told the personal care	aide (PCA) and				- 1
me	dication aide (MA) two	weeks ago about			1	- 1

BMRS11

STATEME	of Health Service Requestry of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	I ami s u u u		IONN	APPR(
ANU PLAN	N OF CORRECTION	IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SE	RVEY
					COMPLE	IED
NAME OF I	PROVIDER OR SUPPLIER	HAL051060	B, WING		12/04	/2023
			DDRESS, CITY, STATI	E, ZIP CODE	1477	72023
FOUR OA	AKS SENIOR LIVING		ETTE ROAD AKS, NC 27524			
(X4) (D PREFIX	SUMMARY STA	TEMENT OF DESIGNATION	D D			
TAG	REGULATORY OR L	CH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC (DENTIFYING INFORMATION)		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTH CROSS-REFERENCED TO THE DEFICIENCY	TO THE APPROPRIATE	
D 106	Continued From page	13	D 106		<u></u>	
	needing heat.		- 100			
- 1	-He asked the MA if he	could use an electric				
	blanket in the room and	d was told no.				
	Second interview with t	he resident in room #503				
- 1	on 11/28/23 at 4:11 pm	revealed that he select	1 . 1			
- 1	the MA for another blan	ket for later when It and	1 1			
	cold, and she brought h	im an extra blanket.	1 1		1	
	Interview with a PCA on	the SCU on 11/28/23 at	1 1		1	
1.	4:74 pm,		1 1			
1.	There was always a co	nstant draft of cold air.	1 1			
1 -	-She would adjust the he	eat thermostat as needed,		(4)		
1	and it became warmer. Many residents said tha	A the same of the				
	She had not seen anyon	it they were cold. he come out to check the				
l u	remometer or the heat	NG System				
	She had not mentioned	the Issue with the RCC	1			
0	or the Administrator.					
re	nterview with the MA on evealed					
tu	ne resident said they we arned up the thermostat	from 69 to 72.				
Se	econd observation of the	resident in room #503				
On	n 11/28/23 at 4:11 pm re	vealed the more	1			
F.	mperature thermometer	showed 67.8 degrees				
Se	econd interview with the	regident in toom 4500				
on	11/30/23 at 12:17 pm re	evealed:	1			
-Hi	e slept well and was wa	mn last night .				
-He	e got an extra blanket ar	nd felt a difference with			172	
the	aneat turned up,	1	1			
-He	e kept his coat on throug rm.	In the night to stay				
Sec	cond interview with a MA	A on 11/30/23 at 12:20				
am	revealed:		1			- 1

DIVISION	of Health Service Rec				FO	ED: 12/22/2(RM APPROV
AND PLAN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	Tame	
		PETRICIAL ROM NUMBER:	A. BUILDING:		(X3) DATI	E SURVEY PLETED
		HAL051080	B. WING		- 1	
ME OF	PROVIDER OR SUPPLIER	STORES			12	/01/2023
DUR DA	KS SENIOR LIVING		NODRESS, CITY, STATE FETTE ROAD	TE, ZIP CODE		
		FOUR O	AKS, NC 27524			
(X4) £D PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CO		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	J PHOME D	COMPLETE DATE
D 106	Continued From page		D 106			_
u u	-The thermostat was	controlled by staff.	1 1			
	-Staff would get hot al	iter assisting with resident	1 1			
	care and would keep to comfortable for thems	he temperature at a level	1 1			
•	-The Administrator has	eives. I it where only the MAs	1			
- 1	controlled the thermon	neter however the DCA	1 1			
- 1	Would Walk into the roo	om and turn the	1 1			
	thermometer to their co	omfort. hift, the unit was "ice cold."	1 1			
			1 1		1	
	Observation of the lock	ed room where the	1 1		1	
1.1	thermostats were locati	ed on 11/30/22 at 12:25	1 1		1	
- 13	om revealed that sever	al thermostats were set on	1 1			
1,	cool, and the MA turned	the dial to heat.	1 1		1	
1	nterview with the Speci	ial Care Coordinator				
- 10	SCC) on 11:30 at 12:32	nm revealed				
-	No one told her that res	sidents were cold.				
7	5 on cool or heat.	rmally set between 74 to				
	She did not check each	room to check the room	1			
te	emperature.				1	
11-1	There was no process of	of checking room				
16	mperature in each resi	dent's room.				
m	aintenance regarding t	rone had followed up with he cold temperature on				
th	e unit.	ue com remberature on			1	
П	aird observation of the	resident in room #503 on	1			
12	1/01/23 at 9:15 am reve	aled the regident was			1	
as	leep in bed with two bla	ankets and wearing his	1			- 1
CO	at,					- 1
Se	cond interview with the	Maintenance Person			1	- 1
Off	12/01/23 at 4:01 pm re	Vealed the thermostat			1	- 1
on	the SCU hall must be r	eplaced for unit 24				- 1
lno	om #503) because the perable.	thermostat was	~ 1			- 1
_						- 1
The	facility failed to ensure	the heating system				
lealth Se	ervice Regulation	0 -/ 310111				

Division	of Health Service Reg					D: 12/22/2023 M APPROVED
AND PLAN	I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE	
		HALD51060	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S'	TAYE TO COM	12/	01/2023
OUR OA	KS SENIOR LIVING	565 BQ	YETTE ROAD DAKS, NC 27524			
(XI) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES				
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DC .	(X5) COMPLETE DATE
1	(F) under winter condi (AL) and Special Care temperatures were ob- fluctuate from 61.6 to 0 was recorded at 44 de resulted in at least thre with their coats on and heads. This failure was and welfare of the resk Type B Violation. The facility provided a paccordance with G.S. 1 this violation. THE CORRECTION DA	tain 75 degrees Fahrenheit tions in the Assisted Living Units (SCU), where served and reported to 57.8, and the temperature grees outside. This se residents having to sleep for blankets over their adetrimental to the health dents and constitutes a plan of protection in 31D-34 on 12/22/23 for	D 106	Maintenance Tech, ED or design check water temperatures in 10 daily for 30 days then weekly.	nee will rooms	1/18/23 and ongoing
11 (c) price is the best of th	rovide an adequate sup itchen, bathrooms, jaun losets and soll utility roc imperature at all fixture e maintained at a minim la degrees C) and shall	ther Requirements in shall be of such size to oply of hot water to the dry, housekeeping om. The hot water is used by residents shall itum of 100 degrees F not exceed 116 degrees if rule applies to new and ovidenced by:	D 113			

Division	of Health Service Re-	gulation				ED: 12/22/20) EM APPROVI	
STATEME! AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY	
		HAL051060 B. WNG					
WHE OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS AND STREET		12/	01/2023	
OUB OA	KS SENIOR LIVING		ODRESS, CITY, STAT	E. ZIP CODE			
ODK OF	LYS SEMIOK LIVING		AKS, NC 27524				
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DESICIENCIES	ID I	DOCUMENTS OF THE PARTY OF THE P			
TAG	REGULATORY OR	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CONSTRUENT FOR THE PROPERTY OF THE		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	DLICVA D. CC	(X5) COMPLETE DATE	
D 113	Continued From pag	e 16	D 113				
	Assisted Living were between 100 and 116	consistently maintained 6 degrees Fahrenheit (F).					
1	The findings are:						
t c	realth inspection repo- -The facility's score we deductions. -There was a 1.5 deductions are selected as a 1.5 deduction are	iter included hot water grees Fahrenheit (F) ing) left half was 124 it right half was 118 it right half was 102 degrees 123 degrees F. I by the Administrator.		· size			
S W	ervice Regulation Cor later Safety Guide rev \ water temperature of	f 127.4 degrees F could					
56 86	esuit in a first degree becond degree (full thic econds.	urn in 30 seconds and a kness injury) burn in 60					
re	water temperature of sult in a first degree b cond degree burn in 3	um in 17 seconds and a					
111	eview of the facility's c /28/23 revealed there ecial Care Unit (SCU)	were 34 residents in the	29				
dat	wiew of weekly water ted 09/08/23 through there was documentate	11/28/23 revealed: on of weekly water					
190	operature checks from	(AL), 500 (SCU), and				- 1	
feia	anica Regulation	(AL), 300 (SCU); and					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER'SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DG) DATE SURVEY DENTIFICATION NUMBER A. BULDING HALD51060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) D 113 Continued From page 17 D 113 600 (SCU) halls and the kitchen. -The temperature in resident rooms 413-415 was 89.1 degrees F on 09/29/23. -The temperature in resident rooms 418-420 was 88.3 degrees F on 09/29/23. -The temperature in resident rooms 413-415 was 90.1 degrees F on 10/01/23. -The temperature in resident rooms 418-420 was 89.6 degrees F on 10/01/23. -The temperature in resident rooms 413-415 was 90.0 degrees F on 10/06/23. -The temperature in resident rooms 418-420 was 90.1 degrees F on 10/06/23. -The temperature in resident rooms 415-417 was 91.0 degrees F on 10/13/23. -The temperature in resident rooms 418-420 was 90.0 degrees F on 10/13/23, -Temperatures ranged from 97 to 114 degrees F on 10/20/23. -The temperature in resident rooms 308-310 was 93.2 degrees F on 11/08/23. -The temperature in resident rooms 312-314 was 92.3 degrees F on 11/08/23. -The temperature in resident room 313 was 93.6 degrees F on 11/08/23. -The temperature in resident room 415 was 92.0 degrees F on 11/08/23. -The temperature in resident room 510 was 92.0 degrees F on 11/08/23. -Temperatures ranged from 97 to 114 degrees F on 11/14/23, 11/19/23 and 11/27/23. Upon request on 11/28/23, 11/29/23 and 11/30/23, weekly water temperature checks from 06/01/23 through 08/31/23, were not provided for Observation of hot water temperatures on the SCU on 11/28/23 from 9:37am until 9:57am revealed:

BMRS11

Division	of Health Service Request of Deficiencies					ORM APPROV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) D	ATE SURVEY
		The state of the s	A. BUILDING: _			MPLETED
		HAL051060	D MENO			
ME OF I		LIMEO31880	8. WING			12/01/2023
THE CITY	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
DUR OA	UKS SENIOR LIVING		YETTE ROAD			
(X4) (D	QUILLE ADV CT		AKS, NC 27524			
REFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF	CORRECTION	(X5)
TAG		SC (DENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	DATE
D 113	Continued From page	18	D 113			1//2
	-Hot water from the six	nk in the bathroom of				and
	resident room 601 was	s 127 degrees F.	4 1			ongoin
-i-	-Hot water from the sir	nk in the bathroom of	1 1			3
	resident room 611 was	120 degrees F.	1 1			
	-Hot water from the sir	ik in the bathroom of		(4)		
- 4	resident room 613 was	63 degrees F.	1 1			
- 1	Inferview with a maide	nt on 11/28/23 at 9:58am				
	revealed:	nt on 11/28/23 at 9:58am	1 1			1
	-The hot water system	was old	1 1			
	-Hot water temperature	s varied; sometimes it was				
	too hot and sometimes	it was too cold.			•	
	Interview with a person	ai care aide (PCA) on				
	11/28/23 at 10:36am re					
	- I ne not water tempera	tures fluctuated between	1 1			
	too hot and too cold.	all (004)	1 1			
- 13	The first room on the h	all (601) was "so hot ook an egg on a table with	1			
- Ti	t."	ox an egg on a table with				
		all (619) was "sometimes				
1 8	as cold as ice" (measure	ed at 114 degrees F)				
-	The temperatures fluctu	lated from room to mom	1 1			
0	on both the 500 and 600) halls.	1 1			
V	vater temperatures.	on was told about the hot				
-	The maintenance perso	n was responsible for				
l l	outinely checking hot wi	ater temperatures.				
-	ine maintenance perso	n was not able to make				
a	djustments because he	was also the				
T O	ousekeeper on the assi	Sieo IIVING (AL) Side.				
10	nterviews with the maint	enance nerson on				
111	1/28/23 at 2:25pm and ;	3:35pm revealed:				
-h	fot water temperatures	had been fluctuating				
fn	om 90 to 120 degrees F	when he checked that				
dt	By (11/28/23),					
	le was adjusting the ho	t water heater				
	mperatures,	14400000 st				
-1	le did not know before	11/20/23 trial not water				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL051080 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 (%4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES JD PREFIX PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) D 113 | Continued From page 19 D 113 1//23 and temperatures were fluctuating. -At 3:35pm he got the water temperatures down ongoing to 117 and 120 degrees F in rooms 601 and 611. -He was working to get water temperatures between 100 and 116 degrees F. -It was hard to properly adjust hot water heater thermostat for rooms out of range because there were multiple thermostats and no labels as to which went to what rooms. -The low temperature in room 613 was because the faucet needed replacement. Interview with the Special Care Coordinator (SCC) on 11/28/23 at 3:06pm revealed she did not know of any issues with the hot water fluctuating between cold and hot on the SCU. Observation of hot water temperatures on the SCU on 11/28/23 from 2:29pm until 2:39pm revealed: -Hot water from the sink in the bathroom of resident room 601 was 130 degrees F. -Hot water from the sink in the bathroom of resident room 611 was 130 degrees F. -Hot water from the sink in the bathroom of resident room 613 was 65 degrees F. -There were no signs posted to alert residents. staff and visitors of fluctuating hot water temperatures. Observation of hot water temperatures on the assisted living side on 11/29/23 at 10:45am revealed: -The sink in the community bathroom near the front desk had a temperature of 123 degrees F. -There was no sign posted to elert residents, staff and visitors of fluctuating hot water temperatures. Second interview with the maintenance person on 11/30/23 at 11:56am revealed:

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		RM APPROV
			A. BUILDING:			PLETED
		HAL051060	B. WING			
IAME OF P	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATI	F 7/0 (Y)nc	12	01/2023
OUR OA	KS SEMIOR LIVING		ETTE ROAD			
		FOUR OA	K8, NC 27524			
(XII) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID I	DDOLEDSTON N		
TAG	REGULATORY OR E	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 113	Continued From page		D 113			
- 1	-When hot water temp	peratures were outside the				
	range of 100 to 116 de	PORMS F he adjusted the	1 1			
- 1	thermostats and reche	icked the temperatures	1 1			
1	-There were 6 thermos	stats on one hot water				
	There were 2 hot	400 halls (assisted living). or heaters for the 500 and				
	600 halls (SCU).	er neaters for the 500 and	1			
1						
3:28pr -No or	Interview with the Admi	inistrator on 11/28/23 at				
	3:28pm revealed:				I	
	No one had reported a	nny issues with the hot	1		1	
1.	water on the SCU prior to 11/28/23. -The maintenance person was responsible for completing weekly water temperature checks,	to 11/28/23.				
10		on was responsible for				
13	The maintenance norm	on was responsible for				
l n	eporting any concerns	with hot water				
l te	emperatures.					
-4	Staff were responsible	for completing a work	- 1			
0	rder for concerns relate	ed to fluctuating bot water	1			
te	imperatures and putting	g it in the box outside the				
	dministrative offices.				1	
-V	vont orders were revie eeting.	wed daily at the morning			1	1
		m committee d		~	1	
sk	gned the work order, a	n completed any repairs,				i
-S	ihe verified the repair w	/as completed and				- 1
sig	gned the work order.		1:			- 1
715	e facility failed to ensu	ro hat water				
ter	nperatures on the Spe	cial Care Unit (SCLI)	1			
We	ere consistently maintain	ned between 100 and			l.	- 1
110	6 degrees Fahrenheit (F) where temperatures	1			- 1
we	re observed and report	ted to fluctuate from 63	1			- 1
to:	130 degrees. A water to	emperature of 127 4	1	•		- 1
de	grees could result in a l	first degree burn in 3/1	-			- 1
880	conds and a second de	gree burn (full thickness				
mju	иу ил 60 seconds. This	fallure placed residents	1		-	- 1
TARREST .						
With	h cognitive impairments	s and wandering swhich was detrimental				- 1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: COMPLETED HAL051060 B. WING NAME OF PROVIDER OR SUPPLIER 12/01/2023 STREET ADDRESS, CITY, STATE, ZIP CODE FOUR OAKS SENIOR LIVING 565 BOYETTE ROAD FOUR OAKS, NC 27524 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) D(S) DATE TAG D 113 Continued From page 21 D 113 the SCU and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/28/23 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 15, 2024. D 255 10A NCAC 13F .0801(c)(1) Resident Assessment D 255 10A NCAC 13F .0801Resident Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects; (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, Division of Health Service Regulation

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY	
		HAL051060	B. WING				
IAME OF F	PROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATI		12	/01/2023	
OUR OA	KS SENIOR LIVING		ETTE ROAD	E, ZIP ÇODE			
	THE SELECT CAME		AKS, NC 27524				
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DESIGNATION	ID I	No. of the last			
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	DATE	
D 255	Continued From page	22	D 255				
	the resident's physical, well-being such as initi disease or diabetes; (J) improved behavior, status to the extent tha care no longer matches (K) new onset of impair (L) continence to incompatheter; or	allow crater, or higher; a condition likely to affect , mental, or psychosocial ial diagnosis of Alzhelmer's mood or functional health t the established plan of s what is needed; red decision-making; tinence or indwelling					
Re 08	his Rule is not met as ased on observations, inviews, the facility failed sessessment and care playsident (#1) with signific peated falls, and press are findings are: eview of Resident #1's of 1/30/23 revealed: iagnoses included neur ial fibrillation, and hype esident #1 was constant asident #1 was ambulation.	Interviews and record If to complete an In for 1 of 1 sampled Interviews and record In for 1 of 1 sampled Interviews and mobility, Interviews and record I					
rev	view of Resident #1's F ealed the resident was 08/30/23.	Resident Register admitted to the facility					
	view of Resident #1's p					- 1	

Divisi

STATE FORM

	gulation			FO	ED: 12/22/20
OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER OLIA	hun.		FU	RM APPROV
CONNECTION	DENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	Then =	
	The state of the s	A. BUILDING: _		(X3) DAT	ESURVEY
	1			COM	PLETED
	HAI SELDED	D 1400.			
	1 1825-000	B. WING		1	
OVIDER OR SUPPLIER	STREET	DOGGES OFFI		12	/01/2023
2 CEMOD I NOV.	FARMON	OUNESS, CITY, STATI	E, ZIP CODE		
a original FIAIME					
CI BALLATOL O	FOUR O	AK8, NC 27524			
(EACH DEFICIENTY MI IOT DEFICIENCIES					
REGULATORY OR	LSC IDENTIFYING INFORMATION		FACH CORRESPIAN OF CO	ORRECTION	(26)
	THE PART OF THE PA	TAG	CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETE
			DEFICIENCY	APPROPRIATE	DATE
ontinued From page	e 23				
		D 255			
*CP) order dated 11	/07/23 revealed an order				
only cale unise for	1771 Hirolo, view mode, Am.	1 1			li.
esident #1's huttack	e modified (0	1 1			
	es a	1			
eview of Recklers 4	dia minusia				
1/19/22 roundle-1	s current care plan dated	1 1			
anidom #4				,)	
esident #1 Was som	natimes disoriented,	1 1			
gettul, and needed	ramindere				
esident #1 had wan	dering behaviors was	F 4		1	
Tused to his where:	Should and recipied	1 1		i i	
88.	and resisted care at	1			
skidont #1 sees and				1	
SOUR SEM LA LINES SIND	ulatory and his skin was	1 . 1			
IGL				1	
sident #1 required	imited staff assistance with			1	
rung, pathing, dress	ing and grooming pris			1	
ere was no docume	nistion Pooldont 44				
heelchair for mobile	HASIDBUL #1 USEQ				
and head the quantity	y,			1	
ale was in docume	ntation of wounds and	1			
prevention interven	ition such as	- 1			
		1			
ere was no documer	Mation of fall prevention			1	
ventions such as a	fall met hodiebals alam	1			
Increased superviol	on that perional statul	1		1	
TO OCTOO SUPEL AIRM	on.	1			- 1
our of Bestdand Rec				i	- 1
an or Lesidelli #1,8	licensed health	- 1			- 1
Esional support (LH	PS) assessment and			1	
lation dated 09/11/2	3 revenieri				- 1
dent #1 did not have	A gov HDQ tooks				
dent #1 was able to	transfer independent	1		1	
mbulated without a	a contains de la	1		1	
	assiglive device.	1		1	- 1
us of Doold see					
w ut resident #1's	current Special Care				- 1
SCU) quarterly profi	le and care plan dated				
23 revealed:		1	•		1
redirected Resident	#1 with any instance of			1	
ioral concern.	T THUI GITY INSTAINCE OF	1		1	- 1
		1		1	
iorai concem.		1		I	
ient #1 used a whee	cichair and required staff				- 1
ient #1 used a whee	elchair and required staff				
ient #1 used a whee					
	REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR POPULATION OF THE POPULATION	DYIDER OR SUPPLIER STREET / SENIOR LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23 PCP) order dated 11/07/23 revealed an order ound care nurse for multiple wounds to esident #1's buttocks. Eview of Resident #1's current care plan' dated by 12/23 revealed: esident #1 was sometimes disoriented, regetful, and needed reminders. esident #1 was ambulatory and his skin was not be was an interest of this whereabouts, and resisted care at east. esident #1 required limited staff assistance with eiting, bathing, dressing, and grooming, ere was no documentation Resident #1 used heelchair for mobility, are was no documentation of wounds and prevention intervention such as sistioning. ere was no documentation of fall prevention ventions such as a fall mat, bed/chair alarm, increased supervision. ew of Resident #1's licensed health essional support (LHPS) assessment and lation dated 09/11/23 revealed: ident #1 was able to transfer independently imbulated without an assistive device. Every of Resident #1's current Special Care SCU) quarterly profile and rare rise and stated and care and	A. BUILDING: B. WING DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE B. SENIOR LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23 PCP) order dated 11/07/23 revealed an order ound care nurse for multiple wounds to seident #1's buttocks. Seview of Resident #1's current care plan dated M12/23 revealed: seident #1 was sometimes disoriented, getful, and needed reminders. seident #1 was ambulatory and his skin was nursed to his whereabouts, and resisted care at les, and resisted care at les, and resisted care at les, and seident #1 used heelchair for mobility, and send occumentation Resident #1 used heelchair for mobility, are was no documentation of wounds and prevention intervention such as sationing. We was no documentation of fall prevention ventions such as a fall mat, bed/chair alarm, increased supervision. Sew of Resident #1's licensed health increased supervision. Sew of Resident #1's licensed health lessonal support (LHPS) assessment and leation dated 09/11/23 revealed: dent #1 did not have any LHPS tasks, dent #1 was able to transfer independently umbulated without an assistive device. We of Resident #1's current Special Care SCU) quarterly profile and rare years deated.	DWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 855 BOYETTE ROAD FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC DENTFYING INFORMATION) PREFIX TAG CHOCK ORRECTIVE ACTION CHOCK ORRECTIVE AC	MAL051080 MAL051080

STATEME	of Health Service Res NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) 531 H TS 4 F	CONSTRUCTION		RM APPROV
- ere e-melli	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
					Com	reien
		HAL051060	8. WING		40	ind mean
AME OF I	PROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STAT	TE, ZIP CODE	1 12	/01/2023
OUR OA	AKS SENIOR LIVING	565 BOY	ETTE ROAD			
OF IL AD		FOUR O	4K8, NC 27524			
(X4) iD PREFIX	LEACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF	COPPECTION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	OMPLETE DATE
D 255	Continued From page		D 255			
	-Resident #1 required	d limited staff assistance with				1
	hygiene and transfers	3.	1			
- 1	-I nere was no docum	nentation of wounds and	1 1			
	skin prevention interverepositioning.	ention such as	1 1			
	-There was no docum	entation of fall prevention	1 1		•)	
1	interventions such as	a fall mat, bed/chair alarm,	1 1			
- 1	and increased supervi	ision.				
10:0	Observation of Reside	ent #1 on 11/29/23 at				
	10:09am revealed:		1 1		1	
1	-A PCA and the Physical Thera	cal Therapist (PT) assisted			1	
- 1,	rvesident#1 to stand fr wheelchair.	rom being seated in his				
		eady and unable to stand	1			
1	without assistance.	pady and missible to stalle				
		d dressing on Resident				
1 8	#1's left buttock.				1	
15	There was generalized	deep redness to both				
10	outtocks and a foul odo	r.				
1	There were 3 open wor overed with a dressing	unds that were not	1			
	The PT encouraged at	i. aff to assist the resident				
W	ith changing his postil	on every 1 and 1 half to 2	1			
l h	ours as previously mer	ntioned.			- 1	
-0	Changing the resident's	s position could be done	1			
D)	y shifting side to side in	1 the wheelchair riging				- 1
fri	om being seated using	handrails in the hallway	1			- 1
28 L:	s tolerated and transfer is bed.	rring to lying on his side in				- 1
130	o veu,					- 1
Te	elephone interviews wit	th Resident #1's Guardian				- 1
On	11/29/23 at 12:58pm :	and 2:51pm revealed:	1			- 1
20	ihe was Resident #1's ()23.	Guardian since August			1	- 1
	esident #1 had a fast o	doction since he	1			- 1
ad	mitted to the facility (0)	B/30/23)				
-TI	he resident had been in	1 the wheelchair for a			1	
wh	ile; she could not reme	ember exactly how long.			1	- 1
	he met with the Specia				1	- 1

BMRS11

STATEME	of Health Service Red NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			F	ORM APPROV
AIRD PLAN	OF CORRECTION	IDENTIFICATION NUMBER	(X2) MULTI	PLE CONSTRUCTION	I man	
			A. BUILDIN	G:	(203) (24	MPLETED
		1	1		1 00	PETED
		HAL051060	B. WING		1	
HAME OF I	PROVIDER OR SUPPLIER	QTECH-	DDDDDD -		1	2/01/2023
OUR O	KS SENIOR LIVING	ESS PA	ADDRESS, CITY, S	TATE, ZIP CODE		
	THE SERIOR LIVING		ETTE ROAD			
(X4) ID	SUMMARY ST	ATEMENT OF DESCRIPTION	AKS, NC 2752	4		
PREFIX			ID PREFIX	PROVIDER'S PLAN OF CORRI	-CTICW	
	TOOLS ON OR	LSC (DENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SH CROSS REFERENCED TO THE APP		COMPLET
D.04=				DEFICIENCY)	ROPRIATE	DATE
D 255	Continued From page	25	D 255			
- 1	(SCC) on 11/09/23		D 200	Care Managers to assess	all	1/18/24
1	She was told house .	300 !!		residents and update can	e plans	Ongoin
	-She was told by the S	CC that Resident #1	1	1	Piano,	Origoin
- 1	developed wounds on	nis buttocks.	1			
	they were traine to the	inds developed because	1	Care Managers or design	ae will	1/10/0-
	prevent falls while the	PP Resident #1 seated to	1	HUVIIKOL LESICENTS for Abou	oran la	1/18/24
- 1	resident's medication r	PCP re-evaluated the		INCHVINES DI LIBIRI I Mine II	100 B A	Ongoin
	Staff moved him alaas	egimen. If to the front desk to watch	1	Utatives inantitied and an		1
1	nim more closely.	r to the front deak to wetch	1	will be updated within 10 c	e hiai i	1
	She was told Dooldan	Ald Later on	1 1	1	ays.	
1 8	resident-to-resident	#1 had 6 falls: a fall after	1	Care Managers, ED, or des will discuss residents with o in Stand Up Meeting and fo to ensure care plans have to	oiana.	4 24 10 10 1
f	alls on 10/12/22 and a	Itercation on 09/17/23, two	1 1		signee	
14	alls on 10/12/23, and o 0/18/23 and 10/19/23.	ne tall on 10/17/23,	1 1		manges	
	5. TOTE O BING 10/ 18/23.		1		qu wolk	
lr.	iterview with a medical	tion side (MA)/personal	1.	completed.	peen	
C	are side (PCA) on 11/2	8/23 at 9:30am revealed				
R	esident #1 required my	ore than 1 staff to assist			1	
w	ith personal care includ	ding transfers and assist	i ili		-	
to	lieting.	ang uansiers and				
- 1	0.		- 1		1	
Se	cond interview with the	e MA/PCA on 11/29/23 at			1	
110	.23am revesied:	1			Ì	
-R	esident #1 was ambula	atory when he first came	1			
LCO.	are recitify (08/30/23)		1			1
-He	had been using a wh	eelchair for mobility for				- 1
ap	proximately one month	, io thousand to				
		1	1			
Thi	rd interview with the M	A/PCA on 11/30/23 at	1			- 1
12:	z/pm revealed;		1		1	- 1
-MA	As did not have anythin	ig to do with resident	1			- 1
999	essments and care pla	IOS	1			- 1
-lf s	he noticed a change in	a resident cho				- 1
герс	pried it to the SCC and	primary care provider	ŀ			- 1
I (FU	r).				1	- 1
-VVh	en there were change:	s in a resident's care				
Fice	us, the SCC told the st	aff working				- 1
-Sta	If were responsible for	telling the oncoming				1
SHILL	at each shift change.	- 1			1	
-Cha	changes in care needs were not documented	1		1	- 1	
A	anywhere for staff reference.					

STATEME	n of Health Service Rec	(X1) PROVIDER/SUPPLIER/CLIA			FO	RM APPROV
NNU PLAN	N OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	No. o	
		The state of the s	A. BULDING: _		(X3) DATE SURVEY COMPLETED	
		HAL051060	B. WING			-
AME OF I	PROVIDER OR SUPPLIER				12	/01/2023
OUE O	IVO OCTUON COM	SIRRETA	DDRESS, CITY, STATI	E, ZIP CODE		
JUN U	AKS SENIOR LIVING		ETTE ROAD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFINENCE	AKS, NC 27524			
PREFIX TAG	COTOT DEFICIENCE	Y MI IST OF DOCOCOURS	ID	PROVIDER'S PLAN OF GO	MRECTION	
i/W3	NEGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	LEAGH GURRECTIVE ACTION	M 60 100 m m mm	(XS) COMPLETE
				CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
D 255	Continued From page	26	D 255	J 10/2401/		
			1			
- 1	Interview with the SC(C on 11/30/23 at 12:34pm	1 1			
	IGARSIGE:					
1	-Sne was responsible	for completing resident	1 1			
	assessments and care	nians •	1 1			
	#1's seemed had a ch	ance to update Resident	1 1			•
	# 1 5 assessment and c	are plan due to clarife				
	changes in his mobility wounds.	, multiple falls, and	1 1		1	
			1 1		1	
	health professional are	es responsible for licensed			1	
8	and evaluations.	port (LHPS) assessments				
-	She was not sure if the	Regional Numar		•		
10	Mara of Resident #1,8	significant changes and	1		1	
1111	ew Lope tasks.					
-	She did not know if she	had to notify the				
l H	regional Nurse or if the	Regional Nume know	1		1	
D	ecause she had access	s to the electronic	1			
cl	harting system.	The standard of the				
In	terview with the Region	nal Nurse on 11/30/23 at				
1 10	anhui takesied:	1	- 1			
-S	he was at the facility of	nce a week.	1		1	
-8	the completed LHPS as	sessments and				- 1
EV.	aluations when she wa	s there.				- 1
rh.	Space and company to the same of the same	resident had significant				- 1
chi	arting system.	tasks from the electronic	1		1	
-M	As were responsible fo	m d= 107.				- 1
sia	mificant changes and n	r warng her about			1	- 1
-W	hen she was notified a	the completed the LHPS				- 1
ass	sessment and evaluation	in which is about a				- 1
rec	ommendations for the	care plan and validating	1		1	- 1
stat	ffs' skills on tasks such	as assistive devices	1			
tran	isfers, and wounds.	CANICOS	1			
						- 1
Inte	rview with the Administ 5pm revealed:	rator on 12/01/23 at	1			- 1
-The	quii reveajed:		1		1	- 1
noci	e SCC was responsible dent assessments and	for completing			1	
		COURS SIGNAL CONTRACTOR				

NO PI AN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(202) 441	(** Dr. Dr.	101	M APPRO
	OF CORRECTION	IDENTIFICATION NUMBER		LTIPLE CONSTRUCTION	(X3) DATE	SURVEY
		1	A. BUILE	ING:		LETED
		HAL051060	B. WING		- 1	
WE OF F	PROVIDER OR SUPPLIER	\$TDEC:	TADDEDDE		12/	01/2023
DUR OA	K8 SENIOR LIVING	EGE DO	OYETTE ROAL	7. STATE, ZIP CODE		
	TO OFISION FIAMO	FOLIR	OAKS, NC 27) ****		
(X4) ID	SUMMARY S	ATEMENT OF DEFICIENCES				
PREFIX TAG	WOULD DELICIENT	Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREF	PROVIDER'S PLAN OF CORRE	CTION	(X5)
		ESO DERTIFIAG INFORMATION)	TAG	(EACH CORRECTIVE ACTION 8H CROSS-REFERENCED TO THE APP	ON SHOULD BE	
D 255	Configured From		_	DEFICIENCY)	THE PERSON NAMED IN	DATE
	Continued From page		D 265			
	and with a significant	change.				
- 1	-Resident #1 was am	bulatory on admission to the	1			
	Telchity (08/30/23).					
1	that he had a change in O	ctober 2023 after his falls		1	1	
1	the wheelchair.	in mobility and started using	1	1	- 1	
		ous SCC had completed a	1		1	
1.8	SIGNICANT CHANGE ARE	essment and care plan for			1	
1	Resident #1's.	The color plan for				
10	Refer to Tag 269, 10A	NCAC 13F (Ign1/a)	1			
P	Personal Care & Super	vision]		*		
0	Refer to Tag 270, 10A	NCAC 13F .0901/b)				
P	ersonal Care & Super	vision]			- 1	
269 1	0A NCAC 13F .0901(a) Personal Care and	D con			
S	upervision	A - A - A - A - A - A - A - A - A - A -	D 269			
10	A NCAC 13F .0901 P	ersonal Care and				
St	upervision				1	
(a) Adult care home sta	ff shall provide personal			1	
rds rds	ire to residents accord	ing to the residents' care				
De.	ens and attend to arry and add residents may be	other personal care unable to attend to for			-	
the	emselves.	unable to attend to for			1	
				In-service was conducted by	ACD 42	/29/23
Thi	is Rule is not met as e	evidenced by:		on applying dry bandages.	AOD 12	128123
IY	PE A2 VIOLATION	-			1	
Res	sed on observations :-	oten de une de		In-service was conducted	12	4/23
revi	sed on observations, in iews, the facility failed	to provide personal care		ACD on double briefing.	-	
ass	istance for 3 of 5 same	oled residents (#4 #2	1	In consider was		- 1
and	1 #4) Who required stat	f assistance with	- 1	In-service was conducted by	ACD - 12	/4/23
tran	isfers and mobility (#1	had a histony of		on increased monitoring.		
diat	petes and required state	I assistance with				
clea	ining fingernalis and b	athing (#2) and		Nail care in-service was cond		
(#4)	ulred staff assistance v	vith incontinence care	li	by ACD	aucted 12/4	4/23
		1		- y		

Divisio

STATE FORM

BMRS11

If continuation sheet 26 of 130

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT	PLE CONSTRUCTION	- 10	RM APPRO
		TOTAL MOMBER	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL051050	B, WING	E VANNES		
NAME OF	E OF PROVIDER OR SUPPLIER				12	//01/2023
FOUR O	AKS SENIOR LIVING	565 BO	ADDRESS, CITY,	STATE, ZIP CODE		
		FOUR (DAKS, NC 275	24		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	D			
DAT	REGULATORY OR	T MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL	ST MODE OF THE PARTY OF THE PAR	(X5) COMPLETE DATE
D 269	Continued From page	28	D 269	DEFICIENCY)		
	The findings are:					
1				Area Clinical Director co	inducted an	מביו אחלבו
	vorsurza revealed:	#1's current FL-2 dated		in-service on changing of dressings.	агу	and
	-Diagnoses included n atrial fibrillation, and hy	eurocognitive disorder,				1/15/24
- 1	 The recommended lev 	el of care for Booldon III			1	
4.1	was a Special Care Un	if (SCH)		Area Clinical Director col	nducted and	010 110-
1.	Resident #1 was cons	tantly disoriament	1			2/04/23
1.	resident #1 was ambu cowel and bladder.	platory and continent of		repositioning residents enhours.	very 2	
F	Review of Resident #1's	Resident Register		36		
111	evealed the resident w	as admitted to the facility	1 1		1	
10	n 08/30/23,			Care Managers or design	ee will	ia:
R	eview of Resident #1's	current care plan dated		HIGHE FOURTS NO loce than	. O Atau . (A)	itiated 2/01/23
100	or reversity threated;			PCI SI III TO ensure recider		plemen
-F	Resident #1 was somet	mes discriented.		well groomed and clean.		2/02/23
10	rgetrui, and needed rer	pinders			þ.	ngoing
-H	lesident #1 had wander	ring behaviors, was	1			Şg
tin	niused to his whereab	outs, and resisted care at	1			- 1
-R	esident #1 was ambula act.	itory and his skin was	- 1			
-Re	esident #1 required lim	ited staff assistance with				- 1
LUSS	eurg, beining, dressing	1 and accoming	- 1		1	- 1
- FD	tere was no document:	ation Resident #1 used	1		1	- 1
-The	meeichair for mobility.	1				- 1
	ere was no documenta prevention intervention	non of wounds and				- 1
гере	ositioning.	SB IDue en				
Rev	riew of Resident #1's pr	'imary care provider				
I IFG	r) order dated 11/07/2	3 revealed on seda-	1		1	- 1
MOL	nd care nurse for multi ident #1's buttocks.	ple wounds to	8			.
Revi	iew of Resident #1's ho	armo hanatala				- 1

LAID DI AL	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	T annual series			RM APPRO	
	TO COMMECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	/M21 P	(X3) DATE SURVEY	
					(X3) DAT	E SURVEY PLETED	
		1			J	CETED	
_		HAL051060	B. WING		ı		
AME OF	PROVIDER OR SUPPLIER				12	/01/2023	
		STREET	ADDRESS, CITY, STATI	E, ZIP CODE		- HEVEU	
OUR O	AKS SENIOR LIVING	565 BO	YETTE ROAD				
		FOUR C	AKS, NC 27524				
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEEVENING					
TAG	1 STOR DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION	()(5)	
			TAG	(EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A	SHOULD BE	COMPLET	
D 269	0-11			DEFICIENCY)	* FROPRIATE	DATE	
D 508	Continued From page	e 29	D 269				
	(HHN) visit note date	d 14 /02/00	5 208				
	-Resident #4	u 11/2//23 revealed;	1 1			1	
	care starting on 11/07	en twice weekly for wound					
	-Resident 44	123.	1 1				
	-Resident #1 was forg	jettul and had fatigue,					
	weakness, and activity	y intolerance.	1 1		1		
- 1	-Resident #1 took an a thinning) medication.	enticoagulant (blood	1		1		
- 1	-Resident #1 bod 2	Manufacture & A. C.	1				
	with 25_500/	ounds on his right buttock	1		1		
	and minimal (less than 25%) drainage. The date of onset for the 3 wounds on the side.		1				
1.			1 [
1.3	DULLOCK Was 11/07/23	_					
1.	Resident #1's wounds	were improving.	1 1	•	1		
	Jandan - Z Po - 1 -		1				
1	review of Kesident #15	s home HHN visit note	1 1				
10	lated 11/29/23 revealed	d;	1		1		
1	There were two new w	ounds and existing	1		1		
1 4	vounds showed more s	lough (dead cells and	- 1				
10	euris) inan granulation				1		
	The HHN contacted Re	sident #1's PCP and			1		
100	eceived new wound car	re orders.	1		1		
1	Slaff were educated to	call the HHN if the	1				
- Cil	ressing came off.						
P	here was a new stage II pressure ulcer on						
L.C.	askratur #1.8 lett lower j	buttock with date of onset					
J Or	1 11/29/23.		ł.		1		
1 -1	ine unree existing right	buttock wounds had 10%	1				
1 914	Briusalion lissue and mi	oderate (wet 25-75%)			1		
un	amage,		1				
1	icia Mala uo qocrimeu	ted details of the second	1			- 1	
l ue	w wound,	1	1			- 1	
Int	ondous with	1	1			- 1	
1110	erview with a medication	on aide (MA)/personal	-			- 1	
GOI	6 gide (PGA) on 11/28	723 of 0.25 am rounded				.	
1 -01	ia was working as a PC	CA on 11/28/22			1	- 1	
-St	att rounded every two t	Ours: regidente	. 1		1	- 1	
MIG	inventious tolleased study	ncontinence care					
nee					1	- 1	
-Ke	sident #1 resisted care	at times.				- 1	
-KR	sident #1 had a wound	on hie bettern				- 1	

STATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(WD) AND THE I			M APPROV
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
			A. BULDING: _	A. BULDING:		LETED
		HAL051060		B, WING		
AME OF I	PROVIDER OR SUPPLIER		12/0			
			DORESS, CITY, STAT	E, ZIP CODE		
JUK U/	AKS SENIOR LIVING		ETTE ROAD AKS, NC 27524			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	T			
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	DLIM II III III	(X5) COMPLET DATE
D 269	Continued From pag	e 30	D 269			
	9:30am revealed: -She was working as	nd MA/PCA on 11/28/23 at the MA on 11/28/23. ents with open wounds on				
- 1		more than 1 staff to assist duding transfers and				
	Resident #1 to stand fi wheelchair. -Resident #1 was unsti without assistance.	eal Therapist (PT) assisted from being seated in his sady and unable to stand				
1.5	F1's left buttock,	d dressing on Resident				
0	There were 3 open wo overed with a dressing All 3 wounds had smooth	unds that were not				
ai ai	ue to extended exposi- nd moist yellow tissue The wound at the top o pproximately the size o	ire to moisture) edges inside the wounds, fifthe buttock was				
ar -T	The wound at the middi oproximately the size of the wound at the botton	le of the buttock was If a nickel, The buttock near the				
· ac	igh was approximately cording to the HHN's he PT encouraged sta	the size of a dime (new 11/29/23 visit note) . If to assist the resident	-			
-Ci	urs as previously men	position could be done				
TID	m being seated using I	handralis in the hallway ling to lying on his side in				

Division	of Health Service Rec	gulation			PRINT	ED: 12/22/20 RM APPROV
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Lauren		101	IN ALTRU
AAD LENIA	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	/X3VDATE	SURVEY
				A. BUILDING:		
		HAL051060	B. WING			
ME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	712 page	12	01/2023
UR OA	K8 SENIOR LIVING	565 BOY	ETTE ROAD	=, 4P CODE		
_		FOUR O	AKS, NC 27524			
D(4) ID PREFIX	SUMMARY ST	ATEMENT OF DEPOSITIONS	ID I	Philippens Man Print Co.		
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C	ORRECTION	(205)
		INC. INC. INFORMATION	TAG	CROSS-REFERENCED TO TH	E APPROPRIATE	COMPLETE
D 269	O-affa 10			DEFICIENCY)	DATE
D 209	Continued From page	∍ 31	D 269			
	his bed.					
	Observation of Reside	ant #4 as 44 manas.	1 1			
4	11:46am revealed:		1			
	-There was a cushione #1's right buttock.	ed dressing on Resident		•		
- 1.	There was a large purple and vellow bruits on		1			
	the resident's left buttock. There was an open wound approximately the		1 1			
5	Te of a dime at the he	ound approximately the ottom of Resident #1's left			1	
16	Wittney near the thick	ottom of Resident #1's left	1			
- 13	outtock near the thigh (new according to the					
- 10	12/01/23 interview with the HHN). There was yellow tissue inside the wound, no					
10	dor and less seriow tiggt	le inside the wound, no				
b	uttock seen 11/29/23.	redness than on the right	1			
In	nterview with a PCA on	11/30/23 at 11:43am				
ne	evealed:					
-T	hird shift staff usually	got Resident #1 up before			1	
7:	00am and he was usu	ally up in his wheelchair			1	
ur	ntil after lunch.	ob in the Muselcusic	1		1	
		ot Resident #1 up before	1			
br	eakfast (7:30am),	or resident # I nb belote			1	
-S	ometimes how long R	esident #1 was up in his	l.			
ch	air or lying in his bed o	denended on his	N/		1	
pre	eference.	TOPOLOGO OTTES				
		he wanted to be in his			1	
Sec	air or be in his bed.	THE WALLES TO DE IN US				
	cond interview with a l	PCA on 11/30/23 of				
	18pm revealed:	THE PROPERTY OF	1			
	hen the wounds were	first discovered asset				1
WÁ	re told to keep Resider	nt #1 in the hed				
-Ap	proximately two week	S 800 /11/18/22)	,			- 1
lust	started getting him up	2 a8a (±1\10\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				- 1
-Sh	e did not know how it :	started she asset !-	1			- 1
one	morning and he was	up and staff continued	1	•		- 1
gett	ing him up.	AND MAN STATE OF THE PARTY OF T	1			- 1
1 -	11 1 11		- 1		1	- 1
-Res	sident #1 started having ner SCC told staff to ke	ng a lot of falls and the	1			

Division	of Health Service Reg	ulation			PRINT FO	ED: 12/22/2023 RM APPROVED
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIRTINE	CONSTRUCTION		The state of the s
	and the state	DENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
		HAL051060	B. WING			
NAME OF !	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STAT		12	/01/2023
FOUR OA	KS SENIOR LIVING		ETTE ROAD	t, ZIP CODE		
		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DESIGNATION	I D	FDA Shares at the		
TAG	NEGULATORY OR	Y MUST BE PRECEDED BY FULL USC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(XE) COMPLETE DATE
D 269	Continued From page	32	D 269			
- 1	wheelchair.		- 200			1
	-They watched Reside	ent #1 by keeping him in the	1 1			
- 1	living room in his when	elchair.				
- 1	Internal and the same		1			
- 1	usesled:	CA on 11/30/23 at 11:35am				
		re first found (11/07/23),	1 1			1
	the SCC told staff to la	y the resident in his bed	1			1
1	atter meals.		1 1			- 1
- 1:	She had not seen his	wounds since the HHN	1 1			- 1
1	started managing them	ı.			1	- 1
10	n 11/29/23 at 12:58pm	th Resident #1's Guardian n and 2:51pm revealed: s Guardian since August				
2	3023.					
-	Resident #1 had a fast	decline since he was				- 1
a	dmitted to the facility ((08/30/23).				- 1
a a	Resident #1 was ambuildmitted to the facility.	latory when he was			1	- 1
-7	he resident had been	in the wheelshalate			1	- 1
w	hile; she could not rem	ember exactly how long.				
(8	ihe met with the Specia iCC) on 11/09/23	al Care Coordinator				- 1
-S	the was told by the SC	C that Resident #1			1	- 1
de	veloped wounds on his	8 buttocks.			i	- 1
-5	ne was told by the SC	C the wounds developed				- 1
56	cause they were trying ated to prevent falls wi) to keep Resident #1	1			- 1
re-	evaluated the resident	's medication regimen.				
Int	erview with the SCC or realed:	n 11/30/23 at 12:34pm				
-St	aff told her they had no	ot seen the wounds on	1			- 1
Re	sident #1 before third s	shift 11/06/23_11/07/22				- 1
-Th	le wounds were open v	when she first saw them				
on	11/07/23.					
Res	sident #1's position.	structions on changing				
-Sh	e was not aware of a fa	acility standard or	1			- 1

BMRS11

Division	of Health Service Re					ED: 12/22/20 RM APPRO\
ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BULDING: _			E SURVEY PLETED
						_
		HAL051060	B. WING		42	2/01/2023
ME OF F	PROVIDER OR SUPPLIER	STREET	DORESS, CITY, STAT	E, ZIP CODE	1.0	30 112023
UR OA	KS SENIOR LIVING		ETTE ROAD			
		FOUR O	AKS, NC 27524			
X4) ID REFIX	LEACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF CO	DOECTION	_
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE IDEFICIENCY)	N SHOULD BE APPROPRIATE	COMPLET DATE
D 269	Continued From pag	e 33	D 269			-
- 1	procedure for assisti	ng with position changes				1
- 1	when a resident had	a decline in mobility	1			1
	 Resident #1 was ker from falling. 	ot in his wheelchair to keep				
- 1		re found, Resident #1 was				
	kept in his bed.	re lound, Resident #1 was	1 1	*		
- 1	-The PCP had told he	er a couple of weeks ago to	1 1			
- 1	get Resident #1 up because it was not good for		1 1			
- 1	n/m to just sit.		1 1			
- 13	The PCP did not say how often to get him up out		1 1			
2010	She thought staff should try to help Resident #1		1 1			
18	o stand every 2 hours and turn side to side if he		1 1			
-	was lying down,	10 5100 11 110				
1	lelephone interview w	ith the HHN on 12/01/23 at				
		regularly for wound care.				
-	The wounds on Resid	ent #1's buttocks started				
а	s boils that were hard	and andry looking with a			1	
8	ignificant amount of h	ot redness.			1	
- d	The wounds opened, a ecreased.	and the redness	1			
		overnent of Resident #1's				
bi	uttocks wounds when	she saw him on Monday			1	
(1	1/27/23), but the wou	nds had worsened when				
Si	10 saw him on Wedne	sday (11/29/23)	1		1	
-SI	the found two new ope 1/29/23),	en wounds on Wednesday				
	he new wounds were	located on the lower	1			
bu	ittocks bilaterally near	the thigh.			1	
-TI	he existing wounds ha	d bink granulation tissue	1			
on	Monday (11/27/23) a	nd on Wednesday		•		
(11	NZB/Z3) the existing w	ounds had yellow slough.				
Tel	lephone interview with	Resident #1's PCP on				
11/	30/23 at 4:21pm reve	aled:		•	1	
-Si	ne saw Resident #1's	wounds on 11/07/23,				
tra:	iere was an infection t ated Resident #1 with	to the wounds and she				- 1
	ervice Regulation	urai and topical				

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			10	RM APPRO
	- SOMMEUTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	Tauri .	
			A. BUILDING:		(X3) DAT	E SURVEY
		1			COM	FLETED
Made		HAL051060	B. WING		1	
NAME OF PROVIDER OR SUPPLIER				12	/01/2023	
FOUR OA	KS SENIOR LIVING	Sirgety	ADDRESS, CITY, STATE	E, ZIP CODE		77 17 10 10 10 10
	WE SENSOK FIAMA	565 BO	ETTE ROAD			
(X4) JD	SIMMADIA	FOUR O	AKS, NC 27524			
PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	10	PDGU ND III		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS PETERBONN		(065)
			TAG	CROSS-REFERENCED TO THE A	POULD BE	COMPLE
D 269	Continued From page	24	-	DEFICIENCY)	HOPKIE	DATE
			D 269			
- 1	antibiotics and had he	me health see him for				
100	moutic care.		1 1			
	-ine wounds had imp	roved since 11/07/23, with	1 1		W	
					1	
	KUM PALI ANDS SAID LIST.	Inde on 11/20/22	1 1			
1.3	THE DAG Spoken to str	off equated the	1 1	<u> </u>	1	
	''''''''''''''''''' (Changa Re	sident #1% masks	1 1		1	
	LALL BIDGIOD 1991 DBLK	ICIS TOURS HAD IN LAND A LATE OF	1			
1 4	IN BIOG TO SIGE W	nile lying down every 1-2	1		1	
	Della.		1		- 1	
-1	resident #1 could not	sit or lie on his buttocks			1	
10	" IVIII PUNDOS.					
in	tot repositioning Resid	lent #1 every 1-2 hours			. 1	
41.0	M COOCU DIBESSINA AA F	tip buthooks as a l	1 4			
4 110	olsture which would ca	luse further skin	4		1	
, M	BONGOWII.		1		1	
Int	envious with the Admit		1		- 1	
4.1	5pm revealed:	istrator on 12/01/23 at			- 1	
-H	A resident was been at		1		1	
She	a conductive stage to see	ting for safety reasons,	1		1	
che	expected staff to offe	r a pillow to sit on,			1	
can	eck the resident buttoo	ks with incontinence				
imn	e, and report any redn nediately to the SCC.	ess or changes	1			
-Sta	aff were responsible to	gogiet 'th			1	
cha	nges for residente unit	assist with position if imited mobility every 2				
hou	15.	militad mobility every 2	1			
Bas	ed on observations, in	terviews and many			1	- 1
INVIC	me, it was determined	Resident #1 was not	1		1	- 1
inter	viewable.	TOWNS IN THE WAS NOT	I			- 1
		1	1			- 1
2. Re	view of Resident #4's	Current Et -2 dot-			Ty	pe text
09/15	#43 revealed:		1	141	1	
-Dlag	noses included deme	ntia, hypertension, and	1			- 1
011101	III MUHUY GIKARRA				1	- 1
-The	recommended level of	care for Resident #4		191	1	- 1
WGS 5	opecial Care Unit (S)	CHY	1		1	- 1
-Kesk	deni #4 was constanti	disoriented. Matory and had bowel	1		1	- 1
Ph -						

MAIN LINE	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BULDING:	CONSTRUCTION	(X3) DATE	SURVEY
		HAL051060	D 140010			CETED
NAME OF	PROVIDER OR SUPPLIER		B. WING		12	/01/2023
		STREET	DORESS, CITY, STATI	E, ZIP CODE		V 112023
OUR OF	KS SENIOR LIVING		ETTE ROAD			
(34) (0	SUMMARY S	TATELICIE OR A	AKS, NC 27524			
PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE	N SHOULD BE	(XS) COMPLETE DATE
D 269	Continued From pag	e 35	D 000	DEFICIENCY)		
- 1	and bladder inconting		D 269			
- 1			1 1			
- 1	Review of Resident #	4's current care plan dated	1 1			
			1 1			
- 1	-Kesideni #4 was alw	rays disoriented and had	1 1		1	
- 1	SIGNATURAL TRANSPORTED TO	88.		17.	1	
11.5	-Realdent #4 had wandering and verbally abusive behaviorsResident #4 resisted care at timesResident #4 was ambulatory with a wheelchair and used a seatbelt restraintResident #4 was a fall risk and remained on a					
1.			1 1		1	
-			1		1	
1 -						
1						
1.	Resident #4 had have	(unspecified frequency).	1		-	
a	nd required extensive	al and bladder incontinence e assistance with tolleting			1	
l ca	in incutilinence care.	_	4)		-	
	Resident #4 required I	imited assistance with				
au	mbulation and transfe	rs.				
in	terview with a madion	tion aide (MA)/personal	1			- 1
- 00	ng aine (LPV) OU 11/2	28/23 pt 0:25pm ===t-1	1			- 1
1 44	SOUTH HAT MES LOSISTA	Int with staff whom the	1			- 1
un	on maggist uet Mith b	ersonal care needs such			1	- 1
as	tolleting.		1			- 1
Ob	servation of Resident	#4 on 11/20/22 =+	1			- 1
10:	23am revealed:					- 1
-Th	he PCA assisted Resident #4 with standing				11	
1101			1		1	
~1.66	reform #4 velled at the	PCA (poponeina)	1			
Sea	ords) and pushed against the PCA until she was alted on the toilet.					- 1
-Re	sident #4 was wearing	g 2 incontinence briefs.			1	- 1
- 116	: PUA removed one ii	Confinence brief and	1	365		- 1
left :	the second one on the	resident.				
Inter	View with the DCA	11/29/23 at 10:23am			1	
reve	aled:	11/29/23 at 10:23am		*		- 1
-She	put 2 incontinence h	riefs of Resident #4			1	- 1
	use the resident usua	TAT TIPOTOGALI AT	1		1	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	August and a series		10	RM APPRO	
	-414 PM 1878	IDENTIFICATION NUMBER:	(A2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		1	A. BUILDING:		COM	E SURVEY PLETED	
		HAL051060					
NAME OF F	ROMDER OR SUPPLIER	10010000	B. WING		1		
		STREET	ADDRESS, CITY, STAT	F 710 0000	12	/01/2023	
FOUR OA	KS SENIOR LIVING	565 BO	YETTE ROAD	e, zir cobe			
(VA) ID		FOUR C	AKS, NC 27524				
(X4) ID SUMMARY S PREFIX (EACH DEFICIENT			I D				
TAG	REGULATORY OR	ATTEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION	44.60	
		The Grand (ON)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	BHOULD BE	COMPLET	
D 269	Continued From page	36		DEFICIENCY)	FINOPRIATE	DATE	
			D 269			-	
- 1	she drank milk and at	e eggs for breakfast.					
	I WILLIAM & HICONTINANO	A briefe on Clastic and	1				
	THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY	Pakano	1 1				
- 1	-Kesident #4 had diarr into the tollet.	hea, but most of it went	1		N.		
0	HINV DIE LUIIEL	-					
	The removed one inco	ontinence brief and left the	1 1	•			
	ALLO OU PONGUSE CUIN		1 1		1		
	old.	pink/red skin in her gluteal	1 1		1		
			1		1		
Ь	There were no open au uttocks.	eas on Resident #4's	1 1				
			1		1		
Ti	elephone interview with	Resident #4's primary			1		
Ca	are provider (PCP) on	11/30/23 of 4:24					
1 10	realed:		1		1		
-S	he did not know staff y	were using 2 incontinence			1		
	THE WILL TO STUDING HAS.		1				
-R	esident #4 should not	be wearing 2	1		1		
LINE	Unlinence briefs hara	100 oho umuld	1		1		
UII	PUNDOU 25 MADULANIA M	high incommend at the common daid			1		
ski	n breakdown (wounds).	1				
Inte	and an add at		1		1		
180	C) on 12/01/22 at 2.0	Care Coordinator					
-Sh	C) on 12/01/23 at 3:0	Upm revealed:	1		1		
ince	e did not know staff w	ere using two	1				
-Sh	a knew it had been	sident #4 on 11/29/23.	1				
befo	e knew it had been a p	problem in the facility	1			- 1	
not	to "double brief".	cussed in staff meeting				1	
-Usi	ng two briefs implied a	toff tenon not to	1			- 1	
WOO!	OP WILL CHEST CLIMAS A	nd increased the state of					
4101	course is make lobited 8Ki	In break down	1			- 1	
(WOL	inds).	miosit opidii			1	- 1	
		1	1	•	ŀ	- 1	
Inten	view with the Administr	rator on 12/01/23 at				- 1	
7.10	nii revealed: .					- 1	
-Staff	were not to use 2 incl	ontinence briefs on a		*	1		
1 cardi	are for dignity and to be	revent skin				- 1	
DIASK	down, had been educated or		1		1	- 1	
(CLL 00							

AND DE A	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			, 0	RM APPRO
THE PLAN	A OF CORKECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
			A. BULDING:		COM	E SURVEY IPLETED
			1			1 11 11
		HAL051060	B. WING		1	
NAME OF	PROVIDER OR SUPPLIER	A			12	2/01/2023
FOUR O	Ma anuna .	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		115020
rook O	AKS SENIOR LIVING	565 BO	YETTE ROAD			
(X4) (D	CIRRIANVAN	FOUR O	AKS, NC 27524			
PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID I	000000000000000000000000000000000000000		
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO. (EACH CORRECTION CROSS DESCRIPTION		(X5)
			TAG	ALL DISTRICT TO THE	APPROPRIATE	COMPLE
D 269	Continued From page	37		DEFICIENCY		DAIL
			D 269			
1	incontinence briefs pre	eviously.	1 1			1
- 1	Dennet la 1					
1	pased on observations	s, interviews, and record	1 1			
1	TOTOWO, IL WES DETERM	ined Resident #4 was not				l.
1	interviewable.	•	1 1		1	
- 1	2 Davidson cm		1 1		,	ľ
- 1	o. Review of Resident :	#2's current FL-2 dated	1 1		1	
- 1	08/15/23 revealed:		1		1	
	distribution and the Control of the	scular dementia without	1		1	
1.	disturbance, type 2 dial	petes mellitus with	1 1			
	specified complications.	chronic diastolic	1 1			
	Manual Healt Billie	chronic anemia without .				
11	ower lobe bosters aspin	ation pneumonia of right			Į.	2
	ower lobe, bacteremia,	and history of gout,				
1.	The resident was const.	antly disoriented.			1	
1.	The resident was semi-	ambulatory.	1		1	
b	The resident was incont	inent of bowel and			1	
di	The resident required as ressing, and feeding.	ssistance with bathing,	- 1		1	
-T	he resident was docum	tonted but				
W	andering behavior.	reitted as naving				
	and an interior	1	1		1	
Re	eview of Resident #2's I	Perident Bealet	1		1	
ne	vealed the resident was	admitted to the facility			1	
on	02/05/19.	delinated to the racingy			i i	
		1				
Re	view of Resident #2's s	Darial com unit (Daria				
res	ident profile and care p	lan dated 10/04/22	1			
IEA	esièd:					
-Th	e resident was incontin	ent and required staff	1		1	
400	asiarice for tolleting nee	rds and huston				- 1
-34	sii would provide hands	-On acciciones to			1	
per	nygiene and clean	ing up after incontinent		•		- 1
Opia	NUES.	1			1	- 1
-The	e resident used a walke	er, requiring staff	1		1	- 1
888	BEENCE,					- 1
-Sta	iff would monitor ambuk	ation through the				- 1
facility	ity and report any chang	noe				- 1
-	resident required limite	gua.				

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) km a Tree -	0.001		RM APPROV
		DENTIFICATION NUMBER	V BIN PAR	CONSTRUCTION	(X3) DATE SURVEY	
		1	A. BUILDING: _		COM	PLETED
		HAL051060	B. Names		1	
IAME OF	PROVIDER OR SUPPLIER		B. WING			Man dama - v
		STREET	ADDRESS, CITY, STAT	E. ZIP CODE	12	/01/2023
OUR O	aks senior living	565 BO	YETTE ROAD			
(X4) (D	PM (A m A A m A A	FOUR C	AKS, NC 27524			
PREFIX		TATEMENT OF DEFICIENCIES	ID T	Prince of the Control		
TAG	REGULATORY OR	LSC (DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS DEFENDANCE ACTION		{X5}
			TAG	ALL CLUE MORD TO THE	APPROPRIATE	COMPLETE
D 269	Continued From page	e 38		DEFICIENCY		- STATE
1	bathing,		D 269			
- 1	-Staff would provide -		1			1
- 1	Such applied highligh &	howers and sponge bath to	1 1			1
- 1	changes,	as clean and report any skin	1 1			
- 1	miles Hee!		1 1		1	
	CHESSINIC.	l limited assistance with	1 1			
- 1	-Staff would get the re	sident dressed in clean and	1 1		1	1
	3 ALONING CIERTA'					
1.	The resident required	limited assistance with				- 1
113	Providing and hydiene		I I			- 1
	Staff would provide gr	ooming including nall and	1 1		į.	- 1
1112	MAR VERY BYEN RIM				1	- 1
1.	The resident required	limited assistance with				
161	and the field of t				1	1
100	offrom bed and chair.	nd by assist to transfer				- 1
1"	whom bed and chair.					- 1
R	eview of Resident #2's	current assessment and	1			
1	" Prun upibu Tu/24/2	1 Peupale-1	1			- 1
1-1	he resident was docur	mented on heine			1	- 1
) Pr	iysicaliy abusiye (inituri	DUS to othern)			1	مباد
100	ine, and ned distribitive	socially inappropriate	1			1/ 5
100	HRAIOL.				1	- 1
-11	ne resident wandered	in the SCU and in other's			1	- 1
1 100	AIIS.					- 1
how	ne resident could be ve vards staff at times.	orbally aggressive				- 1
-Th	le resident was and				1	
-Th	e resident was docum	atory and used a walker,	1		1	
OISC	onented.		1			- 1
-Th	e resident required lim	ited assistance by staff	1			
44100	i bauny, loneung. ambi	Ulation hathing			1	1
dres	ssing, grooming, and ti	ansferring.				
1		-	1	•		- 1
Obs	ervation of Resident #	2 during tour of the	1			
IOUN	uy on 11/28/23 at 2:20	DM revealed:			1	
-rxes	NOBNI #2 was sitting in	a chair	1	•		
1/4 :	residents fingemails	on both hands were 1/4	1			1
yello	nches long, jagged wit	n sharp edges, and	1			
	** #					

STATEME	n of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			FC	TED: 12/22/20 DRM APPROV	
IND PLA	N OF CORRECTION	IDENTIFICATION NUMBER	(X2) MULTIPLE	CONSTRUCTION	Pun	70.010	
			A. BULDING:_			TE SURVEY	
		HAL051060	B. WING				
AME OF	PROVIDER OR SUPPLIER				12/01/2023		
		STREETA	DORESS, CITY, STAT	E, ZIP CODE		112420	
DOK O	AKS SENIOR LIVING		ETTE ROAD				
(X4) (D	SUMMARY S	TATEMENT OF DEFINITION	AKS, NC 27524				
PREFIX			ID PREFIX	PROVIDER'S PLAN OF COR	RECTION	_	
	- HEDDERIONS ON	LSC (DENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON A ROLL OF THE PARTY OF THE P	(X5) COMPLETI	
	_			DEFICIENCY)	APPROPRIATE	DATE	
D 269	Continued From pag	e 39	D 269			1	
	-There was a subelor	norm sediffe manner I	D 208			1/18/23	
	-There was a substance with some brown debris underneath all the resident's fingernalis.		1 1			and	
	and the let	sidents ningernails.	1			ongoing	
	A second observation	of Bestdom to	1 1			39	
- 1	at 12:36pm revealed:	of Resident #2 on 11/30/23					
	-Resident #2 was bis	a la had an Line					
- 1	-Resident #2 was lying in bed on his backThe resident was wearing a green sweatshirt		1 1				
	With dried dark valley	aring a green sweatshirt crusty substances on the	1 1				
	right front of the shirt of	and in the lower middle					
	portion of the sweatshi	ing in the lower middle	1 1				
	The resident was was	ring group and the second	1 1				
	The resident was wearing gray sweatpants with irled, dark yellow, crusty substances on the		1 1				
10	upper right leg of the s	by substances on the					
1.	The resident's fingers	ails on both hands were 1/4	1				
1-	1/2 Inches long ingger	with sharp edges, and			-		
- 10	ellow.	will sharp edges, and	1				
		e with some brown debris			-		
- Lu	nderneath all of the re	e with some brown debris			-		
	and the le	sident's ingernalis.	1		1		
lr	iterview with the perso	onal care aide (PCA) on			1		
100	1/3W23 Bt 12:38 pm rat	Apaleri.			1		
-8	She came to assist Re-	sident #2 to the dining			1		
110	POINT TOP HUNCH.						
-8	he was not sure when	the resident last had a			1		
1 21	rower because he was	usually bathed by					
SE	cond shift staff.		1				
-M	hichever staff gave th	e resident a shower was	1			- 1	
au	shozen to gocnilleut a	SKID assessment in the	1		1	- 1	
CO	mputer each time they	hathad the regident	1		1	1	
-11	ne residents fingemail	8 should be cleaned					
1881	en ne was dathed.		1		1	- 1	
-S	ne was not sure what w	vas underneath the			1	- 1	
res	ident's fingernails.					- 1	
Att	hird observation of Po-	sident #2 on 11/30/23 at	1			- 1	
12:	40pm revealed:	auonii #∠ on 11/30/23 at	1		1		
-Th	e PCA did not offer to	change the resident's	1	.2	1	- 1	
clot	hes or clean his finger	unange the resident's				- 1	
Th	e PCA assisted the re-	nails. aldent with ambulating	1			- 1	
to #	ne dining room with his	Manually with ambulating					

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		RM APPR
		A MANUAL MANUSEK	A. BUILDING:	A. BULDING:		E SURVEY
				•	COM	PLETED
NAME OF BE	Manager and the same and the sa	HAL051080	B. WING		- 1	
HAMIC OF PI	ROVIDER OR SUPPLIER	STREET	ADDRINGS on		12	/01/2023
FOUR DAK	S SENIOR LIVING	585 DO	ADDRESS, CITY, STAT	E, ZIP CODE		
	- TOTAL CITYING	FOUR C	YETTE ROAD			
(X4) ID	SUMMARY ST	ATCHENT OF BELLEVIOLE	AKS, NC 27524			
PREFIX			10	PROVIDER'S PLAN OF COR	To Company	-
	I POOL OF LAND IN COLUMN TO SERVICE SE	SC IDENTIFYING INFORMATION)	PREFIX TAG			(D05) COMPLE
D 269				CROSS-REFERENCED TO THE APPLICATION &	PROPRIATE	DATE
ח 209 (Continued From page	40	D 269			
-	The PCA assisted the	resident in sitting down at	0209			
t	he dining room table t	o eet lunch				1
			1 1			
R	leview of a shower lis	t/bathing schedule for the	1			
			1 1			
•F	desident #2 was sche	duled for bathing/showers	1		.	
			1 1		1	
-T	he resident's name w	as under the column	1		1	
l mail	A DUE ARBITONI DAILO	hireday" and a access	1 1			
CO	lumn labeled "Tuesda	ay and Friday".	1 1		. [
- 1			1		11	
(8)	erview with the Speci	al Care Coordinator	1 . 1		1	
-Re	CC) on 11/30/23 at 12 esidents were suppos	:45pm revealed:				
bat	hed/showered 3 time	ed to get			1	
clea	aning fingemails.	B a week, including	- 1		1	
−lf a	resident's name was	listed under 2 columns,			- 1	
I nien	HINDOUS USES VOICE NO.	had 2 days the sa			- 1	
	""" GIRV I USIV ISTANTI	n the other column	1			
1 1 2 2 2 2	- will dela substitute	noted books the	1		1	
1624	dents name in the se	cond polime			1	
-916	was working on und	ating the shower				
sche	dules.				į.	
100	malk		M			
from	ur observation of Re	sident #2 on 11/30/23	1			
LIIOH	14:490m - 12:53nm	microfied the sector.	1		1	
1100	in the Ulfillia room tea	Cing himself tun-t			1	
using	his utensils at times	and at other times	1			
Unde	his hands with finger	mails with debris				
					1	
Revie	w of Resident #2's sh	Notice of the			1	- 1
asses	sments for September	rower SKIN	1			- 1
2023	revealed:		1	- Tan	1	
-There	was a shower skin s	ISSESSMent dated	1		1	- 1
00/04/	43 at 2:750m noted "	no shower!				- 1
-ine n	esident was noted to	have be deles	1			- 1
uiscoj	rauon, and swelling t	o the left our	I.			- 1
- HINGLE	was a shower skin a: 23 at 9:33pm	ssessment dated	1		1	- 1
al producer or						

SIATEME	n of Health Service Re				FO	TED: 12/22/2
WO PLAN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		
		WENT FIGATION NUMBER:		A. BULDING:		E SURVEY
		1			COA	PLETED
		HAL051060				
AME OF		1 NWT051080	B. WING		1	
AME OF I	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE		1;	2/01/2023
OUR OA	AKS SENIOR LIVING	SAS PON	ETTE ROAD	E, ZIP CODE		
	AND OFFICE PARTY					
(X4) ID	SUMMARY S	TATEMENT OF DECIDIONS	AKS, NC 27524			
PREFIX	I I I I I I I I I I I I I I I I I I I	Y MIST RE DECEMEN BLANK	ID I	PROVIDER'S PLAN OF CO	-	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	PREFIX	CAGH CORRECTIVE AATO	AT ON YOUR WAY	(X5)
			TAG	CHOOS-REHERENCED TO THE	APPROPRIATE	COMPLET
D 269	Continued From		+	DEFICIENCY)		Unite
	Continued From page		D 269			-
- 1	-Staff documented the	ere was nothing new to				
- 1	tehott'		1 1			
- 1	-There was a shower	skin assessment dated	1 1			
	11/20/23 at 10:06pm	noted "shower day"	1 1			
- 1	-Staff documented the	resident had a scar on the	1 1			
- 1	back of his head from	a fall	1			
- 1	-There were no other	shower skin assessment				
1.	Sheets for Resident #2	? from 09/01/23 - 11/30/23.	1			
	THE TOTAL PROPERTY WAS	. nom 09/01/23 - 11/30/23.	1 1			
- 11	Intendeu with a made	all a second	1 1			
	at 1:15pm revealed:	ation aide (MA) on 11/30/23	1			
. []	The DCAs on second					
	bathe the resident.	shift were assigned to			1	
					1	
16	The PCAs were respo	nsible for cleaning			1	
- 15	Resident #2's fingernal	ls and filing them.				
1 -1	resident #2's fingema	its needed to be cleaned				
a	ind filed.					
I A	second interview with	the PCA on 11/30/23 at				
0:	:U3pm revealed she ha	of not cleaned Resident				
1974	48 fingernalis today, 1	1/30/23 hearting also be !!	1		1	
no	ot had a chance to do i	t.			1	
		1				
In	terview on 11/30/23 at	5:37pm with the PCA	1		1	
W	no documented the shi	OWAL Assessment for				
Ke	esident #2 on 11/29/23	revealed:			1	
-S	he did not realize until	recently that she was	A.			
Su	pposed to fill out a sho	WAT assessment form				1
WIT	nen she bathed resider	nts.	1			
-SI	he was still learning ho	w to fill out the shower	1		1	- 1
ass	sessment form.	and the ellowel	1			- 1
		nt #2's fingernalis were			1	
lon	g and dirty but the resi	dont would not be:			1	- 1
cles	an them.	der would not let her			-	- 1
-Sh	se did not dominant	a analdonia a			1	- 1
her	clean his forcement the	s resident refused to let				- 1
kno	clean his fingernails b	ecause she did not			1	- 1
_Sh	e had not passed a	IL IL,			.	
lone	a dirty fingernails.	one about the resident's	1			
- Ark	a alla u at t	e did not report the				- 1
_Qh						

STATEME	n of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			rui	RM APPRO
IND PLA	OF CORRECTION	IDENTIFICATION NUMBER	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
			A. BUILDING:		COMPLETED	
_		HAL051060	B. WING			
AME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE 70 ASS	12	01/2023
OUR O	KS SENIOR LIVING		ETTE ROAD	I CAT WOE		
		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARYS	TATEMENT OF DEFICIENCIES				
TAG	TA CENCH DEFICIENCY MUST BE PRECEDED BY BY		PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	DESCRIPTION OF THE PARTY	(X5) COMPLET DATE
D 269	Continued From page	9 42	D 269	Type tent here		
	condition of the resid	ent's fingernails to anyone,		145 * 1400 (1512)		
	3:30pm revealed:	A second interview with the SCC on 11/30/23 at				
	-The PCAs were responsible for doing shower assessments with each showerThe PCAs should be checking the resident's oking					
			1 1			•
- 1			1 1			
- 1	each time the resident	was balbed	1 1		1	
	-The PCAs should be	cleaning the resident's	1 1			
- 1	ingernalis when the resident was bathed and inytime the fingernalis were visibly soiled. The PCA should have cleaned Resident #2's		1 1			
			1 1			
	fingemalis today 11/3/	Cleaned Resident #2's 3/23, before taking the	1 -		1	
	resident to the dining n	w25, before taking the	1 1		- 1	
-	The resident put his hi	ands down his pants at	l 1			
1	imes and used his find	ers to feed himself on #				
V	vas important that his l cept clean.	nands and fingernalls were				
A	third interview with the	e SCC on 11/30/23 at	1			
1.5	She did not know where	staff had only documented				
3	shower skin assessmi eptember 2023.	ents for Resident #2 since				
-1	he PCAs were suppos	sed to document the	1			
8	nower skin assessmen	ts each time a resident	1			
W	as bathed.	1				
-S	he checked the shows	er skin assessments,				
	ess than I should".		1		1	
-V	then a resident had dri	ed food or other	1			
gh	Ould change the resid-	ing, the PCAs or MAs ent's clothing at that time.				- 1
1-"	whereas are reside	are county at that time.			1	
A	ifth observation of Res	ident #2 on 11/30/23 at	1			- 1
5:2	27pm revealed:		1		1	- 1
-TI	ne resident was lying in	bed	1			- 1
-Th	ne resident was still we	aring the same solled	1		:*S	- 1
gre	en sweatshirt and gran	/ Sweatpants that he	1			- 1
wa	s wearing prior to lunci	today, 11/30/23,				- 1
II-III	e resident's fingernalis	on both hands were			- 1	

Division	of Health Service Rec					ED: 12/22/2 RM APPROV
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI	SURVEY
			A. BUILDING: _			PLETED
		HAL051060	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT		12	/01/2023
DUR OA	KS SENIOR LIVING		YETTE ROAD	E, ZIP CODE		
		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID T	PROVIDER'S PLAN OF (NOODE WALL	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE EAPPROPRIATE	(X5) COMPLET DATE
D 269	Continued From page	e 43	D 269			
	shorter than observed today, 11/30/23, at					
- 1	12:36pm,					
	-There was still some debris underneath the resident's fingernalis.					
	A fourth interview with	the SCC on 44 (2002)				040
	A fourth interview with the SCC on 11/30/23 at 5:30pm revealed;		1 1			
- 1	-She had a PCA clean Resident #2's fingernails					
	today, 11/30/23. The resident's soiled	elethic colors in the				
- 1	already been changed	by the PCA.				
- 1		at 5:31pm with the PCA		ri .		
1	who was instructed to	clean Resident #2's	1		1	
11	fingernalis on 11/30/23	revealed:				
1.	She did not clean the	resident's fingernalls; she				
	ust clipped them.	in farmed to the				
n	She had no explanation esident's fingernalis.	n for not cleaning the				
li 5	nterview with the Admil	nistrator on 11/30/23 at				
14	A shower skin assessn	nent should he				
d	ocumented for each shiven.	nower a resident was				
		sible for documenting the				
si	hower skin assessmen	ts in the computer				
-7	he PCA should have o	leaned Resident #2's			1	
fir	ngernalis as instructed	today, 11/30/23.			1	
ck	othing anytime it was v	lid change a resident's risibly solled or dirty.				
Te	dephone interview with	Resident #2's primary				
ca	ire provider (PCP) on 1	11/30/23 at 4:34pm	1			
	vealed:	the there are the second of th				
Re	sident #2's fingernalls.	re they were cleaning.				
-TI	he number one rule to	help prevent the spread	1			
Of	germs was to sanitize	or wash hands before				
_	ials iervice Regulation					

ND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	FORM APPRO	
					(X3) DATE SURVEY COMPLETED	
		HAL051060	B. WING			
AME OF	AME OF PROVIDER OR SUPPLIER		ADDRESS SE		12/01/2023	
DUR O	AKS SENIOR LIVING	ERS RE	ADDRESS, CITY, STA	NTE, ZIP CODE		
		FOUR	DAKS, NC 27524			
(X4) ID REFIX	SUMMARY ST	ATEMENT OF DESIGNAL	D			
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI		
D 269	Continued From page	44	D 269	DEFICIENCY)		
	-The facility's PCAs a	nd MAs should be keeping	U 269			
- 1	the resident's fingerna	ills clean,	1 1			
	Bonod on all and		1 1			
	reviews if was determined	s, interviews, and record	1 1		1	
- 1	not interviewable.	ined that Resident #2 was	1 1		1 .	
- 1		_	1 1			
1	The facility failed to pro	ovide personal care				
- 1	assistance including re	Dositioning pail age				
- 11	imi, ma dilid Hali Which i	or 3 of 5 sampled residents	1			
110	development and wors	ening of preserve wounds	1 1			
1.6	and on unecoon on Kes	strient #1's huttania	1 1	•	1	
	isk of spreading germs	ng meals and increased	1 1			
l u	ised his impers to eat a	it times and other			1	
1.44	sed his fingers to eat at times, and other sidents in the Special Care Unit (SCU) dining		1 1			
113	Julii, and increased risi	k of skip broakdown for				
T	he fecility's failure reco	ce briefs for Resident #4.				
Se	erious physical harm ar	Ited in substantial risk of nd constitutes a Type A2				
Vi	iolation.	id constitutes a Type A2				
TH	ne facility provided a pla	- Of Ototoction in				
es C	cordance with G.S. 13	1D-34 on 12/01/23 for	1			
thi	s violation.	13.				
TH	E CORRECTION DAT	F FOR THE TOOR			1	
Vic	DLATION SHALL NOT	EXCEED DECEMBER				
31,	2023.	DESCRIBER				
70 104	A NCAC 13F .0901(b) F	James at O.				
Sup	pervision	ersonal Care and	D 270			
104	NCAC 13F .0901 Pen	sonal Care and				
Sup	Pervision	*	1			
(b) S	Staff shall provide sup ordance with each resk	ervision of residents in	1		1 '	
acc	plan and current symp	IBMI'S OCCODDED =====				

SIAILME	n of Health Service Reg ENT OF DEFICIENCIES				FC	TED: 12/22/202 PRM APPROVE
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		
		TOMEST.	A BUILDIN	G:	(X3) DAT	E SURVEY
		HAL051060	B. WING			
AME OF	PROVIDER OR SUPPLIER	OTRE			1;	2/01/2023
OUR O	AKS SENIOR LIVING	SIREET,	ADDRESS, CITY, S YETTE ROAD	TATE, ZIP CODE		
		FOUR O	AKS, NC 2752	4		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DECISION IN THE				
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD	-	(X5) COMPLETE
D 070			1	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
D 270	Continued From page	45	D 270			
			32.10	Area Clinical Director condu	ıcted	12/29/23
				in-services on increased me chart audits, and incident re	nitoring	
1			1			
1	This Rule is not met as	P. Muddaman J. L.		ED will ensure that Care Ma	nanare	1/10/24
	TYPE A2 VIOLATION	evidenced by:				Ongoing
- 1						- "Anild
	Based on observations,	interviews, and record		I GAIGAN GII ILICIUDENI LODOMO OF		- 1
- 1	LEALEMS' RIG ISCULLY LOUG	d to provide supervision	1 1	morning stand up meeting.	D and	
11.3	IN 2 OF 3 SMITHDLEG PASIGN	Ante (#1 and #4)b.	1 1	YOU'D IVIGILATION OF AN AMARINA	ALL III	- 1
1.2	required increased supe with injuries (#1, #4).	rvision for repeated falls	1 1	reportables are submitted pe state guidlines.	r	- 1
	·		1 1	,	1	- 1
1	The findings are:			ED, Care Managers, or designation	nee 1	2/29/23
/ F	Review of the facilities	all and the second of	1	יא אובה פותפחופשו וטאווטווו ייייי	urina k)ngoing
S	Review of the facility's posterior Measures for Fall	Reduction dated	1	rounds for changes on need need need need normal more asset monitoring.	for	
0	eptember 2021 raveale	rit-		•	. 1	
-F	Residents were evaluate	d by management an	6	and and	1	
CIN	anneelou of leadwissiou	for fall rick	1	age Amendmen eure manager/ED		-
-h	Residents were evaluate	d at each fall, and	1			
do	opropriate reports were occumentation of each ne	completed with	1	eure manager/ED	MI I	2 29 23
-V	Vhen a fall or fall related	accident or installed	1	review full Check	141	1
00	curred a fall related acc	ident/incident				
AAS	is completed by the Res	Sident Care Coomings	10	in each nesident	. 1	
1 (12)	UU) or designee in the	Mactronic charting			7	
Me	stem at which time the 7 magement Follow Up wi	2 Hour Fall	16	uhu has been		- 1
ele	ctronic charting system.	as added in the	1	- ON OCCIV		
-Vi	tal signs and observation	ns for any changes	1	dentified as a		
we	re completed every shift	by medication sides	2			1
(IAN)	48) post rail and docume	ented in the shift	13	all ribe.		
elec	CUONIC DIDGRESS note			· .	ī 11	
CON	thin 24-48 hours of each opleted the Post Fall Cal	n fall a manager		n-service conduc		
HILL	i ventions.	1	1	1.th staff on ta	111	
-An	ew intervention must be	added for each	U	1420 CAN 011 24	119	
add	itional fall.			evention policy		
1-The	RCC or designee adde	d the Fall Risk				
ealth Se	vice Regulation		1			

Division	of Health Service Reg	ulation			PRINTED: 12/22/20
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SLIPPI (ED/CLIA	(X2) MULTI	PLE CONSTRUCTION	FORM APPROV
		IDENTIFICATION NUMBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED
		HAL051060	B. WING		
VAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, 8		12/01/2023
OUR O	KS SENIOR LIVING	565 BO	YETTE ROAD	PIAIE, ZIP CODE	
		FOUR C	AKS, NG 2752	A	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCES	10		
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	CTION (X5)
			TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	PROPRIATE DATE
D 270	Continued From page	46	D 270		
		eet in the electronic charting	D 210	In-scruce cond	ucted
	ayatem.		1		
	-The RCC or designee	added the Fall Rick		with staff on.	411111
	emblem to the door na	me plate.		Out increasal a	minner
	Interview with the Mem	Intel Comp Co It		1 .	
	(MCC) on 12/01/23 at 3	3:00cm excelled:		and accountabili	44
	-Any incident involving	a resident was an	1	check list.	
	automatic 3 days of inc	reased supervision (fall	1	CHECK HIST.	
- 1	monitoring).		1 1		
	-Medication aldes (MAs) were responsible for		Med-tech will	Divie !
	he 3 days (fall monitori	vital signs every shift for	1 1		
	esults on the resident's	ng) and documenting the	1 1	Checklist has be	eri
118	idministration record (e	MAR).	1	C	42.10
- 1	Personal care aides (Pi	CAs) visually checked the	1	filled out each	ONITT
17.11	asidents on tall monitor	ing for their safety and		00 210 = 1	
, R	cation every 15 minute	S.	1	and signe of on,	
fi	me of 15 minute check	resident's location at the		_	
S	upervision & Accountat	on the increased pility Checklist sheets (15		COME MENCIETE WILL	\
1100	IIILLE CHECK Sheets)			Care memages will Ensure theck libe	has
-1	As were responsible fo	or initiating the 3 days of		-AAR CHECK 119-1	CAV.
19	Il monitoring when they cident/incident reports.	completed	19	oeen done daily as	nd I
-S	he was responsible for	implementing			
l int	erventions documented	on the eMAR	S	igned ode on	1
-A	ccident/incident reports	came to electronic		U .	
CI	arting system alort scre	en promoting beste	1	in my bet fral	
1101	riew and initiate interve terventions were chose	ntions	15	o min Ber	
ge	nerated questions relati	in from computer	(upy to rower an	
arc	und the incident.		4	wand oll de: 14	
-SI	e verbally communicat	ed any new		.A.res	
Inte	rventions to staff on du	ity.	50	red-trabless on d	0 1
-St	aff were expected to co	mmunicate updates	C	red-techsic will dundom observation	- +1
ver	usuy at shift change un	til all staff were aware.			
the	did on check sheets a	what they documented	0	nsure 15 min chec	(2)
	Charles and Allerta a	IN UIB BINAR	- Q	E being done.	
Health Se	rvice Regulation			c ocivil agric.	

Divis

STATE FORM

Division	of Health Service Regu	ulation				FORM APPROV
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		ATE SURVEY
		1	A. BUILDING			OMPLETED
		HAL051060	B. WING		1	
AME OF F	PROVIDER OR SUPPLIER					12/01/2023
			ADDRESS, CITY, ST	TATE, ZIP CODE		
DUR OA	KS SEMOR LIVING		ETTE ROAD			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	AKS, NC 27524			
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF	CTION SHOULD BE	(XS)
			TAG	CROSS-REFERENCED TO DEFICIEN		DATE
D 270	Continued From page	47	D 270	Carca Dr.	2	
	1. Review of Resident	#1's current FL-2 dated		Care Manag	ca will	
	08/30/23 revealed: -Diagnoses included a	eurocognitive disorder,		Conduct rand Observations		
	atrial fibrillation, and hy	/pertension		cowact , our	YOLA ,	
- 1	-Resident #1 was cons	tantly disoriented		Observation	م الما	
- 1	-Resident #1 was ambi	ulatory.		and sation.	7 -60	
1	Review of Resident #1"	s Resident Register		Organe 15	Minute	
1	revealed the resident w	as admitted to the facility		Checks are	\	
	on 08/30/23.		1 1	checks eve	seira	
	Review of Resident #1's	s current care plan dated	1 1	done		
10	09/12/23 revealed:			ani/C	~	
f	Resident #1 was some orgetful, and needed re	times disoriented,				
1 -	Resident #1 had wande	Fing behaviors was				
C	confused to his whereat imes.	couts, and resisted care at				
	rries. Resident#1 was ambul	stony and his alsia was				
ir	ntact.					
-	Resident #1 required lin	nited staff assistance with				
-7	oileting, bathing, dressir	ng, and grooming. tation Resident #1 used				
a	wheelchair for mobility.					
in	There was no document terventions	tation of fall prevention				
1 41	wi voituui 18.					
R	eview of Resident #1's	home health nurse				
	IHN) visit notes dated 1	1/27/23 and 11/29/23				
	vealed: lesident#1 was a high i	risk for falls				
-R	esident#1 had joint stil	finess, muscle				
WE	eakness, poor balance,	and an unsteady gait				
thi	esident #1 took an anti- nning) medication.	coagulant (blood			Ì	
-	lauban da i			•		
on	lephone interview with I 11/29/23 at 12:58pm a	Resident #1's Guardian		•		
-SI	ne was Resident #1's G	Suardian since August				
202						

STATEME	of Health Service Re				FOR	D: 12/22/20 M APPROV
NO PLAI	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		
		WEST PREATON NUMBER:	A. BUILDING:		(X3) DATE	SURVEY
			30 20 210.		COMP	LETED
		HAL851880	B. WING			
ME OF	PROVIDER OR SUPPLIER				400	nd (Once
		STREET	DORESS, CITY, STA	ATE, ZIP CODE	12	01/2023
OUR O	AKS SENIOR LIVING	565 BOY	ETTE ROAD			
WAL CO		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY 8	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL	D			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	ION	(3(5)
		THE PRODUMENTON)	TAG	CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
D 270	Continued From			DEFICIENCY)	THE	DATE
	Continued From page		D 270			
- 1	-Resident #1 had a fe	at decline since he was	1 1			
- 1	admitted to the facility	r (08/30/23\	1 1			
	-He was initially ambi-	llatory without a device	1			
J	- The resident had bee	In the wheelebals to	1 1			
- 1	WINE; SHE COULD NOT IS	member avactly beautions	1		- 1	
100	-one met Mittl fue 206	cial Care Coordinator	1 1			
- 1	(3CL) on 11/09/23.		1 1		1	
	- The SCC told her Res	sident #1 was moved closer	1 1			
- 1	IN the Iront desk to war	Gh him more closely	1		10	
	Tooldand to and Kesiden	t #1 had 6 falls: a fall after			- 1	
	a resident-to-resident a	altercation on 09/17/23, two			- 1	
	alls on 10/12/23, and o	one fall on 10/17/23,				
	Sha waa aat	·		•	1	
- 17	1/09/23 and 11/16/23.	are of falls on 10/28/23,			1	
- 1	1103/23 dikt 11/10/23.				1	
10	bservation of Residen	t #14 no. 44 too on.	- 1			
1	0:09am revealed:	1#1 on 11/29/23 at	1		1	
1-4	A personal care aide (F	PCA) and the Physical	1			
TI	herapist (PT) assisted	Resident #1 to stand				- 1
fr	om being seated in his	wheelchelr	1		1	- 1
-T	here was an alarm boy	r on the book of manter.	1		- 1	- 1
27-	s wrieelchalf that was	affactor to ble oble	1		1	- 1
-T	he PCA disconnected	the alarm from Resident	1		1	- 1
1771			1			- 1
-R	esident #1 was unstea	dy and unable to stand	1			- 1
Wil	thout assistance.	STREET TO BLOTH				- 1
-		il.			4	- 1
Re	view of Resident #1's	accident/incident report	1			- 1
Uai	IOU UN/1//23 revealed.		1			- 1
-Re	esident #1 fell due to a	n altercation with				- 1
MIK	other resident at 4:10p	m on 09/17/23 in the				- 1
		1	-			- 1
-De	esident #1 had a skin te	ear on his left elbow.	1			. 1
/ED	sident #1 was sent to	the emergency room	1			
(ER	t) at 4:40pm on 09/17/2	23 via emergency				- 1
, Ent	dical services (EMS).		1			
imp	I monitoring with increa	ased supervision was				
ang	lemented for 09/17/23	tnrough 09/20/23,	1			
-	rvice Regulation	-			1	

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) ** * *** -		7.01	RM APPROV
	O COMMEDIAN	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY
_		HAL051080	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STEET	DODEAG		12	01/2023
DUR OA	KS SENIOR LIVING	FOE DOWN	DORESS, CITY, STAT	E, ZIP CODE		
	ALO SCINOR LIVING		ETTE ROAD			
(X4) (D	SUMMARY S	TATEMENT OF DEFICIENCES	AKS, NC 27524			
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	Continued From pag	e 49	D 270		"	
- 1	Review of Resident	1's ER visit notes dated	D 2/0			
	09/17/23 revealed:	TO ER VISIT HOTES dated	1 1			
	-Staff reported Resid	ent #1 fell after en				
- 1	anercation with anoth	er resident	1 1			
- 1	-Resident #1 went int	O the other residence room	1 1	4		
- 1	and took an electronic	: device	1 1			
- 1	-Resident #1 had a si	in tear on his left elbow and			1	
- 1	complained of left kne	e nain	1			
	due to attercation and	eft elbow skin tear, injury	1 1			
	Resident #1 was disc	rail. harged from the ER on	1		1	
C	09/17/23.	rarged from the ER on				
F	Review of Resident #1	's September 2023 eMAR		,		
'n	nedications on 09/17/2	nted administering 8:00pm 23.				
R	equest for Resident #	1's Increased Supervision				
44	Accountability Check	list on 11/28/23 and	1			- 1
1.	1/29/23, dated 09/17/2	23, was not provided.				- 1
R	eview of Resident #15	s Increased Supervision &			1	- 1
) AL		dated 09/18/22 rougalands				- 1
- 11	ne sneet had an abbr	eviation key for locations	1			- 1
AAI	ui a coiumns der back	for staff to document	1			- 1
100	cation and their initials	in 15 minute Intervate				- 1
-SI	laff documented every	/ 15 minute checks				- 1
362	arting at 7:00am on 09	V18/23.	1			- 1
Ba	sed on review of Resi	deni #1'e 00/17/22	- 1			
acc	cident/incident report.	eMAR documentation	1		1	- 1
and	1 15 minute check she	ets, there were no 15				- 1
mar	iute checks completed	for the resident from	-		1	- 1
nis	return from the ER or 09/18/23.	09/17/23 until 7:00am				- 1
gate	od 10/12/23 revealed:	eccident/incident report				
-Re	sident #1 had an unw	tnessed fall at 6:54pm				
	e dining room.	THE THE PLANT OF THE PARTY OF T				

F continuation sheet 51 of 130

AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(VIII AR II AR		10	RM APPR
	and the state of t	DENTIFICATION NUMBER:	(A2) MULTIPLE	CONSTRUCTION	(Ve) DAT	
		1	A. BUILDING:		(A3) DAT	E SURVEY PLETED
		1	1		COM	reien
		HAL051080	B. WING		1	
AME OF P	ROVIDER OR SUPPLIER				12	/01/2023
		STREET	DDRESS, CITY, STAT	E, ZIP CODE	10	10 112023
UUR OA	KS SENIOR LIVING	565 BOY	ETTE ROAD			
(X4) (D		FOUR O	AKS, NC 27524			
PREFIX	SUMMARY STA	TEMENT OF DESIGNATION				
TAG	REGULATORY OR L	'MUST BE PRECEDED BY FULL SC (DENTIFYING (NFORMATION)	PREFIX	PROVIDER'S PLAN OF CO	ORRECTION	T ove
		THE PROPERTY (IN)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPL
D 270	Cootton to			DEFICIENCY	APPROPRIATE	DATE
D 2/0	Continued From page	50	D 270			
- 1	-Resident #1 uma alu:	to one Ale - C	5210			
- 1	room,	g on the floor in the dining	1 1			
	(OOII),		1 1			
1.	Resident #1 did not ha	Ive any injury.	1			
	rkesident #1 was sent : 10/12/23.	to the ER at 6:50pm on	1 1		ĺ	
1 .	101 (2/23.			•		
13	10/12/23 through 10/15	hift was implemented for	1 1		1	
10.5	WILLIAM THE STREET	123	1		1	
	Staff were to ensure Re roper footwear,	sident #1 had on the	1		1	
P	oper rootwear,		1			
10					1	
I R	eview of Resident #1's	ER discharge			1	
l in	structions dated 10/12	23 revealed:	1			
-1	ne resident was seen t	or a fall and diagnosis	1	151		
1.113	MUDBU & CIOSEO READ I	niurv			1	
-8	lood and urine tests, e	ectrocardiogram and				
116	iau and spine compute	d topography (CT) scans			1	
45.6	Ne bone in the EK.	1	- 1			
I-R	esults of the testing we	re not included on the				
ER	discharge Instructions	3.				
- 1					1	
Int	erview with the Special	Care Coordinator	1			
100	on 12/01/23 at 3:00 اعاد	nm reversion.				
-146	isident #1 had two falls	OD 10/12/23 OD			1	
9.1	upin and one at 6:45pr	n.			1	
-Th	ere was no documenta	tion of 45 minute			1	
cue	cks initiated after the fi	rst fall on 10/12/23 at				
3:10	Ipm.	and at	1		1	
		1			1	
Rev	iew of Resident #1's O	ctober 2023 eMAP	4		1	
reve	aled staff documented	administration p.on				
and	8:00pm medications or	1 10/13/23	1			
1		1	1		1	
Requ	uest for Resident #1's	accident/incident	_		1	
repo	rt on 11/28/23 and 11/2	9/23 dated 10/19/99	-		1	
at 3:	10pm, was not provide	d				
			1		1	
Requ	lest for Resident #1's II	Cressed Supportation	1.		1	
OI MIN	COULTED HITY CHECKIST O	n 11/28/23 and			1	
11/29	1/23, dated 10/13/23, w	ne not accord and				- 1

STATEME	of Health Service Rec NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FO	RM APPROV
NND PLAN	OF CORRECTION	DENTIFICATION NUMBER		CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING: _			PLETED
		HAL051080	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STREET A	DOUTON OFFI		12	/01/2023
DUR OA	KS SENIOR LIVING	565 BOV	DORESS, CITY, STAT	E, ZIP CODE		
	THE SELECTION OF THE SERVICE S		AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID I	PONE PROPERTY.		
TAG	REGULATORY OR	TY MUST BE PRECEDED BY FULL LSC (DENT)FYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
D 270	Continued From page	51	D 270			-
	Review of Resident #	1's Increased Supervision &	1			
	Accountability Checkl	ist dated 10/14/23 rounded				
	staff documented 15 r 7:00am on 10/14/23.	minute checks starting at				1
			1 1			
	Based on review of Re	98ident #1's 10/12/23	1 1	,		
- 1	accident/incident repor	rt. eMAR documentation	1			
- 1	interviews with Guardia	an and SCC and 15 minute				
- 1	Check sheets, there we	PTE NO RIVERY 15 minute	1			
	checks completed for t	he resident after the first				
	10/14/23,	opm through 7:00am on				
F	Review of Resident #1' dated 10/18/23 reveale	s accident/incident report				
	Resident #1 had an un	C; Witnespad fall in his				
	edroom,					
-	Resident #1 was found	sitting on the floor at				
1	0:35am on 10/17/23				1	
-1	Resident #1 did not have	ve any Injury.	1			
11	rail monitoring every s 0/18/23 through 10/21/	hift was implemented for			1	
	In order for a call belt i	pendant) was going to be				
re	equested.	Arrange Anni to be				
R	equest for Resident #1	's Increased Supervision				
Gi.	Accountability Checklis	St on 11/28/23 and				1
111	/29/23, dated 10/17/23	was not provided.				
Re	eview of Resident #1's	accident/incident report				
da	ited 10/18/23 revealed:	: '				- 1
-R	esident #1 had an unw	itnessed fall in the dining				- 1
roc	om,		1			
fic-	e was lying on his righ! or at 10:30am on 10/18	side on the dining room				- 1
_R	or at 10:30am on 10/18 esident #1 did not have	5/23,	1		1	- 1
-Re	esident #1 was sent to	the ER at 1:00nm on	.			- 1
10/	/18/23,					- 1
-Fa	Ill monitoring every shi	ft was implemented for				- 1
10/	18/23 through 10/21/2:	3				

BMR811

TATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	T		107	RM APPROV
NU PLAN	OF CORRECTION	DENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY	
		1,	A. BUILDING:		COM	SURVEY PLETED
		HAL051060	B. WING			
ME OF F	PROVIDER OR SUPPLIER	Pr			12	01/2023
	LKS SENIOR LIVING		DORESS, CITY, STATE	E, ZIP CODE		
	THE SERIOR EIVING		AKS, NC 27524			
(X4) ID REFIX	SUMMARY S	TATEMENT OF DECIDIONS				
TAG	I CACH DEFICIENT	TY MI IST RE DOCCERER ON THE	ID PREFIX	PROVIDER'S PLAN OF C	ORRECTION	(X8)
		LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLETE
D 270	Continued From page	e 52	D 270		,	
	-A chair alarm was im	plemented.				
- 1	Interview with the Spa	ocial Care Coordinator				
- 1	(SCC) on 11/30/23 at	12:34pm revealed:				
- 1	-On 10/18/23, Reside	nt #1 fall in the blicker	1 1			
- 1	-At first staff did not kr	10W he hit his head then				
	head.	ning on the right side of his				
	Review of Resident #1	's ER discharge				
	instructions dated 10/1	8/23 revealed:				
-	The resident was seen	and diagnoses included a			1	
100	an and traumatic haad	iniun				
	Blood tests and head : lone in the ER.	and spine CT scans were				
		More mad be about a				
E	R discharge instruction	were not included on the ns.				
R	Review of Resident #1's	s Increased Supervision &				
1	COUNTIEDING Checklist	dated 10/18/23 revented.	1			
m	oom from 7:00am until	dent #1 was in the dining				- 1
-8	Staff documented Resident	IV:308m,			1	- 1
ba	athroom at 10:45am, a	nd then in the living man				- 1
HIC	72:12 Iggu mayu ing 12:1	onm	1		1	- 1
-S	taff documented Resid	ent #1 was in the living				- 1
lou	om at 1:00pm and the	hospital at 1:15pm.				
Ba	ised on review of Resi	dent #1's 10/18/23				- 1
aci	d 15 minute -	eMAR documentation,	1		1	1
mi:	d 15 minute check she	ets, there were no 15	1		1	- 1
thè	nute checks completed fall on 10/17/23 throu	of for the resident after gh 7:00am on 10/18/23.				
Res	view of Resident #1's a	accident/Incident report				
gag	60 TU/T9/23 revealed		1			- 1
-Re	sident #1 fell in the dir	ning room without injury	1	*		- 1
at	2:50pm on 10/19/23.					- 1
"Th	sident #1 was on the f ere was no documenta	loor on his right side,				
1	ervice Regulation	don of injury or				-

Divisio

STATE FORM

STATEMEN	of Health Service Rec NT OF DEFICIENCIES				FO	ED: 12/22/20 RM APPROV
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI E	CONSTRUCTION		
	19/23	DENTIFICATION NUMBER:	A. BUILDING:		(X3) DATI	E SURVEY PLETED
		HAL051060	B. WING			
AME OF I	PROVIDER OR SUPPLIER	STREET	DOGEGO ATTA		12	/01/2023
OUR OA	KS SENIOR LIVING		DORESS, CITY, STATE	re, zip code		
		FOUR O/	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEPROPERTY.	ID I			
TAG	MEGDLATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEF(CIENCY)	T MOST SI COM	(X(5) COMPLETE DATE
D 270	Continued From page	53	D 270			
- 1	complaint of pain.		1 1			
- 1	-Resident #1 was sen	t to the ER via EMS at	1 1			
	1:24pm on 10/19/23,		1 1			
	-Resident #1 was place	ed on fall monitoring and				
- 1	Increased supervision	for 10/19/23 - 10/22/23.				
	Review of Resident #1	's ER visit notes dated				
- 1	10/19/23 revealed:		1 1			
	-Resident #1 presented	d after being found sitting			1	
- 119	on the 1100f, slipping of	It Of his wheelchair	1 1		1	
- li	rtesident #1 complaine Ow back pain.	ed of mild dizzlness and	1		1	
	CT scan of Resident #	To only a house to				
l f	ractures along Resider	1 5 Spine snowed two				
-	Resident #1 was to foll	low up as an outpatient	4			
V	with orthopedics for a lu	imbar brace as needed for	(1)		1	
c	omfort.	man proce as Headed IOL				
R	eview of Resident #1's	Increased Supervision &				
10	ccountability Checklist	dated 10/10/29 10/20/20	1		1	
l re	realed staff document	ed 15 minute chacks	1		-	
fre	om 7:00am on 10/19/2:	3 until 6:45am on	1		1	
10	0/20/23.					
R	equest for Resident #1	's Increased Supervision				
Oc.	Accountability Checklis	st on 11/28/23 and	1			- 1
11	/29/23, dated 10/20/23	and 10/21/23, were not	1		1	- 1
pre	ovided.					- 1
Re	view of Resident #1's	Progress note dated				- 1
10,	/28/23 at 6:25am revea	aled:			1	- 1
-Tr	nere was a TeleTriage v	visit note documenting a			1	- 1
CBI	t from staff.		1			
-20	aff reported Resident #	f1 was found on the				
-Th	then floor without injury te time of the fall was n	ot documented				- 1
- 1				•		- 1
10/	riew of Resident #1's p 28/23 at 6:55pm reveal	rogress note dated	1			
Do	sident #1 fell at 2:00pn	eu.	II.		1	- 1

STATEMEN	of Health Service Re				FO	ED: 12/22/20 RM APPROV
IND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING;	CONSTRUCTION		SURVEY PLETED
		HAL051060	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATI		12	/01/2023
DUR OA	KS SENIOR LIVING		ETTE ROAD	E, ZIP CODE		
		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF C	000000000000000000000000000000000000000	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 270	Continued From pag		D 270			
	-There were no detail and evidence of injur	is of the fall such as location y included.				
Request for Resident #1's acciden		t #1's accident/incident				
	reports on 11/28/23 and 11/29/23, dated for 10/28/23, were not provided.			,		
	Review of Resident #	1's Increased Supervision &				
	Accountability Checklist dated 10/29/23 revealed staff documented 15 minute checks beginning at 7:00am on 10/29/23.					
15	Second interview with	the SCC on 12/01/23 at				
1.	3:00pm revealed: She could not confirm	how many falls Resident				
19	ri had on 10/28/23 be	cause the documentation				
	vas not clear. There was no docume	minima of 45				
C	hecks initiated on 10/2	28/23 after the fall			1	
2:	ocumented at 6:25am :00pm.	or after the second fall at				
-5	She did not know if sta	off checked Resident #1	1			
(p	rior to the second fall	1/28/23 after the first fall) or immediately following				
th	e second fall,	, a minimum of the control of				
(P	CP) visit note dated 1	s primary care provider 0/31/23 revealed:				
-R	esident #1 was a high	fall risk, in a wheelchair				
ck	ang blood thinning me ose monitoring,	edication and required			1	
-R	esident #1 would ben	efit from a higher level of				
ca	re/skilled nursing due	to declining health, high		8		
-Re	esident#1 had a fall o	ls resulting in injuries, in 10/19/23 resulting in a			1	
Clo	sed spinal fracture an	d ER visit with a pending				
-Re	hopedic referral appolesident #1 had anothe	ntment. Ir fall on 10/28/23.				
Rev	view of Resident #1's	accident/incident report				

Division of Health Service Regulation

TATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	Total Comment			RM APPRO\
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DAT COM	E SURVEY
		HAL051060	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STECET A	ADDRESS, CITY, STATE, ZIP CODE		12	/01/2023
DUR OA	KS SENIOR LIVING		ETTE ROAD	ZIP CODE		
	are of which fland?		AKS, NC 27524			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF		
TAG	REGULATORY OR	REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO DEFICIEN		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
D 270	Continued From page	e 55	D 270			-
	dated 11/09/23 revea	iled:	1 1			
	-Resident #1 had an	unwitnessed fall in his	1 1			
1	bedroom.	- f . tus	1 1			
	6:30am on 11/09/23.	nd sitting on the floor at				1
- 4	-Resident #1 did not h	läve an iniury				
-Fall monitori	-Fall monitoring was in	mplemented from 11/09/23 -				
	11/12/23, -A bed alarm was imp		1 1			
- 1	non mantil was tub	ernenteg,	1 1			
Re	Review of Resident #1	's Increased Supervision &				
- 4	Accountability Checklis	st dated 11/08/23 - 14/09/23				
	revealed:					
	Staff documented Res	n on 11/08/23 until 5:45am				
1 0	on 11/09/23.				1	
-	Staff documented Res	ident #1 was in the living				
l n	oom from 6:00am until Staff documented Res	6:45am.				
Ь	edroom from 7:00am	until 2:00pm on 11/09/23.				
В	ased on review of Res	sident #1's 11/09/23			1	
a	ccident/incident report	and 15 minute check			- 1	
de	ocumented location (b	repancy in the resident's				
ro	om) at 6:30am.	on on the season will be a season of the sea				
- 1						
da	eview of Resident #1's ited 11/16/23 revealed	accident/incident report			1	
-R	tesident #1 had a witne	essed fall in the living			1	
roi	om.		1			
-K	esident #1 was sitting neelchair at 9:50am on	on the floor in front of his				
-R	esident #1 did not hav	e an inlury.		а		-
-TI	here was no document	tation of the details on			1	
ho	w the resident-got from	n his wheelchair to sitting		···	1	
on	the floor.			-	1	- 1
11/	in monitoring was impi 19/23.	lemented from 11/16/23 -				- 1
	snack was to be onere		1		1	- 1

SIAIEME	of Health Service Re				FO	ED: 12/22/2 RM APPRO
AND PLAN	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		
		TOTAL TOTAL NUMBER:	A. BUILDING:		(X3) DAT	E SURVEY
		1	1		COM	PLETED
_		HAL051080	B. WING		1	
AME OF	PROVIDER OR SUPPLIER				12	/01/2023
			DORESS, CITY, STAT	E, ZIP CODE		- 11=420
DUR OA	AKS SEMIOR LIVING		ETTE ROAD			
(X4) ED	Mr. 11.1.1	FOUR O	AKS, NC 27524			
PREFIX	I VENUE DEFICIEN	TATEMENT OF DEFICIENCIES	ID I	ODOLES THE STATE OF THE STATE O		
TAG	REGULATORY OF	LISC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	of the other or on any	(2(5)
		and the second second	TAG	CHOSS-KEITEKENGED TO THE	APPROPRIATE	COMPLETE
D 270	Continued From pag	- 50		DEFICIENCY)		UNIE
	- Similar From pag	e 56	D 270			
			1			
. 1	Review of Resident a	1's Increased Supervision &	1			
	PACCUUITIADIMO CINACK	101 dated 44/40/99				
- 1	-oran nochilleuted K	Asident #1 wee In his	1 1			
- 1	pedroom from 7:00ar	n until 11:15pm		8		
	-Staff documented R room from 11:30am a	sident #1 was in the living	1			
		ntil 12:15pm.	1			
- 1.	Record on section	4.5	1			
	Based on review of R	esident #1's 11/16/23				
	about the	rt and 15 minute check	1		1	
18	Briedt, inere was a dis	Crepancy in the recidents			1	
1 4	documented location (bedroom verses living				
1 "	oom) at 9:50am.	400			-	
l a	Review of Posidons 44	1			1	
d	lated 11/24/23 reveals	's accident/incident report	- 1		1	
-5	Resident #1 was	RI.				
120	able in the dining	sponsive while sitting at a	1			
	Resident #1 was sant	at 1:00pm on 11/24/23, to the ER at 1:03pm on				
111	1/24/23 via EMS.	to the ER at 1:03pm on			1	
		from 11/24/23 through	1		1	
111	1/27/23 was implemen	iod 11/24/23 through				
1.	mplatiet	lou,	1		1	
Re	eview of Resident #1%	Increased Supervision &	1		1	- 1
PIL	Countability Checklist	dated 11/24/23 rounded.				
-2	tarr documented Resi	dent #1 in the dining room	1			- 1
1110	## 12:450m until 1:15	DPD .	1			1
-SI	taff documented Resid	tent #1 was in the living	1			- 1
100	om at 1:30pm and 1:4	5pm			1	- 1
-St	laff documented Resid	lent #1 was in the				
bal	throom from 2:00pm u	intil 2:30nm	1		1	- 1
-St	aff documented Resid	ent #1 was in the living				- 1
100	m trom 2:45pm until 4	:15om				- 1
-Th	ere was no document	ation Resident #1 was		,		- 1
sen	nt to the hospital.	, i was	1			
			1		1	- 1
Bas	sed on review of Resid	lent #1's 11/24/23				- 1
acc	ident/incident report a	nd 15 minute cheek				- 1
sne	et, there was a discre umented location (fac	panovin the residents				
1 1 1 1 1 1 1	unienien incation (for	Hity vorces beenfall	l l			

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Lauri		FUR	M APPRO
	OF COMMECTION	IDENTIFICATION NUMBER.		CONSTRUCTION	(XII) DATE	DI IDI me
		1	A. BUILDING: _		(X3) DATE	SURVEY LETED
		HAL051060	B, WING			
AME OF I	PROVIDER OR SUPPLIER				12/	01/2023
		STREET	ODRESS, CITY, STAT	E, ZIP CODE	1 800	- 112420
JUN UP	KS SENIOR LIVING	565 BOY	ETTE ROAD			
(X4) (D	SUMMARY C	IAI FUENT OF DEPOSITION	AKS, NC 27524			
PREFIX			(D)	PROVIDER'S PLAN OF CORRECT	The La	
TAG	REGULATORY OR	LISC IDENTIFYING INFORMATION)	PREFOX TAG			(905)
0.65			IAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
D 270	Continued From page	e 57	D 270	DETRIENCT)		
	from 1:30pm until 4:1		D 210			
			1		Į	
	Interview with Resider	nt #1 on 11/30/23 at 1:20pm	1 1			
			1 1			
	-He sometimes felt dis	zzy.	1 1		1	
- 1	-He was very tired.		1 1	4		
- 1.	Interview with ac-		1 1			
	SCC) on 14 22 cm = + +	clai Care Coordinator				
1	#1 was moved from an	2:54pm revealed Resident	1		- 1	
l n	nonth ago to be close	om 615 to room 603 one r to the desk because he			1	
l h	ad a lot falls.	to the deak because he			- 6	
- 1		•			1	
ir	nterview with a person	al care aide (PCA) on	1		1.	
	1/30/23 8t 11:30am re	wasted.	1		1	
-7	Resident #1 was able t	to stand from his	1		1	
					İ	
115	the had not seen him	walk since he started	1		1	
-S	sing the wheelchair ab	Out a month and	1			
		ald and				
Wa	sik.	sident #1 was able to				
Wa	sik.	sident #1 was able to				
Se	econd interview with a	sident #1 was able to				
Se 12	econd interview with a :18pm revealed:	PCA on 11/30/23 at				
Se 12 -Re	aik. econd interview with a :18pm revealed: esident #1 started hav	PCA on 11/30/23 at				
Se 12 -Ri	econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to i	PCA on 11/30/23 at				
Se 12 -Re form	ark. econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to k eelchair.	PCA on 11/30/23 at ring a lot of falls and the keep him in the				
Se 12 -Ru for wh	ark. cond interview with a :18pm revealed: esident #1 started hav mer SCC told staff to i esichair. ey watched Resident	PCA on 11/30/23 at ring a lot of falls and the keep him in the				
Se 12 -Ru for wh	ark. econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to k eelchair.	PCA on 11/30/23 at ring a lot of falls and the keep him in the				
See 12 -Ru form wh -Th	econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to leelchair. eelchair. eey watched Resident	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheelchair.				
See 12 -Ru forn who -Th livin Inte 11/2	econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to a eelchair. eey watched Resident ng room seated in his serview with a medication 29/23 at 2:31pm reveal	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheelchair.				
See 12 -Ru forn who -Th livin Inte 11/2 -No.	cond interview with a clapm revealed: esident #1 started have mer SCC told staff to be elchair. He watched Resident of room seated in his conview with a medicatic 29/23 at 2:31pm reveals mally residents were	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheekchair. on side (MA)/PCA on thed:				
See 122 -Ru forn who -Th livir Inte 11/2 -No. 15-r	econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to leelchair. leey watched Resident ag room seated in his serview with a medicatic 29/23 at 2:31pm revea mally residents were minute checks after a service in the control of	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheekchair. on side (MA)/PCA on thed:		-		
See 122 -Ru forn who -Th livir Inte 11/2 -No. 15-r antil	cond interview with a :18pm revealed: esident #1 started hav mer SCC told staff to leelchair. eelchair.	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheelchair. PD side (MA)/PCA on eled: placed on every fall or if they were on		-		
See 12 -Ru form who -Th livin lints 11/2 -No 15-r antill -She	cond interview with a cond interview with a condition revealed: esident #1 started have mer SCC told staff to be elichair. The elichair reveal with a medication with a medication reveal with a resident with a	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheelchair. on side (MA)/PCA on side in the placed on every fall or if they were on				
See 12 -Ru forn who -Th livir Inte 11/2 -No 15-r antill -She 15-n	cond interview with a conditional interview with a conditional interview with a mer SCC told staff to be elichair. The properties with a medication of the conditional interview with a medication of the condition of	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheelchair. on side (MA)/PCA on side (MA)/PCA on side in every fall or if they were on was placed on every fall or if they were on they amount 11/22/20				
See 122 -Richard From Who -The living International Section 11/2 -No. 15-r antiliar-She 15-n -She	econd interview with a :18pm revealed: esident #1 started hav mer SCC told staff to leelchair. He watched Resident in this review with a medication with a minute checks after a few in the with the minute checks indefinition and interview with a medication with a medica	PCA on 11/30/23 at ring a lot of falls and the keep him in the #1 by keeping him in the wheelchair. on side (MA)/PCA on side in the placed on every fall or if they were on				

WINT CHE	of Health Service Reg NTOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FO	ED: 12/22/ RM APPR(
HIND IT DAY	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		
		THE ICATION NUMBER:	A. BUILDING:	CONSTRUCTION	CKSLEDAT	ESURVEY
			A. BUILDING:		COM	PLETED
		WALDELOOP				LEC LED
NAME OF		HAL051060	B. WING		- 1	
WANTE OF F	PROVIDER OR SUPPLIER	Date -			42	/01/2023
FOLID OF	Ve orange	SIREET	ADDRESS, CITY, STAT	E, ZIP CODE	12	10 172023
. OUR OA	iks senior living	565 BQ	YETTE ROAD			
/Mat im		FOUR /	DAKS, NC 27524			
(X4) ID PREFIX	SUMMARY STA		71024			
TAG			D	PROVIDER'S PLAN OF CO		
1	- CONTORT OR E	SC IDENTIFYING INFORMATION)	PREFIX			(X5)
			TAG	TO CHEMOED IO THE	APPROPRIATE	COMPLE
D 270	Continued From page	E0		DEFICIENCY	A LICO MENTE	DATE
	non page	36	D 270			
- 1			1			
- 1	Telephone interview with	th Resident #1's primary	1 1			
- 1	care provider (DCD)	Tresident #1's primary	1 1			
- 1.	care provider (PCP) on	11/30/23 at 4:21pm	1 1			
			1 1			
	grant should document	care in accordance with	1 1		1	
			1 4			
1-	Not documenting the 1:	5-minute charles	1: 14:			
			1 1			
1 -	Staff were responsible	or checking Resident #1				
e	Very 15 minutes and	or checking Resident #1	1 1		1	
	- A I I I I I I I I I I I I I I I I I I	ISI INDA hia basket i	1 1		1	
			1		1	
1-1	ne alarm should sound	as soon as Resident #1	1 1		1	
-S	ine had talked to the et-	off on 44 (00)				1000
re	inforced all fall preventi	211 Oil 11/26/23 and	l I		1	
Re	esident #1.	on measures for)			
-9	he had marks		1		46	
200	he had mentioned to sta	aff that Resident #1			1	
1.00	AND TO DE INDUITORIST IL	IOTO Clonolis	1		1	
1 -11	was not sate for Reside	nt #1 to fall so				
11160	quently,		1			
-Sh	e thought Resident #1	offit panels at a s	1			
levi	of care because he	anii needen a nigher				
blox	od thinner for awar as	as a high fall risk, on a	1			
					1	
uec	reased mobility requirin	g a wheelchair.			1	
					1	1
Sec	ond telephone interview	With Resident #1's	1		1	
Oug	PUIBLE OF 17/30/23 of 44	Man marray 1			1	- 1
-0166	was not nothed of the	Drimon, som			1	- 1
prov	ider's (PCP's) recomme	Frankly Care	1			- 1
level	of care on 10/31/23.	muziton for a higher	1		1	
1010	VI VOID DII HIMATIAN				1/	- 1
718 1	Resident #1's Guardian,	she should have			1	- 1
Deen	notified.					- 1
	•		1			- 1
Interv	riew with the Special Ca	Tre Coordinate		(9)		- 1
(SCC) on 11/30/23 at 12:34p	Tordinator	1		1	- 1
The	PCP cold made at	m revealed:			1	- 1
- 111701	TUP Said medications a	Wild be somewhat at	1			- 1
	STREET, STREET	ing a low blood	1	Y		- 1
	ura.		1			- 1
1 14 000	0 (5)000					
Resid	ient #1 would stand up.	and fall head				- 1
Resid	lent #1 would stand up d in his chair and fall. Regulation	and fall, bend				

AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(NO) AND STREET		FO	RM APPRO
	1 1013	IDENTIFICATION NUMBER	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY	
		UAL Annual			COM	PLETED
AME OF	PROVIDER OR SUPPLIER	HAL051060	B, WING			
		STREET	ODRESS, CITY, STAT	E 7/0 000e	12	/01/2023
OUR O	aks senior living	665 BOY	ETTE ROAD	- an and		
(X4) ID	SIMMARYO	FOUR O	AKS, NC 27524			
TAG			ID	PROVIDER'S PLAN OF CORRE		
ing.	REGULATORY OR	LSC (DENTIFYING INFORMATION)	PREFIX			(X5)
D 270	Continued			CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE
	Continued Light bage		D 270			
- 1	-She thought Resider	nt #1 could have been dizzy	1			
- 1	A MALINIEURER MUSD I	ne tell				
	because of the increas	ved closer to the front desk	1 1			i i
- 1	-She was aware of the	PCP's recommend	1 1		1	
	I'VE OF THUSINGS NEVAL OF CO	nna -	1 1			
1	-Nothing had been do	ne to evaluate Resident	1 1			
	A LA LA LA LOS DE LA COSTA LA DOCUMENTA DE LA COLONIA DEL COLONIA DE LA COLONIA DEL COLONIA DEL COLONIA DEL COLONIA DE LA COLONIA DEL COLONIA	e e	1 1			
- 1	up on that,	or's responsibility to follow				
1 -	The PCP told the Adm	inistrator and her about			1	
1 6	THE STOR HOUSENESS OF	har lovel som for the court				
"	f1 on the same day (1(esident	0/31/23) that she saw the				
1"	coine\if					
l In	nterview with the Admir	nistrator on 12/01/23 at	1			
1 7	1 JOHN LEVESIEU.		1			
-S	Staff were responsible	for checking residents as				
946	ssigned and when nee	ded for safety and	1		1	
	taff were responsible f	ion of			-	
est.	Curatery on monitoring	chaela	1			
-10	Creased supervision w	as implementant at				- 1
00	Fill Idli IOF Kesident #1	which was the facility's	1			- 1
l ho	licy for fall prevention. he did not know there		-			- 1
400	curriented the location	Of falle habuman	1		1	- 1
acc	pigent/incident reports :	and every 15 minute	1		1	- 1
che	eck sheets.	To mindle				- 1
2. F	Review of Resident #41	S Current El O de				- 1
001	INTO INVESTIGATE		1			- 1
-Dia	ignoses included dem	entia, hypertension, and	1			- 1
MINE	ATTEMPT OF THE OFFI		1	5		- 1
-Res	sident #4 was constant	ity disoriented.				- 1
	AMERICA NECESTRATES	oulatory and had bowel	1	(90)		- 1
-The	ire was an order to che	ck the bed/chair alarm	1	000		- 1
COLECT S	seament bracement and	functioning every	1			
shift.		- ,			- 1	

STATEMEN	of Health Service Re				FOI	ED: 12/22/20 RM APPROV
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MERTIPLE	CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BULDING;	OONSTRUCTION	(X3) DATE	SURVEY
		1			COM	PLETED
		HAL051060	B. WING			
AME OF F	PROVIDER OR SUPPLIER	7.5			12	/01/2023
OUR OA	KS SENIOR LIVING	SIREETA	DDRESS, CITY, STATI	E, ZIP CODE		
	AND BENION LIVING		ETTE ROAD			
(X4) ID	SUMMARY S	TATEMENT OF DETICAL TO	AKS, NC 27524			
PREFIX TAG			D	PROVIDER'S PLAN OF COR	RECTION	1
	THE SOLATORY OR	LSC (DENTIFYING INFORMATION)	PREFIX TAG	VEHIOR CURRECTIVE ACTION	OLIGH H III III	(X5) COMPLETE
D 576				CROSS-REFERENCED TO THE /	APPROPRIATE	DATE
D 270	Continued From pag	e 60	D 270			
			1 - 2.0			
	Review of Resident #	4's current care plan dated	1 1		//	6
	INTOOITY (AAGSIOU:		1		ï	
	-resident #4 was alw	ays disoriented and had				
1111	arannicant memory lo	SS. *				
Li	behaviors.	idering and verbally abusive	1 1			
-	Resident #4 resisted	Care at times	1 1		1	
1.	Resident #4 was amb	Illatory with a wheelelet.	1 1			
6	THU THE E SESTION TAS	traint and chair class	1		1	
-	Kesident #4 was a fal	I risk and something			1	
The state of	ncreased supervision	(Improcified from and)				
100	restuerit #4 regulred	extensive accietanos	'			
10.	MARKING SING INCOUDINGL	10e cara				
-1	resident #4 required	Imited assistance with			1	
l all	mbulation and transfe	rs.				
R	eview of Resident #4"	s quarterly special care				
ur	nit (SCU) profile dated	10/03/23 rowelled	1			
-P6	lesident #4 had behav	tions including unchal	1			
MIN	ruse, screaming, agor	ession and				
แบก	cooperative.		1		1	1
-R	esident #4 was ambu	latory with a wheelchair	1			- 1
an	u required staff assist	ance	- 1		1	- 1
tro	esident #4 required st	aff assistance with	1		1	- 1
uai	nsfers in and out of he	er wheelchair.				- 1
Re	view of Resident #4'-	restraint consent, care			1	
Dist	n and order dated 10/	30/23 revented:				- 1
-Th	ere was an order for a	wheelchair belt while			1	- 1
up i	ri the wheelchair.	1	1			- 1
-Th	e wheelchair belt was	to be checked every 30			1	- 1
311000	nies and teleased eve	erv 2 hours	1	_		- 1
-Mile	ematives tried before	Implementing the		*	1	- 1
WING	elchair beit was incre	ased supervision,	1			- 1
Obs	ervation of Resident #	#4 on 11/20/22	1	ă.	1	1
9:12	am revealed she was	seated in her	1	•		
wher	elchair with a seatbelt	Secured around her				- 1
	t in the living room		1		1	

If continuetion sheet, 52 of 130

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	fam		FD	RM APPR
	- warming (JUN)	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	diam.	
		1	A. BUILDING:		(XIS) DAT	E SURVEY
		HAL051060	1		50m	- LIEU
NAME OF	PROVIDER OR SUPPLIER	154051060	B, WING		1	
		STREET	ADDRESS, CITY, STAT	E 710 and	12	/01/2023
FOUR O	AKS BENIOR LIVING	565 BO	YETTE ROAD	E. AP CODE		
75.71.40		FOUR C	AKS, NC 27524			
PREFIX		ATEMENT OF DEFICIENCIES				
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF COR	RECTION	rwe.
			TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLE
D 270	Continued From page	61	+	DEFICIENCY)	THE TOTAL	DATE
- 1	The second secon	01	D 270			-
1	Observation of David		1			
	Observation of Reside	nt #4 on 11/28/23 at	1 1			
	2:48pm revealed she viseated in her wheelers	vas in the living room	1 1		W	
		air with a seatbelt secured in alarm box on the chair	1		1	
1	and attached to her shi	rt.	1 1		. 1	
1			1		. 1	
1	Interview with a persona	al care aide (PCA) on	1		1	
	THE WILL OF A CLADE THE NAME OF THE PARTY OF	opied Decident 44 to 1	1		1	
8	seatbelt to keep her from	n falling.	1		1	
. 10	Phonestics of the con-		1 1			
12	Observation of Resident	t#4 on 12/01/23 at			1	
13	She was propelling her	wheelchair with her feet				
	completell & Light Like 11.	writerichair with her feet			1	
J -H	der seatbelt was on.	OIR GESK.				
1_		1			1	
R	eview of Resident #4's	accident/incident report			1	
	WAR AND LAKED I GAMENIAN.					
-R	lesident #4 had an unw	itnessed fall.	1		1	
be	esident #4 was laying of at 6:00am on 09/14/2	on the floor beside her	1			
-Re	esident #4 had a scratc	bon has said			1	
-thi	GINUNING EVERY Shift from	m 00/14/22 4h	1			
001	17740 Was implementer	d	1			
-St	aff were informed to en-	Sire Decident 44	1			
pus	Silioned Safely in hed on	id the bed alarm was				
arta	ched.				1	
Rev	New of Resident #41-				1	
Acc	view of Resident #4's Incountability Checklist sh	cressed Supervision &				
08/	13/23-09/14/23 revealer	4.			1	
-The	ere was no documentati	ion from 1:30cm as			1	- 1
08/1	4/23 to 2:45am on 09/1	14/22	1	-	1	- 1
-Sta	ff documented Residen	t #d was in han	1		1	- 1
pear	oom from 3:00am until	5:30am				- 1
-Stat	f documented Resident	HA summ by the	1			
лани	ray from 5:45am to 6:45	ām.	I		1	- 1
Revie	ew of Resident #4's Inc					
1 4 400 455	rice Regulation	reased Supervision &	1			_

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) AM II TIEN IS	CONSTRUCTION		RM APPR
		IDENTIFICATION NUMBER	A. BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY
		HAL051060	8. WING			- LEIED
NAME OF F	PROVIDER OR SUPPLIER	6×2			12	2/01/2023
FOUR OA	NKS SENIOR LIVING	SINCET,	ADDRESS, CITY, STAT	E, ZIP CODE		
	TO SEIGION FIAMO	262 RO	ETTE ROAD			
(X4) (D	SUMMARY ST	ATEMENT OF SOME	AKS, NC 27524			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C	ORRECTION	1
		DENTIF TING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPL
D 270	Continued From page	62	+	DEFICIENCY)	DATE
- 1			D 270			_
1	revealed there was no	st sheet dated 09/14/23	1 1			
- 1	3:15pm to 10:45pm.	documentation from	1 1			
- 1	·		1 1			
Î	Review of Resident #4	's Increased Supervision &	1 1			ii.
111	UPPORTING CHECKING	St Shoot dated courses	1 1		•	
	revealed there was no 3:30pm to 5:00pm.	documentation from	1 1			
- 1			1 1		-	
/ E	Based on review of Rea	sident #4's 09/13/23 -	1 1		1	
- 0	12/23 accident/incid	Ant report and 45	1		1	
J 4	JACK SHEETS, (19616 MN)	S a discreptional in the				
h	allway) at 6:00am and	ocation (bedroom verses no documentation of 15			1	
11	militie checks for 7.5 h	ours on 09/14/23 and 1,5				
h	ours on 09/15/23.	- 1,5 and 1,5	1			
			1			
ds	eview of Resident #4's ated 10/28/23 revealed	accident/incident report	1		1	
-R	lesident #4 had an unw	it-			-1	
na	uway,	1				
-R	esident #4 was laying	on her left side on the	1		1	
41.00	** OF 1120000111 CH H1/71	103	1		1	
_A4	esident #4 had no injur	у.			1	
10/	onitoring every shift fro /31/23 was implemente	m 10/28/23 through				
-Th	iere was an evaluation	note for a seatball	- 1			
che	ck (unspecified).	a aparagit				
Res	view of Resident #41- 1				(1)	
Acc	countability Checklist st	ncreased Supervision &	1			
160.64	select;		1			
-Sta	Iff documented Reside	nt #4 was in the living			1	
1000	n mom 10:15am until 1	2:00nm	1		141	ì
-Sta	iff documented Resider	nt#1 was in the dining	1			
-Stat	n from 12:15pm until 1: ff documented Resider	If #4 was in the finder	1			- 1
TOOIT	u irom 1:00pm until 3:0	Opm	1		. 11	- 1
-The	re was no documentati	ion Resident #4 was in			1	1
T-Mno-h	allway from 10:15am t	P-9-00			1	

AND PLA	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(NO) his a reserve	0.00		RM APPRO
	TOTAL	IDENTIFICATION NUMBER:	(AZ) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
		1	A. BULDING:	A. BULDING;		PLETED
		HAL051060			1	_
NAME OF	PROVIDER OR SUPPLIER	1 1000 1000	B, WING		1	
		STREET	ODRESS, CITY, STAT	F 7IP CODE	12	/01/2023
OUR O	LKS SENIOR LIVING	565 BOY	ETTE ROAD			
/VALID		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	HEALT DEFICIENT	TATEMENT OF DEFICIENCIES	10 T	BO CO CO		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S		(X5)
			TAG	ALCODO-MELENCINCED TO THE VI	PROPRIATE	COMPLETE
D 270	Continued From page	9 63	1	DEFICIENCY)		MIE
	page page	~ VV	D 270			
- 1	Rapad an and					1
1	accidentine de la	lesident #4's 10/28/23	1			
	sheet there was a "	ort and 15 minute check	1			
	documented beaten	screpancy in the resident's				
a	at 11:50am.	(hallway verses living room)	1 1			
- 1			1 1		1	-
- 1	Review of Resident #4	s accident/incident report	1 1		1	
l uc	naten 11/05/52 Leveak	ad:	1 1			
1.	-Resident #4 had an u	nwitnessed fall in her	1			
1.8	oearaom,		1		I	
1:	Resident #4 was layin	g on her right side on her			- 1	
10.5	MARKACHI NOOL BI 2:205	3m nn 11/12/22			1	
-	Resident #4 had no ini	iurv			1	
17	Monitoring every shift	from 11/05/23 through	1		- 1	
1.1	1/UU/23 Was Implemen	steri			1	
b	of perdentures at at	on note to reassure call			1	
1	on pendant was attach	ed to resident at all times.	1		1	
R	eview of Resident #4's	Increased Supervision &	1			
A	ccountability Checklist	sheet detad			- 1	-
11	1/02/23-11/03/23 neves	led:			1	
-S	taff documented Resid	lent #4 was in he-	I		1	- 1
De	idroom from 11:00pm	on 11/02/23 until 2:15am			1	- 1
JOH	11/03/23.				1	- 1
-S	taff documented Resid	lent #4 was on the			1	- 1
Da	throom floor at 2:30am	1.				- 1
-81	aff documented Resid	ent #4 was in her	1			- 1
117	eelchair from 2:45am	until 6:45am on				
'"	VUIZO.	1			11	
Res	view of Resident #4'c I	increased Supervision &	1		1	
7100	POUR COUNTY CHACKING &	heet righted 15/02/05				- 1
Tev	ealed there was no do	Climentation from	I			- 1
3:00	Opm to 3:30pm.		1			- 1
	· ·					- 1
Bas	ed on review of Resid	ent #4's 11/02/23 -			500	- 1
1170	15/23 accident/incident	report and 15 minute	1			- 1
CHE	ck sheets, there was a dent's documented loc	discrenancy in the	1		- 1	

AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		RM APPR
		WINDAMON NUMBER:	A. BUILDING:	- CONSTRUCTION	(X3) DAT	E SURVEY
		MAI ACADAN	1		1 000	PLETED
NAME OF F	PROVIDER OR SUPPLIER	HAL951080	B. WING		1 40	10 d to a
		STREET	ADDRESS, CITY, STATI	E, ZIP CODE	12	/01/2023
FOUK OF	LKS SENIOR LIVING	565 BO	YETTE ROAD			
(X4) 10	SUMMARY STA	TEMENT OF DESIGNATION	AKS, NC 27524			
PREFIX TAG	I GOOD DENUMEY	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION	-
		THE THE INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE VPPROPRIATE	DOMPLI DATE
D 270	Continued From page	34	1	DEFICIENCY)	The state of the s	DATE
- 1	verses bedroom) at 3:5		D 270			
- 1	occumentation of 15 m	nute checks for 0.5 hours	1			l
	on 11/03/23.	STUDIN C.O IOI GRADOITE	1 1			
	Review of Resident #41		1 1			
11.	AMERICA 11/2/1/20 16/68/90	accident/incident report	1 1			
100	Resident #4 had an uni	Vitneseed fall I. L. H	1 1		1	
	LIZAGINALII 144 MBS BANDO	On the floor on her state	1		1	
	200 BL 0.300011 OR 17725	DIS.			I	
-	Resident #4 had a skin Monitoring every shift for	m 11/25/22 thereat	1			
1.0	Irzorza was implement	art	1			
-	There was an evaluation naintenance.	note for wheelchair			1	
1	esatre (1911CA				1	
R	eview of Resident #4's	ncreased Supervision &			1	
100	Countability Checklist s	heet dated 11/25/23				
110	rvealed:		1		1	**
110	taff documented Reside om from 5:30pm until 6:	Onm				
-5	taff documented Reside	nt #d was in the tister.	1		1	
1100	um irom 6:150m until 7	Snm			1	
be	taff documented Reside droom after 7:30pm.	nt #4 was in her				
					1	
Ba	sed on review of Reside	nt #4's 11/25/23	1			
acc	adent/incident report and	1.15 minute about				
1 400	et, there was a discrepa	arcy in the resident's	1			
at 6	3:30pm,	-7 - 21000 BIRRIN (DOM)	1		1	
Ret	four of Doolds-144		1		1	
date	riew of Resident #4's ac ed 11/27/23 revealed:	adent/incident report				
-Res	sident #4 had an unwitn	essed fall in hallway				
श्रा भ	Jupin on 11/27/23				1	
- Ine	report was incomplete	and did not include a	1		1	
-The	cription of the fall and proper was a note to implement	ent proper factors				
chec	ks.	Aur hinhai lootwest.	1			
		1			18	- 1

NO PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Arm com	-	. 01	RM APPRO
	- OF GOMMECTION	DENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI	SURVEY
		1	A. BUILDING: _		COM	PLETED
		HAL051080	B. WING		1	
AME OF F	PROVIDER OR SUPPLIER				12	/01/2023
		STREET	DORESS, CITY, STAT	E, ZIP CODE		0 172023
OUR OA	AKS SENIOR LIVING		ETTE ROAD			
(X4) JD	SIMMADVE	FOUR O	AKS, NC 27524			
REFIX	VENUL DEFICIENT	Y WIRTON ODEAS.	CII	PROVIDER'S PLAN OF CO	DOEMON	
TAG	REGULATORY OR	LEC IDENTIFYING INFORMATION)	PREFIX TAG	LEAGH CURRETTRIE ACTION	A PALLON IN THE REAL PROPERTY.	(X5)
			""	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
D 270	Continued From page	9 65	D 270	7-1-101)		
	Interview with a PCA	on 11/30/23 at 11:30am	10210			
- 1	revealed:		1 1			
	-She had never seen	Resident #4 remove her	1 1			
	seament and she did n	of think the resident was	1 1			
- 1	able to,		1		1	
	-Resident #4 could ge seatbelt were not in pl	t up and stand if the	1 1			*
- 1	acement mate that ful bi	ece.	1 1		1	
- 1:	Second interview with	a MA/PCA on 12/01/23 at	1			
1.0	z:oopm revealed:		1			
1.	Resident #4 wore her	seatbeit all the time when	1		l,	
118	SHE WEIS OUT OF Ded.		1		1	
-	She did not think the n	esident could unbuckle the		*	1	
	seatbelf.					
	ising her feet.	l her wheelchair in halls			1	
1-1	Witen a resident fell M	As were responsible for	1		1	
in	mplementing fall monitor	pring and 15-minute			1	
	necks,					
-N	MAs communicated the	15 minute checks to	1			
St	an on duty.		- 1			
-0	Julgoing staff verbally	told the oncoming shift	- 1		1	
W	nan every 15 minute c	18Cks Were Implemented				- 1
Δr	he Special Care Coord Iministrator implement	linator (SCC) or the				- 1
pn	evention interventions.	ed any other fall	1			- 1
1						- 1
int	terview with a MA on 1:	2/01/23 at 2:55pm				- 1
ne/	/ealed;				1	- 1
-51	he nad seen Resident :	#4 unbuckle the seatbelt	1			- 1
12.	her wheelchair in the page of	Dast.				- 1
-31	∽ are unitemetable. Pr	ow long ago,	- 1			
Tel	ephone interview with	Resident #4's prime-	1		- 1	- 1
CHE	e provider (PCP) on 11	/30/23 at 4:21pm				- 1
revi	ealed he did not under	Stand how a maid-1	1		1	- 1
VVIII	na seatbelt in use conf	inued to fall out of her	1			- 1
cha	ir.					
Into	rview with the SCC on					- 1
	THE PRINT ME SUIT OF	12/01/23 of 3-00mm	1		1	

AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(V2) 144 4 444			RM APPRO
		DENTIFICATION NUMBER		CONSTRUCTION	(X3) DATE SURVEY	
		1	A. BUILDING: _	A. BUILDING:		
		HAL051060	1,			PLETED
IAME OF	PROVIDER OR SUPPLIER	14/6001000	B, WING		1	
		STREET	ADDRESS, CITY, STAT	F ZIP CODE	12	2/01/2023
OUR O	AKS SENIOR LIVING	565 BO	ETTE ROAD	-1 FIL OODE		
(X4) ID		FOUR	AKS, NG 27524			
PREFIX		ATEMENT OF DEFICIENCIES	D T	20001		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCES		(2(5)
_			TAG	THE PERENCED TO THE	PPROPRIATE	COMPLETE
D 270	Continued From page	66		DEFICIENCY)		
	revealed:		D 270			
			1 1			
- 1	involved her fine - t	alls (11/25/23 and 11/27/23)	1 1			
- 1	she was down the half	Br Whaplahair array and				
	-Staff reported to her ti	sat the court of			1	
- 1	nusident 74's wheelch	air was not bunkled	1.			
- 1	-one mought a staff mi	Oht have taken maker	1 1			
- 1	WAY OF THE DRIFT LOOM SUC	forgotten to buckle the			1	
- 1	ogathair.				1	
1.	Resident #4 had daily	documentation of 15	1 1		1	
11.	minute checks from (15)	D1/23 through 44 topus				
	paranea erail did UOF DE	V attention to whom 20			1	
11.7	ioni ancathelitation was	R Complete		.e.		
	Resident #4's restraint	monitoring was				
	lectronic charting syste	inutes by the MA in the				
1	condition charming syste	m.			1	
lr.	terview with the Admin	istrator on 12/01/22 -1	1			
1 4.	. revealed:					
-5	staff were responsible for	or checking residents as			- 1	
CHE	seigned and when leed	ed for safety and			1	
1 10	cauon,		1		1	
-A	I residents on the Spec	cial Care Unit (SCU)	1		1	
AAS	re checked every 30 m	linutee	1			- 1
aft	er a fall and ware placed o	n increased supervision			1	- 1
-81	er a fall and were check aff were responsible fo	ked every 15 minutes.	1			- 1
aci	curately on monitoring s	r documenting	1			- 1
-lne	Creased Supervision we	e Implemente du e	1		1	- 1
Oca	AT THE RESIDENT #4 Which	h was the facility's	1		1	- 1
hut	rcy for rail prevention.					- 1
-Sh	e did not know there w	ere discrepancies in	1			- 1
1000	unitensed the location of	falle habusan	1			1
acc	ident/incident reports as ck sheets.	nd every 15 minute	1		1.	- 1
CHE	CK Sneets.		1		1	- 1
BERRI	metimes Resident #4 w	as able to unlock the	1			- 1
hall	belt on her wheelchair	r sne was in the				. [
-Sta	ff were expected to ens	ing had al			4	- 1
-	nd working properly.	UIE-DEC-Blatms-wore			1	

ND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(V2) IN HOUSE		10	RM APPRO
	- Contraction	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATI	SURVEY
		1	A. BULDING:		COM	PLETED
		HAL051060				
AME OF	PROVIDER OR SUPPLIER	1	B, WING		1	(in a second
		STREET	ADDRESS, CITY, STAT	TE. ZIP CODE	12	01/2023
OUR O	AKS SENIOR LIVING	565 BO	YETTE ROAD	2002		
DV 41-400		FOUR C	OAKS, NC 27524			
(X4) IO PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID I			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	PRRECTION	(X5)
			TAG	ON DOOSTIEFENCED TO THE	APPROPRIATE	DATE
D 270	Continued From page	67		DEFICIENCY)		DATE
	Page	5 07	D 270			
	Panad on al		1 1			
- 1	reviews it was data	s, interviews, and record				
- 1	Interviewable	nined Resident #4 was not				
			1 1			
1	The facility failed to on	ovide supervision for 2 of 5	1 1			
	Partibled lesidents (#1	and #4) who or i	1		1	
- 1	INCIPATED BUDGIVISION	for repopled falls with			1	
1	" Julies, Kesident #1 si	istained two entret	1 1			
- 1	ractures and traumatic	head injury This ten	1 1		1	
1.	BOUNDO IN USK JOL BUILD	NIS Diversed barren until			1	
1	constitutes a Type A2 \	/iolation.	1 1			
15	The feether are the		1 1	•		
	The facility provided a p	plan of protection in	1 1		JI)	
l ti	his violation.	31D-34 on 12/01/23 for	1		1	
"	vialatabili					
T	HE CORRECTION DA	TE FOR THE TYPE A2	! !			
V	IOLATION SHALL NO	T EXCEED DECEMBER				
3	1, 2023.	- TOLINGER				
			1			
273 10	OA NCAC 13F .0902(b)	Health Care				
		1	D 273		1	
10	A NCAC 13F .0902 He	ealth Care	1		1	
(b)	The facility shall assu	I'm referral and fellows				- 1
100	meer mie Londine aud a	cute health care needs				
or	residents.		1			- 1
Thi	is Rule is not met as e		- I			- 1
TY	PEB VIOLATION	videnced by:			1	- 1
		1	1			- 1
Bas	sed on observations, in	lerviews and record	1			- 1
164	lews, the racility falled i	o ensure health com	1		1	
TORC	ow up with the provider	for 4 of 5 sampled	1		1	.
168	OUNTS (#7, #2, #3, #4)	Who required months				- 1
DIOC	XX levels for monitoring	and doesoo	1		1	- 1
adir	istment of an anticoaci	Hant (blood thinning)				. 1
IIII	iiGalion (#3), Contactine	the home health are, reporting of low	1		1	- 1
OWN	MANA Same management and a					

4 I CHI ENTE	n of Health Service Reg INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1		FC	TED: 12/22/; DRM APPRO
, IND COM	VOT CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		
			A BUILDIN	G:	(X3) DA	TE SURVEY
			1		COR	WPLETED
NAME OF	DOM AT AN	HAL051060	B. WING		- 1	
MANUE OF 1	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TANK TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	1	2/01/2023
FOUR OA	KS SENIOR LIVING	565 RO	YETTE ROAD	IAIE, ZIP CODE		
_			AKS, NC 2752			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF PERSON	JANO, NC 2752			
TAG			PREFIX	PROVIDER'S PLAN OF CORRECT	TON	
	The state of the s	SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		COMPLET
D 273	Canting La		1	DEFICIENCY)	PRIATE	DATE
2213	Commission From page		D 273	n Coming		
1	blood pressures to the	provider and scheduling	52.0	In-Service was conducted b	y Area	12/29/2
	an or moderic letails	Physiophonesis & Harris		PURIOUS CONTROL OF THE REAL	er use	
	CONTINUE HACKING (#7) PO	DOTTING of blok block		of the Bucket System.		
	Purportie (420) COURING	the ordered name -	1			
- 1	Author the Cool Call Ball but be	BII Caro for a diabat.		Caro Manage		
	regioerit whose finderna	ils were long, jagged, and		Care Managers and designe	e will	12/29/2
1	needed trimming (#2).	in in the same of		INCHING THE BIICKST CHEFOR A	o ensure	Ongoine
1.			1 1	orders are being processed		901113
	The findings are:		1 1	appropiately and in a timely i	nanor.	
1	. Review of Resident #3	S current EL 2 dated				
	ru in 20 levealed:		1 1	Care Managers or designee	e illi	10/00/00
-	Diagnoses included hist	OTV of placement of	1 1	SYICH LIE SCHENIIAT IS MALE.		12/29/23
P	Loguieuc liegit Asive au	ticosculation and kind	į įv	reekly to ensure follow up.	Care	Ongoing
10	A A V (COLORISM ASCRIBI	* Accident\		up,		
1 -1	nere was an order for V	Variatio 10mg 4 tables	l K	2000	1	
[[[r illoutil every evening	(Warfarin ic o	,	age Amendment		
l m	edication used to treat of	or prevent blood clots.)				
			16	hed-tech will	1.	1
08	eview of Resident #3's p	hysician's order dated			1	15/20
1 40	っていそう してくせるしせい ヌロ ハかん	or for Mosforio de	0	de anterior is stor		1 -1-
LICIU,	her by mount once daily	Syconi Cundou 144		notify bunique of	(C)	
4000	plet (5mg) by mouth onc	e a week on Sunday.	12	esident is out	nt	
Re	view of a physician's or	form delay 40 mans				
rev	ealed there was an orde	reis dated 12/23/22	16	acinatus com		
dra	ws monthly for prothron	bin time (interest	1,	arimetos accord	1601	- 1
1101	malized ratio (PT/NR) i	pyole /Montune	14	V2 00 1.		- 1
clot	ting time of a person's b	lood who is hoi	1	nedication or	125	- 1
trea	ited with blood thinner n	nedications)			G.	1
- 1			1-4	Sevin - 1		- 1
Rev	new of the physician's or	rder dated 04/25/23		n-Service med-		- 1
reve	paled the target INR leve	was 2.5 to 3.5.	04	I untitud benninga		- 1
11	iew of Resident #3's lab		1	· Altrid hingial	2	
reve	aled the INR level dated	8 Uated U8/15/23 1 08/15/23 was 4 35	Or	naid redular hon	19	- 1
- 1			an	ul after hours		- 1
Revi	ew of a physician's orde	r sheet dated	1000	or atter word		
- Udri	7/23 revealed a telephol dent #3's 5:00pm Warfa	99 order to skin				
	dama MOI - E 6.6	The second secon			1	

	on of Health Service Reg ENT OF DEFICIENCIES W OF CORRECTION	(X1) PROVIDER/SUPPLIED			FC	TED: 12 DRM AP
	an a settle tiols	IDENTIFICATION NUMBER:	(X2) MULTI	IPLE CONSTRUCTION		
		1	A. BUILDIN	IG:	(X3) DA	TE SLIRV
			1		CO	WPLETEL
NAME OF	DDOWNER	HAL051060	B. WING_		- 1	
- COL	PROVIDER OR SUPPLIER	STORET	-		- 1 1:	2/01/20
FOUR O	AKS SENIOR LIVING	GIRELA	ODRESS, CITY, 8	TATE, ZIP CODE	- 17	001/20
	TIAME	565 BOY	ETTE ROAD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	AKS, NC 2762	4		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID	DDC 400000		
	HEGODATORY OR LE	IC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO		
D 070			TAG	THE APPR	ULD BE OPRIATE	COL
U 2/3	Continued From page	39	1	DEFICIENCY)		E
	that was signed but the		D 273	-		-
1	that was signed by the (PCP) on 08/22/23.	primary care provider		Course Many no	n A	
	7 7 7 7 00122123,		1	Come Manager wi	that .	E
1	Review of a navaialanta	And a top of	1	follow up with		į
	Review of a physician's revealed:	order dated 09/12/23		MALM ON MELLON		
			1 1	Dru		
13	- There was an order for for Resident #3 (Date of	INR levels to be drawn the lab to be completed	1	providers regar	LGWDJ	
1 -	There was no document	Stion of a Canta		medication and		
2	2023 INR lab in the resid	ent's recome			1	
		1	1	Parmoters	-	
R	Review of a fax transmiss	ion coversheet revealed		1 . 11.10		
				_		
l th	e facility was sent on 09	/13/23.		Lire manager wi	11	
				. widee		
-R	Review of Resident #3's I	abs for her INR level] :	Pull Vitals daily	100	
	- PURSON CZMINI PL	n IAID at n da		wind child	101	
tan	rget INR level was 2.5 to	3.5).	1 (One month and	uranti	
1		1		C CONTINUE	MAJOW	
the	view of electronic corres	pondence between	'	thereafter.		
			1		1	
			1			
			IC.	7 v- vo -		
100	11/23 and advised to "sk e and then resume regu	in today i	0	one managers a	re	
	and the resulte legu	ar schedule."	10	26.00 -11 1		
Inte	rview with the previous F	200 an 44/00 ms	1,0	sebousiple for		
			00	0	1	
-She	was the RCC in Senter	nher 2022	PC	P recommendat	1005	
-0116	was responsible for ear	eline the control	1.	m. humbred 1	100	
	A PIG INCHILLY E COULD SUPP	d laboratory	11	reference tu fernals.		
OOIII	vally.		1	-10000-10		
-Whe	on the PCP sent the order	f for labs, she favor	16	fernal		
	LANGUE OF THE PERCHIPTY OF COULT	acted laboratory		, diam,		
	· was i y ,		:1			
-She	logged lab results in the	computer once	1			
1 1 4 4 4 4 1 1 1	rau,		1			
-She i	reported abnormal labs t	the PCP and	1		100	
11011110	al lab results were placed o sign off on when she v	in a fald t			1	
	D 8100 - C .	W10			1000	

	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	A. BULDING:	CONSTRUCTION	(203) DATE SURVEY COMPLETED
		HAL051060	B. WING		
VAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	F 7IP CODE	12/01/2023
OUR OF	KS SENIOR LIVING		YETTE ROAD		
	ara senior LIAMA		OAKS, NC 27524		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
D 273	Continued From page	e 70	D 273		
	-She was not aware t	he September 2023 labs			
	were not drawn.				1
	-No one checked beh	ind her to ensure the labs			1
	were drawn.				
	-There was no proces	ss in place to alert her to		•	
- 1	follow up with the lab	if labs were not drawn.			
- 1	Interview with the Ada	ninistrator on 11/30/23 at			
- 1	11:10am revealed:	minsurator on 11/30/23 at			
- 1		sible for sending the order			
1	for INR labs to the faci	ility.			
- 1		asible for sending the INR			
	lab order to the contra	cted laboratory company.		·	
	-The lab staff was resp	consible for coming to the	1 1		
- 1	facility to draw blood s	amples for labs.			
		at the September 2023 lab			
	was not drawn.		1		
	-There was no system when a lab was not dra	in place to alert the RCM awn.			
- 1	4:40pm revealed:	ith the PCP on 11/30/23 at			
1.	-She was aware of the	order written for monthly	1 1		1
11	labs.	ember 2023 order for INR			
	She was not aware the were not drawn.	e September 2023 labs			
-	If labs were not done to	o get the latest INR			
1	results, the resident's le	evel could have been out	1		
		could have been too thin			
-	or not thin enough.	e thrown a clot or bled			
	out.	e infown a clot of bled	743		
	Attempted telephone in	terview with the facility's			
• 0	contracted laboratory co	ompany on 12/01/23 at			
2	2:40pm was unsuccess	fui,			
	. Review of Resident#				
10	8/30/23 revealed diagn	loses included			

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-A. BULDING: HAL051060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Continued From page 71 D 273 D 273 neurocognitive disorder, atrial fibriliation, and hypertension, a. Review of Resident #1's primary care provider (PCP) order dated 11/07/23 revealed an order for a wound care nurse for multiple wounds to Resident #1's buttocks. Review of Resident #1's home health nurse (HHN) visit note dated 11/27/23 revealed: -Resident #1 was seen twice weekly for wound care starting on 11/07/23. -Resident #1 had 3 wounds on his right buttock with 25-50% granulation tissue (healthy tissue) and minimal (less than 25%) drainage. -The date of onset for the 3 wounds on the right buttock was 11/07/23. -Staff verbelized where to find the HHN's contact number. -Resident #1's wounds were improving. Review of Resident #1's home HHN visit note dated 11/29/23 revealed: -There were two new wounds and existing wounds showed more slough (dead cells and debris) than granulation. -The HHN contacted Resident #1's PCP and received new wound care orders. -Staff were educated to call the HHN of the dressing came off. -There was a new stage II pressure ulcer on Resident #1's left lower buttock with date of onset on 11/29/23. -The three existing right buttock wounds had 10% granulation tissue and moderate (wet 25-75%) drainage. -There were no documented details of the second new wound. Telephone interview with the HHN on 12/01/23 at

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HALD51060 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING **FOUR OAKS, NC 27524** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID ID PREFIX COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 273 Continued From page 72 D 273 10:51am revealed: -She had educated staff several times to call the home health agency and "several many" times she has found that there was no dressing in place when she came to do scheduled wound care. -She saw Resident #1 regularly for scheduled wound care visits. -The wounds on Resident #1's buttocks started as bolls that were hard and angry looking with a significant amount of hot redness. -The wounds opened, and the redness decreased. -There was some improvement of Resident #1's buttocks wounds when she saw him on Monday (11/27/23), but the wounds had worsened when she saw him on Wednesday (11/29/23). -She found two new open wounds on Wednesday (11/29/23). -The new wounds were located on the lower buttocks bilaterally near the thigh. -The existing wounds had pink granulation tissue on Monday (11/27/23) and on Wednesday (11/29/23) the existing wounds had yellow slough. -Staff were instructed to call when the dressing came off, was loose or soiled. -A HHN would come out to the facility and replace the dressing. -She did not know of any occasion of staff calling to report a loose, solled, or missing dressing. Observation of Resident #1 on 11/29/23 at 10:09am revealed: -There was a cushioned dressing on Resident #1's left buttock, -There was generalized deep redness to both buttocks and a foul odor. -There were 3 open wounds on the right buttock that were not covered with a dressing. All 3 wounds had smooth; macerated (softening due to extended exposure to moisture) edges

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: B. WING HAL051060 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **565 BOYETTE ROAD** FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DEFICIENCY) D 273 Continued From page 73 D 273 and moist yellow tissue inside the wounds. -The wound at the top of the buttock was approximately the size of a quarter. -The wound at the middle of the buttock was approximately the size of a nickel. -The wound at the bottom of the buttock near the thigh was approximately the size of a dime (new according to HHN visit note). Observation of Resident #1 on 11/30/23 at 11:46am revealed: -There was a cushioned dressing on Resident #2's right buttock. -There was a large purple and yellow bruise on the resident's left buttock (covered by cushloned dressing on 11/29/23). -There was an open wound approximately the size of a dime at the bottom of Resident #1's left buttock near the thigh (new according to interview on 12/01/23 with the HHN and not seen on 11/29/23). -There was yellow tissue inside the wound, no odor and less general redness than on the right buttock seen 11/29/23. interview with a personal care aide (PCA) on 11/30/23 at 11:43am revealed she did not know if staff were supposed to put a dressing on the resident if the one placed by the HHN had come off. Interview with a medication aide (MA)/PCA on 11/30/23 at 11:35am revealed: -Resident #1's wounds on his buttocks were managed by the HHN, -There were no specific orders or Instructions for wound care if the dressing placed by the HHN was loose, soiled or off. -She kept the wound clean. -There were dressing supplies to put on the

Division of Health Service Regulation

	FOF DEFICIENCIES DEFCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY PLETED /01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE 7IP CORE	1.2	0112020
	THE PARTY OF THE PARTY		YETTE ROAD	TE, ZF CODE		
FOUR OA	KS SENIOR LIVING		AKS, NC 27524			
	OLD MAARY OTA					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETE DATE
D 273	Continued From page	74	D 273			
- 1	wound if needed but s	he had never had to put a				
1	clean dressing on Res					
		wounds since the HHN				İ
	started managing then	π.				
	Interview with the Spe	cial Care Coordinator				
- 1	(SCC) on 11/30/23 at 11:43am revealed:					
	-Staff were responsible for calling the HHN if the					
		#1's buttocks was off, lose	1 1			
	or soiled.		1 1			
		o clean the wound and	1 1			
	cover it while awaiting		1 1		•	
	-The HHN changed the dressing to Resident #1's buttocks on 11/29/23.					
	11/30/23 at 4:21pm rev- She saw Resident #1' -There was an infection #1 with oral and topical health see him for wou -The wounds had improdecreased redness and when she saw the wou Interview with the Admit 4:15pm revealed: -ff a resident was kept a she expected staff to of check the resident buttle care, and report any re- immediately to the SCC -MAs were responsible with any concerns relati	s wounds on 11/07/23. In and she treated Resident I antibiotics and had home Indicate. I antibiotics and had home Indicate. I antibiotics and had home Indicate antibiotics and had home Indicate antibiotics and had home Indicate antibiotics and had home Indicate antibiotics and had home Indicate antibiotics antibiotics Indicate antibiotics I antibioti				
	b, Review of Resident #	#1's primary care provider				
	***************************************	resident's blood pressure				

	of Health Service Requ	ulation			FOR	RM APPROVI
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL051060	B. WING		12	/01/2023
IAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		7710020
OUR OA	K8 SENIOR LIVING	565 BOY	YETTE ROAD			
		FOUR O	AK8, NC 27524			
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE	COMPLETE DATE
D 273	Continued From page	75	D 273			1
	daily for 10 days. -An order to notify the pressure less than 90	provider for systolic blood or greater than 180 and a re less than 50 or greater				
	Review of Resident #1's PC dated 10/25/23 revealed: -There was an order to chec shiftThere was an order to mon, and follow up with the PCP.	ed: check vital signs every monitor for acute changes				
	medication administrat revealed; -There was an entry fo daily for 10 days from -The entry included an the systolic blood press	or blood pressure checks 10/20/23 through 10/29/23, order to notify the PCP if sure was less than 50 or diastolic blood pressure pater than 100, d was documented as				
	revealed: -There was an entry for -Vital signs were sched 3:00pm-11:00pm, and 1 -Staff documented vital 11/01/23 through 11/28	uled for 7:00am-3:00pm, 11:00pm-7:00am. signs results from /23 except second shift on ident being at the hospital. pressure was				
	revealed: -There was an entry for -Vital signs were sched 3:00pm-11:00pm, and 1 -Staff documented vital 11/01/23 through 11/28/ 11/24/23 due to the resi -On 11/24/23, the blood documented as 81/66. On 11/27/23, the blood	vital signs every shift, uled for 7:00am-3:00pm, 11:00pm-7:00am, signs results from /23 except second shift on ident being at the hospital, pressure was				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
		HAL051060	B. WING		12	12/01/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE			
OUR OA	KS SENIOR LIVING	565 BOY	ETTE ROAD				
		FOUR O	AK8, NC 27524				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5)			
TAG		LSC (DENT)FYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETE	
D 273	Continued From page	e 76	D 273				
	the entry to check vit.	al signs every shift.					
	-There was no docum	nentation the PCP was					
	notified.						
	Review of Resident #	i's electronic progress					
	notes dated 10/26/23 through 11/28/23 revealed						
	there was no docume						
	notified of Resident # on 10/27/23, 11/24/23	1's blood pressure results					
- 1	Interview with a medic	cation side (MA)/personal					
	care aide (PCA) on 1	1/29/23 at 2:31pm revealed: PCP of Resident #1's					
-		on 10/27/23, 11/24/23, and					
		re was no order to notify the					
	-She did not see the p on the October 2023 a	parameters to notify the PCP aMAR.					
	dated 11/24/23 reveal						
	-Resident #1 was unre	esponsive while sitting at a					
	Resident #1 was sent	m at 1:00pm on 11/24/23. It to the emergency room					
	(ER) at 1:03pm on 11/						
1917	Medical System (EMS	*	1 1				
	-Resident #1's blood p as 151/63.	ressure was documented					
		from 11/24/23 through	1 1				
	11/27/23 was impleme	nted.					
	Review of Resident #1						
		24/23 revealed the resident nental status, his blood		*			
- 1		ientai status, nis blood ind diagnosis included					
	unresponsiveness.			•			
		ith a PCA on 12/01/23 at					
	5:49pm revealed:	g at the table in the dining					
	Trongon in was situr	8 at the table in the duming					

Division	of Health Service Requ	lation			FURI	MAPPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE: COMPI	
		HAL051060	B. WING		12/	01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	TE, ZIP CODE		
FOUR OA	KS SENIOR LIVING		ETTE ROAD AKS, NC 27524			
(X4) ID PREFIX TAG					ILD BE	(X5) COMPLETE DATE
D 273	Continued From page	77	D 273			
	roomHis eyes were open, staffThe MA called EMSShe did not know any happened to Resident					
	at 5:18pm revealed: -She was at the medic her Resident #1 was u after breakfast.	ation cart when a PCA told nresponsive on 11/24/23				
	not remember if there washe reported Residen	t #1 being unresponsive to dinator (SCC) and she told				
	11/30/23 at 4:21pm rev- -She did not know if sh- blood pressure results: 10/27/23, 11/24/23 and not have access to the record.	e had been notified of low for Resident #1 on 11/27/23 because she did resident's electronic office				
	Resident #1 was unres emergency room. -She often did not recei	office was only notified ponsive and sent to the we an accurate accounting with a resident including the ed.				
1	was awake but did not respond to verbal prom	s starting and Resident #1 make eye contact or				

STATEMEN	of Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	T.	9 81 100 100	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			DATE SURVEY COMPLETED	
		1			-5"		
		HAL051080	B. WING	B, WING		12/01/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		30 17 <u>202</u> 8	
OUR OA	KS SENIOR LIVING	565 BO	YETTE ROAD				
OUR OA	ve gelilok Flalide		AKS, NC 27524				
(X4) ID		ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORR	ECTION	D(5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APT DEFICIENCY)	IOULD BE PROPRIATE	COMPLETE	
D 273	Continued From page	a 78	D 273				
	on first shift that day	was 81/66.	1 1				
		od pressure was 120-130.	1 1				
- 1	-Low systolic blood pr	ressures could make the	1 1				
		blood pressure could drop	1 1			1	
1	lower when the reside	ent stood up causing a fall.		:£			
-	Interview with the Regional Nurse on 12/01/23 at 5:05pm revealed:						
	-She completed clinical skills validation for staff.		1				
	-She reviewed normal blood pressures of						
	120-130/80-90.	blood pressures of					
		report anything greater					
	then 140/90.	report arrivaling Breater				585	
		sure less than 90 was low,					
[.	-PCAs were taught to	report systolic blood	1 1				
	pressures lass than 90						
		e for reporting to the SCC					
	or the PCP.						
	The SCC should cate	h when no parameter was	1				
	written when the order	was entered in the	1				
	electronic charting sys	tem.					
		inistrator on 12/01/23 at					
	4:15pm revealed:						
		for checking ordered					
	parameters.	-11-1- E E H	1				
17	The SCC was respons	sible for follow up with the					
	orders to check vital si	ritten parameters with	1				
		gns. /e a policy on reporting					
1.	righer or lower than no	re a policy on reporting					
	ngher or lower than he esults.	ina pioce pressure	1 6				
		re responsible for printing		20	1		
		lacing it in the PCP's visit					
	older for review.	g was and i of a field			- 1		
1		eport, and it was scanned			-		
	nto the resident's elect			*	1		
-1	Resident #1 was sent	to the ER on 11/24/23					
	ecause his blood pres						
		opy of their reports with	1				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051060	(X2) MULTIPLE CONSTRUCTION A. BULDING: B. WING		COM	E SURVEY PLETED
NAME OF P	ROVIDER OR SUPPLIER		DOGESS OFFI STATE		1 12	/01/2023
			DORESS, CITY, STATI ETTE ROAD	E, ZIP CODE		
FOUR OA	KS SENIOR LIVING		AKS, NC 27524			
(X4) ID PREFIX TAG	DID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES ID FROVIDER'S PLAN OF CORE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFEN (FACH CORRECTIVE ACTION 8)		SHOULD BE	(X5) COMPLETE DATE
D 273	Continued From page	79	D 273			
	facility staff.					
	Upon request on 12/0 reports for Resident #1 review.	1/23, PCP signed vital signs 's were not provided for				
	10/19/23 revealed: -Resident #1 presented on the floor, slipping out	#1's ER visit notes dated d after being found sitting ut of his wheelchair. ed of mild dizziness and				
	-Computed topography #1's spine showed two spine. -Resident #1 was to fol	(CT) scan of Resident fractures to his lower low up as an outpatient umbar brace as needed for				•
	Review of Resident #1's (PCP) order dated 10/2	s primary care provider 4/23 revealed an order for c service provider due to ue to a fail.				
c		h Resident #1's Guardian and 2:51pm revealed she bout a referral to an 10/24/23.				
	care aide (PCA) on 11/2 The PCP usually had re	tion aide (MA)/personal 19/23 at 2:31pm revealed: aferrals sent from her				
-	office, She could not rememble seen by an orthopedic p			•		
- (nterview with the Specia SCC) on 11/30/23 at 12	:34pm revealed:				
	one sent the referral to	the orthopedic office on				

Division of Health Service Regulation

STATE FORM

BMRS11

If continuation sheet, 80 of 130

	of Health Service Requ					RM APPROVI
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		COM	
		HAL051060	B. WING		44	2/01/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATI	E. ZIP CODE		20 1/2023
OUD OA	KS SENIOR LIVING		ETTE ROAD	-1 ad Adme		
OUR OA	AVS SEMIOK FIAIM?		KS, NC 27524			
(X4) IO PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO	PRECTION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
D 273	Continued From page	80	D 273			
	-She had not heard ba					
	-She did not call and f	ollow up on the			•	1
	appointment.	DOD AND AND AND AND AND AND AND AND AND AN				
	the orthopedic appoint	PCP of the delay on getting	1			
Tele 11/3 -Sh	Resident #1.	anoth solisadiod (D)				
	Telephone interview with Resident #1's PCP on					
	11/30/23 at 4:21pm re-	vealed:				
	-She did not know Res	Ident #1 was not seen by	1 1			
1		for the lumbar fracture	1 1			
	ordered on 10/24/23.	for scheduling referral	1			
1	appointments based or	n the facility wide schedule.	1			
	-Based on Resident #1	's age and physical	1 1			
	condition, the orthoped	ic provider would likely	1			
	have evaluated him for needed.	a brace for comfort if				
		nistrator on 12/01/23 at				
	4:15pm revealed:	this to fellow and the top				
- 1	hours if there was no re	sible to follow up within 48	1			
	referral information.	asponse to forwarded	1 1			
1.	-She did not know the S	SGC did not follow up on]			1
1	the orthopedic referral t	for Resident #1.				
	Based on observations,	interviews, and record				
	reviews, it was determir interviewable.	ned Resident #1 was not	1			
	3. Review of Resident #	4's current FL-2 dated				
		mentia, hypertension, and		•		
	chronic kidney disease.					
		carvedilol 6,25mg twice		¥		
	daily, call for heart rate; blood pressure greater t	greater than 100/systolic				
-	Review of Resident #4's	Sentember 2023				
	TOTAL OF THE PROPERTY AND A	p				

	Health Service Regu					M APPROVI
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL051060	B. WING		12/	01/2023
IAME OF PRO	VIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
OUR OAKS	SENIOR LIVING		YETTE ROAD AKS, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ADBE	(XS) COMPLETE DATE
eld (ee -Ti da bio 8: -Ti 09 -Ti pro Re re re -Ti da bio 8:0 -Ti gre ar -Ti da bio 8:0 -Ti da bio 8:0 -Ti da cal	ally - call for heart rate lood pressure greater (00am and 8:00pm. The heart rate was do (00 on 09/04/23 at 8:00 on 09/04/23 at 8:00 on 09/07/23 at 8:00am (16:00am (110). The systolic blood pressure greater than 180 on 09/04/23/23 at 8:00pm (18:85/69), 09/25/23 at 8:00pm (18:45/69), 09/25/23 at 8:00pm (18:45/69), 09/25/23 at 8:00pm (18:45/69) at 8:00pm (18:45/69) at 8:00pm (18:45/69) at 8:00pm (18:45/69) at 8:00pm and 8:00pm. The systolic blood pressure greater than 180 on 10/d 10/28/23 at 8:00pm are was an entry for lity - call for heart rate od pressure greater than 180 on 10/d 10/28/23 at 8:00pm are was an entry for lity - call for heart rate od pressure greater than 180 on 10/d 10/28/23 at 8:00pm are was an entry for lity - call for heart rate od pressure greater to 00am and 8:00pm. The entry for lity - call for heart rate od pressure greater to 00am and 8:00pm.	administration record or carvedilol 6.25mg twice a greater than 100, systolic than 180 scheduled at ocumented greater than 0am (112), 8:00pm (110), 02), and 09/09/23 at ssure was documented /10/23 at 8:00am (184/78), 184/74), 09/24/23 at 8:00pm :00pm (185/83), and 186/91). Intation the primary care iled. In Carvedilol 6.25mg twice of greater than 100, systolic than 180 scheduled at ssure was documented (104/23 at 8:00am (186/72)) In (184/86).	D 273	LEFFLENCT)		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		SURVEY PLETED
		HAL051060	B. WING		12	/01/2023
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
OUR OA	KS SENIOR LIVING		ETTE ROAD			
OUN ON	KO OEMOK EIVINO	FOUR O	AKS, NC 27524			_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(X6) COMPLET DATE
D 273	Continued From page	82	D 273			
	notes dated 08/16/23 there was no docume was notified of heart results outside the on 09/04/23, 09/07/23, 0 09/24/23, 09/25/23, 0 10/28/23. Interview with the Spe (SCC) on 12/01/23 at -She had documented pressure on 10/04/23 -She should have not -Normally she docum relemed electronic co -She could not find do notified the PCPShe did not realize the MAR to document at Telephone Interview w 11/30/23 at 4:21 pm re -She did not have acc Resident #4 and coul of Resident #4's syste than 180She expected staff to written parameters to -if she was not notifier recheck and follow up -Systolic blood press lead to an aneurysm Interview with the Adr 4:15pm revealed: -MAs were responsible	9/09/23, 09/10/23, 09/14/23, 9/29/23, 10/04/23, and acial Care Coordinator 4:05pm revealed: d Resident #4's blood . iffied the PCP. ented notifying the PCP in mmunication app. ocumentation that she here was an entry on the parameter note. with Resident #4's PCP on evealed: cess to the office notes for d not say if she was notified blic blood pressures greater onotify her when there were notify her. d, then there was no e with medication changes. ures greater than 180 could or stroke. Ininistrator on 12/01/23 at le for checking ordered				
	parameters and follow blood pressure results	ving written orders to report				
	-She did not know sys					

Division of Health Service Regulation

	of Health Service Requirements	7	Tanana			
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;		(X3) DATE SURVEY COMPLETED	
	251.	HAL951950	B. WING			
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
OUR OA	KS SENIOR LIVING		YETTE ROAD			
_			AKS, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLET DATE
D 273	Continued From page	83	D 273			
	greater than the writte Resident #4 were not	on parameter of 180 for reported to the PCP,				
		s, interviews, and record nined Resident #4 was not				
0 -l d s c b	Review of Resident #2's current FL-2 dated 08/15/23 revealed: -Diagnoses included vascular dementia without					
	disturbance, type 2 dis specified complication congestive heart failur	abetes mellitus with s, chronic diastolic e, chronic anemia without				
	bleeding, hypoxia, asp lower lobe, bacteremia -The resident was con -The resident was sen	stantly disoriented.				
	-The resident was inco bladder,	ontinent of bowel and				
	 The resident required dressing, and feeding. The resident was doc 					
	wandering behavior.	antonioù ad having				
- 1	Review of Resident #2 resident profile and ca revealed:	's Special Care Unit (SCU) re plan dated 10/04/23				
	-The resident was inco assistance for tolleting					
	 Staff would provide hat perform hygiene and c episodes. 	ands-on assistance to leaning up after incontinent				
	The resident required bathing.	limited assistance with		•		
		owers and sponge baths was clean and report any				
1		Imited assistance with				
		ooming including nail and				

Division	of Health Service Regu	ulation			FO	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	o. oosteo jon	IDENTIFICATION NUMBER:	A. BUILDING:			
					1	
		HAL051060	B. WING		1;	2/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
EOUD OA	KS SENIOR LIVING	565 BO	YETTE ROAD			
rouk oa	no serior living		AKS, NC 27524			
(X4) ID		ATEMENT OF DEFICIENCIES	ю	PROVIDER'S PLAN OF CO	RRECTION	hells
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETE
			IAG	DEFICIENCY)	APPROPRIATE	DATE
D 273	Continued From page	84	D 273			+
			D 2/3			
	hair care every shift.		1 1			1
	Observation of Resident #2 during tour of the					1
	facility on 11/28/23 at 2:20pm revealed:					
	-Resident #2 was sitting in a chair.					
- 1	-The resident's fingernails on both hands were 1/4					
1	 ½ Inches long, jagged with sharp edges, and 					
	yellowThere was a substance with some brown debris					
- 1	-There was a substance	e with some brown debris				
- 1	underneath all the resi	dent's fingernails.				1
1.	A second observation of Resident #2 on 11/30/23					
	at 12:36pm revealed:		1.			
	-Resident #2 was lying in bed on his back,					
- 1	-The resident's fingernalis on both hands were					
		jagged with sharp edges,	1 1			
	and yellow.		1 1			
- 1	There was still a subst	ance with some brown				
1	oeons underneath all tr	ne resident's fingernalis.				
	Interview with a person	al care aide (PCA) on				
	11/30/23 at 12:38pm re		1			
	She came to assist Re					
10.0	room for lunch.		1			
		n the resident last had a			1	1
	shower because he was second shift.	s usually bathed by				
11.7	The resident's fingerna	its should be also and	1			
	vhen he was bathed.	ins should be dealled				
	She was not sure who	was responsible for				
	rimming the resident's t		1 1			
						- 1
	Review of Resident #2's				-	
	essessments for Septen	nber 2023 - November				
	:023 revealed: There was a shower sk	المعامل المسموموم وا				
	19/04/23 at 2:16pm and				.	
	he resident's fingernalis					
	hecked the boxes for y					
	There was a shower ski	in assessment dated				- 1

ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY
		HAL051080	B. WING			10.4 1====
WIE OF PI	ROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STATE	. ZIP CODE	12	/01/2023
TIP OA	KS SENIOR LIVING		ETTE ROAD			
JON 074	WO SEMION FIAMO	FOUR O	AKS, NC 27524			
(X4) ID REFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE E APPROPRIATE	COMPLET DATE
D 273	Continued From page	85	D 273			
	not need to be cutThere were no other:	noted "shower day", resident's fingernalis did shower skin assessment from 09/01/23 - 11/30/23,				
	Interview with a medic at 1:15pm revaaled:	ation aide (MA) on 11/30/23				
1	-The PCAs were respo Resident #2's fingerna	ils and filing them. lip the resident's fingernalis				
	She did not know who resident's fingernalis. Resident #2's fingerna					
	and filed.	t 5:37pm with the PCA				
V	who documented the sl Resident #2 on 11/28/2	nower assessment for				
a	ssessment form. She had noticed Resid	now to fill out the shower ent #2's fingernalis were				
C	iean or trim them.	sident would not let her				
h		recause she did not know				
lo	ing, dirty fingemails.	yone about the resident's				
re	She did not know why sesident's long fingernal	she did not report the is to anyone.			•	
(8	terview with the Specia SCC) on 11/30/23 at 3: The PCAs were respon-	30pm revealed: sible for doing shower				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL051060	8, WING		120	01/2023
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIP CODE	100	0112023
	KS SENIOR LIVING		YETTE ROAD	-1		
DUN UA	DA SCHOK CIANG	FOUR C	AKS, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pag	e 86	D 273			
		when the resident was the fingernalis were visibly				
	5:18pm revealed: -On 09/04/23, she cliboxes for the residen trimming.	cked both the yes and no				
	-She trimmed the resi 09/04/23. -She thought they cot fingernalls but not the	uld clip diabetic residents'		ā		
	 A podiatry provider u residents' toenaits, 	sually trimmed diabetic				
	"less than I should".					
	5:27pm revealed:	Resident #2 on 11/30/23 at				
	-The resident was lyin -The resident's fingerr shorter than observed 12:36pm.	nails on both hands were				
1	with sharp points at the nails.	ails were trimmed unevenly e center of the end of the				
1:	resident's fingernalis. The middle finger of t	debris underneath the				
	blood smeared from the halfway up the finger.	ne right side of the fingernail				
- 5	5:30pm revealed:	ne SCC on 11/30/23 at				
te	oday, 11/30/23.	cut the fingernails too				•
100	:lose, She would get a band	ald for the resident's				

TABLE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 668 BOYETTE ROAD FOUR OAKS SENIOR LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG TAG CROSS-REPERNAD TO TO PREPROPRIATE D PROVIDER'S PLAN OF CORRECTION (EACH DORRECTIVE ACTION SHOULD BE CROSS-REPERNAD TO THE APPROPRIATE DEFICIENCY) DEFICIENCY) CONTINUED From page 87 finger. Interview on 11/30/23 at 5:31 pm with the PCA who brimmed Resident #2's fingermails on 11/30/23 revealed: She tell do no notice Resident #2's fingermails. Interview with the Administrator on 11/30/23 at 5:50 pm revealed: -For diabetic residents, the PCAs and MAs could file their fingermails but not tim or cut themThe PCA should not have firmmed Resident #2's fingermails with dippers today, 11/30/23, because she was concerned about the fingermails being cut too close and causing an open woundThe PCAs could have brimmed resident #2's fingermails with cappers today, 11/30/23, because she was concerned about the fingermails being cut too close and causing an open woundThe PCAs or MAs should notify the SCC or Resident Care Coordinator (RCC) when a diabetic residents' fingermails were long and needed cutting. Telephone interview with Resident #2's primary care provider (PCP) on 11/30/23 at 4:34pm revealed: -The facility PCAs and MAs should not be infinity or filing diabetic residents' fingermails because shey could cut or file them too close end cause an open wound that could lead to an infectionThe facility could get a nurse or maybe a podiatry provider to firm the resident fingermails. Based on observations, interviews, and record reviews, it was determined that Resident #2'z was not Interviewable.		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER- HAL051060	(X2) MULTIPLE (A. BUILDING: B. WING	CONSTRUCTION	COM	E SURVEY IPLETED
FOUR OAKS SENIOR LIVING DOLLO SUMMARY STATEMENT OF DEPOSITIONS [EACH DEPOSITION MUST BE PRECEDED BY FLIL REQUILITORY OR LISC DENTIFYING INFORMATION) D 273 Continued From page 87 finger. Interview on 11/30/23 at 5:31 pm with the PCA who trimmed Resident #2's fingermals with clippers today, 11/30/23. She did not notice Resident #2's finger was bleeding when she trimmed his fingermals. Interview with the Administrator on 11/30/23 at 5:50 pm revealed: -For diabettor residents, the PCAs and MAs could file their fingermals but not tim or cut themThe PCA should not have trimmed Resident #2's fingermals with clippers today, 11/30/23, because she was concerned about the fingermals being cut too close and causing an open woundThe PCAs or MAs should notly the SCC or Resident Gare Coordinator (RCC) when a diabetic residents fingermals were long and needed cutting. Telephone interview with Resident #2's primary care provider (PCP) on 11/30/23 at 4:34pm revealed: -The facility PCAs and MAs should not be trimming or filing diabetic residents' fingermalis because they could cut or file them too close end cause an open wound that could lead to an InfectionThe facility could get a nurse or maybe a podistry provider to firm the resident #2'was not interviews; it was determined that Resident #2'was not interviewsele.	NAME OF F	PROVIDER OR SUPPLIER	Process of	CORPOR AND ADDRESS OF THE PARTY		12	2/01/2023
FOUR OAKS, NC 27824 SUMMARY STATEMENT OF DESCRENCIES PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEPYCENCY AUST BE PRECEDED BY FULL PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE					E, ZIP CODE		
DAILD SUMMARY STATEMENT OF DESIGNATION (EACH DEFICIENCY WINSTE PERCEDED BY PILL REGULATORY OR ISC IDENTIFYING INFORMATION) D 273 Continued From page 87 finger. Interview on 11/30/23 at 5:31 pm with the PCA who trimmed Resident #2's fingernalis on 11/30/23 revealed: -She trimmed Resident #2's fingernalis with dippers today, 11/30/23, -She did not notice Resident #2's fingernalis. Interview with the Administrator on 11/30/23 at 5:50 pm revealed: -For diabetic residents, the PCAs and MAs could file their fingernalis but not trim or cut them, -The PCA should not have trimmed Resident #2's fingernalis with chippers today, 11/30/23, because she was concerned about the fingernalis being out too close and causing an open woundThe PCAs or MAs should notify the SCC or Resident Care Coordinator (RCC) when a diabetic resident's fingernalis were long and needed cutting. Telephone interview with Resident #2's primary care provider (PCP) on 11/30/23 at 4:34pm revealed: -The facility's PCAs and MAs should not be trimming or filing diabetic resident's fingernalis because they could cut or file them too close and cause an open wound that could lead to an infectionThe facility could get a nurse or maybe a podistry provider to trim the resident's fingernalis. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.	DUR OA	IKS SENIOR LIVING		1			
finger. Interview on 11/30/23 at 5:31pm with the PCA who trimmed Resident #2's fingernalls on 11/30/23 revealed: -She trimmed Resident #2's fingernalls with clippers today, 11/30/23She did not notice Resident #2's finger was bleeding when she trimmed his fingermails. Interview with the Administrator on 11/30/23 at 5:50pm revealed: -For diabetic residents, the PCAs and MAs could file their fingernalls but not trim or cut themThe PCA should not have trimmed Resident #2's fingernals with clippers today, 11/30/23, because she was concerned about the fingernals being out too close and causing an open woundThe PCAs or MAs should notify the SCC or Resident Care Coordinator (RCC) when a diabetic resident's fingernals were long and needed cutting. Telephone Interview with Resident #2's primary care provider (PCP) on 11/30/23 at 4:34pm revealed: -The recibity's PCAs and MAs should not be trimming or filing diabetic residents' fingernails because they could cut or file them too close and cause an open wound that could lead to an infectionThe facility could get a nurse or maybe a podiatry provider to frim the resident's fingernalis. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.	PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(IS) COMPLETE DATE
Interview on 11/30/23 at 5:31pm with the PCA who trimmed Resident #2's fingernalis on 11/30/23 revealed: -She trimmed Resident #2's fingernalis with clippers today, 11/30/23She did not notice Resident #2's finger was bleeding when she trimmed his fingernalis. Interview with the Administrator on 11/30/23 at 5:50pm revealed: -For diabetic residents, the PCAs and MAs could file their fingernalis but not trim or cut themThe PCA should not have trimmed Resident #2's fingernalis with clippers today, 11/30/23, because she was concerned about the fingernalis being out too close and causing an open woundThe PCAs or MAs should notify the SCC or Resident Care Coordinator (RCC) when a diabetic resident's fingernalis were long and needed cutting. Telephone Interview with Resident #2's primary care provider (PCP) on 11/30/23 at 4:34pm revealed: -The facility's PCAs and MAs should not be trimming or filing diabetic residents' fingernalis because they could cut or file them too close and cause an open wound that could lead to an infectionThe facility could get a nurse or maybe a podistry provider to trim the resident's fingernalis. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.	D 273	Continued From pag	e 87	D 273			+
who trimmed Resident #2's fingernalis on 11/30/23 revealed: -She trimmed Resident #2's fingernalis with clippers today, 11/30/23She did not notice Resident #2's finger was bleeding when she trimmed his fingernalis. Interview with the Administrator on 11/30/23 at 5:50pm revealed: -For diabetic residents, the PCAs and MAs could file their fingernalis but not trim or cut themThe PCA should not have trimmed Resident #2's fingernalis with clippers today, 11/30/23, because she was concerned about the fingernalis being cut too close and causing an open woundThe PCAs or MAs should notify the SCC or Resident Care Coordinator (RCC) when a diabetic resident's fingernalis were long and needed cutting. Telephone Interview with Resident #2's primary care provider (PCP) on 11/30/23 at 4:34pm revealed: -The facility's PCAs and MAs should not be trimming or filing diabetic residents' fingernalis because they could cut or file them too close and cause an open wound that could lead to an infectionThe facility could get a nurse or maybe a podistry provider to trim the resident's fingernalis. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not Interviewable.		finger.					
care provider (PCP) on 11/30/23 at 4:34pm revealed: -The facility's PCAs and MAs should not be trimming or filing diabetic residents' fingernails because they could cut or file them too close and cause an open wound that could lead to an infection. -The facility could get a nurse or maybe a podiatry provider to trim the resident's fingernails. Based on observations, interviews, and record reviews, it was determined that Resident #2 was not Interviewable.		who trimmed Resider 11/30/23 revealed: -She trimmed Reside dippers today, 11/30/-She did not notice R bleeding when she tri Interview with the Adr. 5:50pm revealed: -For diabetic residents file their fingermails bu-The PCA should not I fingermails with clipper she was concerned at cut too close and caus-The PCAs or MAs she Resident Care Coordidiabetic resident's fingermails with clipper she was concerned at cut too close and caus-The PCAs or MAs she Resident Care Coordidiabetic resident's fingermails with clipper she was concerned at cut too close and caus-The PCAs or MAs she Resident Care Coordidiabetic resident's fingermails with the clipper she was concerned at cut too close and caus-The PCAs or MAs she Resident Care Coordinates with the clipper she was she caused to the coordinates with the clipper she was she caused to the coordinates with the clipper she was she caused to the coordinates with the clipper she was she caused to the coordinates with the clipper she was she caused to the coordinates with the clipper she was concerned at cut too close and caused to coordinates with the clipper she was concerned at cut too close and caused to coordinates with the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and caused to coordinates when the clipper she was concerned at cut too close and coordinates when the clipper she was concerned at cut too close and coordinates when the clipper she was concerned	ant #2's fingernalls on ant #2's fingernails with 123. esident #2's finger was mmed his fingernails. ministrator on 11/30/23 at a. the PCAs and MAs could at not trim or cut them, have trimmed Resident #2's as today, 11/30/23, because bout the fingernails being sing an open wound, ould notify the SCC or mator (RCC) when a				
reviews, it was determined that Resident #2 was not Interviewable.	t t c iii	care provider (PCP) or revealed; The facility's PCAs an rimming or filing diabe because they could cureause an open wound infection. The facility could get a bodietry provider to tringer and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry and the could get a bodietry a	d MAs should not be tic residents' fingernails to file them too close and that could lead to an urse or maybe a the resident's fingernails.				
The facility failed to ensure health care referral an	n	eviews, it was détermi ot interviewable.	ned that Resident #2 was				

n of Health Service Requ	lation			FORM APPROV	VED
	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	HAL051060	B. WING_		12/01/2023	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
AKS SENIOR LIVING					
7		AKS, NC 275	24		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLET TE DATE	E
3 Continued From page	88	D 273			\neg
September 2023 to enthinning medication we putting the resident at bleeding. The facility if care for Resident #2 w long, jagged fingernals staff cutting the resident's at risk of infection. The home health nurse for dressings covering but primary care provider (pressure results and foorthopedic referral for Preversed improvement delayed coordination of and potential treatment facility failed to notify the blood pressure results and potential treatment facility failed to notify the blood pressure results and potential treatment facility was detrimental.	sure the resident's blood as in therapeutic range risk of blood clots or failed to coordinate nall tho was diabetic and had as resulting in unlicensed at's fingernails with clippers finger to bleed putting him facility failed to notify the loose, soiled or missing tocks wounds, notify the PCP) of low blood llow up on an ordered Resident #1 resulting in of the wounds and of medication management of spinal fractures. The the PCP of heart rate and butside the ordered #4 resulting in delayed at. This failure of the to the health, safety, and				
The facility provided a paccordance with G.S. 13 this violation.	lan of protection in 31D-34 on 12/22/23 for				
10A NCAC 13F .0905 (a	& b) Activitles Program	D 315	Activities will be by LFC and/or F	PCA 12/4/22	
10A NCAC 13F ,0905 (a) Each adult care hor	Activities Program ne shall develop a		daily. ED will do rounds daily to	and	1
	ENT OF DEFICIENCIES IN OF CORRECTION PROVIDER OR SUPPLIER DAK'S SENIOR LIVING SUMMARY STY (EACH DEFICIENCY REGULATORY OR L. Continued From page did not have labwork of September 2023 to en thinning medication we putting the resident at bleeding. The facility of care for Resident #2 wlong, jagged fingernals staff cutting the resident causing the resident causing the resident at risk of infection. The home health nurse for dressings covering but primary care provider (pressure results and foo orthopedic referral for Freversed improvement delayed coordination of and potential treatment facility failed to notify the blood pressure results of parameter for Resident medication management facility was detrimental welfare of the residents Violation. The facility provided a paccordance with G.S. 1: this violation. THE CORRECTION DA VIOLATION SHALL NO 2024. 10A NCAC 13F.0905 (a) Each adult care hore	HAL05106D FPROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) Continued From page 88 did not have labwork drawn as ordered in September 2023 to ensure the resident's blood thinning medication was in therapeutic range putting the resident at risk of blood clots or bleeding. The facility falled to coordinate nail care for Resident #2 who was diabetic and had long, jagged fingernails with clippers causing the resident's finger to bleed putting him at risk of infection. The facility falled to notify the home health nurse for loose, soiled or missing dressings covering buttocks wounds, notify the primary care provider (PCP) of low blood pressure results and follow up on an ordered orthopedic referral for Resident #1 resulting in reversed improvement of the wounds and delayed coordination of medication management and potential treatment of spinal fractures. The facility failed to notify the PCP of heart rate and blood pressure results outside the ordered parameter for Resident #4 resulting in delayed medication management. This failure of the facility was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/22/23 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 15, 2024.	ENT OF DEFICIENCIES IN OF CORRECTION (X1) PROVIDER BUPPLIER (X2) MILITIA BUILDIN BUNDERS (X1) MILITIA	ALBORDER OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION A BUILDING: B. WING STREET ADDRESS, CITY, STATE, ZIP CODE SES BOYETTE ROAD FOUR OAKS, NC 27524 SUBMANY STATEMENT OF DEPLOEMENES GRACH DEPREMENT WHIST THE PRECEDED BY YULL RESULATORY OR LSC DENTEYING INFORMATION) OF CORRECTION SEPTIMENT OF DEPLOEMENES OF CORRECTION SHOULD BE CHOOSE-HEPREMENT OF DEPLOEMENES GRACH CORRECTION SHOULD BE CHOOSE-HEPREMENT OF DEPLOEMENE GRACH CORRECTION SHOULD BE CHOOSE-HEPREMENT OF DEPLOEMENE CHOOSE-HEPREMENT OF DEPLOEMENT CHOOSE-HEPREMENT OF DEPLOEMENT CHOOSE-HEPREMENT OF DEPLOEMENT CHOOSE-HEPREMENT OF DEPLOEMENT CHOOSE-HEPREMENT CH	INTO POPPICIENCES IN OF DEPICIENCES IN OF DEPICIENCES IN ALDSTREAM NUMBER ALDSTREAM NUMBER ALDSTREAM NUMBER ALDSTREAM NUMBER STREET ADDRESS, CITY, STATE, JP COOR 35 S DOVETTE ROAD PONUR OAKS, N. C. 7554 SUMMANTY STATEMENT OF DEPICENCIES (EACH DEPICENCY MAST SE PRECEDED BY PULL REGULATORY OR I.S.C DENTEYING INFORMATION) CONTINUED TO THE APPROPRIATE CONTINUED TO THE APPROPRIATE CONTINUED TO THE APPROPRIATE DEPICENCY) CONTINUED TO THE APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PROVICES PLAN OF APPROPRIATE DEPICENCY PR

STATEMEN	of Health Service Reg IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
			A. BULDING:		COM	PLETED
		HAL051060	B. WING	B. WING		2/01/2023
AME OF F	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
OUR OA	KS SENIOR LIVING	565 BOY	ETTE ROAD			
	AND OFICIAL PLANS	FOUR O	AKS, NC 27524			
(X4) ID PREFIX		FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF CORRECT	TION	(305)
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFIGIENCY)	ULD BE ROPRIATE	DATE
D 315	Continued From page	e 89	D 315			
		Ivement with each other,				
	their families, and the	community,				
	(b) The program sha	ill be designed to promote all residents but is not to				
	require any individual	to participate in any activity				
	against his or her will	. If there is a question about	1 1			
- 1	a resident's ability to	participate in an activity, the				
- 1	residents physician s	hall be consulted to obtain a he resident's capabilities.				
	arerennent redenouse b	ne residents capacilities.				
	This Rule is not met					
		s, interviews and record		•		
	were provided an activ	iled to ensure residents				
- 1		video program.				
	The findings are:					
	Review of the facility's calendar on 11/28/23 a	November 2023 activity				
	-There were at least 1					
	activities weekly.					
- 1	-There were 4 activitie	s listed for 11/28/23 which				
	included ball toss sche	eduled at 9:00am, a uled at 10:00am, share and	1			
	compare trivia schedul	led at 2:00pm and movie of				
	choice scheduled at 3:	00рт.				
		ies throughout the day on				
- 1	11/28/23 revealed: There was no half toss	s, puzzling puzzle or share				
		s, puzzing puzzie or snare served at scheduled times.				
-	Residents were either	sitting in the common				
8	area, in the hallway or The television was on	In their rooms.				-
	hroughout the day.	III THE COMMON 2/82				
F	Review of the facility's	November 2023 activity				
0	alendar on 11/29/23 re	evealed:				
		listed for 11/29/23 which				

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED HAL051060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 315 Continued From page 90 D 315 dawn scheduled at 10:00am, Bible study at 2:00pm and arts & crafts scheduled at 3:00pm. Observations of activities throughout the day on 11/29/23 revealed: -There was no chair stretching, November dawn, Bible study or arts & crafts observed at scheduled times. -Residents were either sitting in the common area, in the hallway or in their rooms. -Music was observed to be playing in the common area throughout the day. Observation on the Special Care Unit (SCU) on 11/29/23 from 7:40am until 10:29am revealed there was no activity event on the SCU. Review the facility's November 2023 activity calendar on 11/30/23 revealed there were 4 activities listed for 11/30/23 which included exercise at 9:00am, pretty nails at 10:00am, dream list at 2:00pm and coloring at 3:00pm. Observations of activities throughout the day on 11/30/23 revealed: -There was no exercise, pretty nails, dream list or coloring observed at scheduled times. -Residents were either sitting in the common area, in the hallway or in their rooms. -Music was observed to be playing in the common area throughout the day. -One resident was observed to be coloring in her room. Observation of the activity room in the assisted

Division of Health Service Regulation

open the door.

living unit on 11/30/23 at 11:40am revealed: -The door was locked and the Resident Care Coordinator (RCC) had to get maintenance to

The room was stocked with games, puzzies,

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER- HAL051069	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/01/2023	
VAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	780 CODE		
erionic OI I I	TOTAL OF THE STATE		YETTE ROAD	, air oode		
OUR OA	KS SENIOR LIVING		DAKS, NC 27524			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
D 315	Continued From pag	e 91	D 315			1
	crafting supplies and -The artwork on the v "Happy Fall".	crossword books, wall was from fall and read				
	Observation of the SCU on 11/30/23 at 11:55am revealed: -There were puzzles, bingo, board games, balls, maracas, a radio and VHS tapes in the activity roomThere was no one in the room and no resident activities were being conducted.			•		
	•	erved sitting in a common		×		
	Observations of the activity room in the Assisted Living unit on 12/01/23 at 2:50pm revealed:					
	-The door was open a -There was no one in activities were being o	the activity room and no				
	Activity Director (AD)	ter received by the previous on 12/01/23 revealed:				
	Vice President (VP) o	11/08/23 and signed by the f Human Resources. tion in force (RIF) went into				
	effect 11/09/23. -The position of Life Etemporarily suspende	inrichment Coordinator was				
	-The AD was instructe					
1	dietary position. -The duration was sub evolving circumstance	oject to change based on				
	•	ent on 11/28/23 at 9:20am				
1	revealed: -They did activities even	ery once in a white. s were laid off recently.				
-		at were not laid off were				

trying to do everything.

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A BUILDING B. WING HAL051060 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **565 BOYETTE ROAD** FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENT)FYING INFORMATION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG TAG DEFICIENCY) D 315 Continued From page 92 D 315 -The staff member in charge of activities was cleaning on yesterday, 11/27/23. interview with a second resident on 11/28/23 at 9:31am revealed: -The facility used to offer bingo. -The facility had not been providing activities (no time frame given). Interview with a resident on the special care unit (SCU) on 11/28/23 at 9:12am revealed: -There were no activities on the SCU. -He did not do anything except lay around all day. -Residents were able to go outside in the enclosed area to smoke and that was it. Interview with a second resident on the SCU on 11/28/23 at 10:00am revealed there was nothing to do except sit around all day. Interview with a personal care aide (PCA) on 11/28/23 at 10:57am revealed: -The facility did not have a person responsible for conducting activities on the SCU. -No one did activities on the SCU. -The activities listed on the monthly activity calendar were not done. Interview with the RCC on 11/30/23 at 11:25am revealed: -The facility had an AD up until the end of October 2023. -Corporate eliminated the AD position at the end of October 2023. -The previous AD now worked in another position but tried to play music for the residents. -Previous activities included going to see Christmas lights, going to the fair, dog therapy, bingo, nell polishing and hair styling but no longer occurred due to the elimination of the AD position.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING: COMPLETED HAL051060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **565 BOYETTE ROAD** FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 (X4) ID PREFIX SUMMARY STATEMENT OF DESICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (0(5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION! CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 315 Continued From page 93 D 315 -There had been no activities since the elimination of the AD position, -There had been no outings since the elimination of the AD position. -There was no one responsible for activities or the activities calendar. -There was no process in place to continue activities in the absence of an AD. -She was unaware of who created the November 2023 activities calendar. Interview with the Special Care Coordinator (SCC) on 11/30/23 at 11:50am revealed: -The facility had an AD up until mid November -Corporate took the AD position away mid November 2023. -The was no process in place to continue activities in the absence of an AD, -Staff colored and danced with residents on no set schedule since the elimination of the AD position. -The previous AD created the activities schedule that was posted for November 2023. -There were no outings for the memory care unit prior to the elimination of the AD position. Interview with the Administrator on 11/30/23 at 12:04pm revealed: -The AD position was "reallocated" due to the holiday season (no explanation/definition given for "reallocated"). -The previous AD was still with the facility working as a personal care aide (PCA) and assisted with activities -The previous AD created the November 2023 activities calendar. -The responsibility of activities was spread throughout staff to include her and staff on the floor after the elimination of the AD position,

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: HAL051060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **565 BOYETTE ROAD** FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC (DENTIFYING INFORMATION) (X6) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 315 | Continued From page 94 D 315 -There have been no activities the past couple of -Outings mostly included a shopping trip to the local dollar store that they tried to schedule once per month. She ensured activities occurred by observing and participating. Telephone interview of the previous AD on 11/30/23 at 1:34pm revealed: -She was the AD for 3 years. -She received a letter from Corporate at the beginning of November 2023 saying her position was being cut. -She was already filling in as a PCA when needed so she chose to take a PCA position. -Not many activities occurred since the elimination of the AD position because the PCA position required most of her time. -Activities prior to the elimination of the AD position included Bingo, crafts, games, spa days, hair styling, non-baking activities, reading, exercise and an outing to the local dollar store once per month. -Since the elimination of the AD position, she printed crossword puzzles when residents got bored. D 358 10A NCAC 13F .1004(a) Medication D 358 Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL051080 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 /YAVIO SLIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 358 Continued From page 95 D 358 Area Clinical Director conducted an 12/04/23 in-service on Medication and procedures. Administration. This Rule is not met as evidenced by: In-service on Blood Pressure and TYPE B VIOLATION 12/29/23 parameters was conducted. Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 3 of 5 residents In-service was conducted by Area 12/29/23 (#1, #2, #4) sampled for review including errors Clinical Director on the Bucket with a topical cream for inflammatory skin System to ensure orders are being conditions (#2), a laxative for constipation (#4). followed up on. and a diuretic for excess fluid and swelling (#1); and for 3 of 5 residents (#6, #7, #8) observed Care Managers or designee will 12/29/23 during the medication pass including errors with a follow up on bucket system daily to Ongoing long-acting insulin (#6), a heart / blood pressure ensure orders are being followed medication (#7), an inhaler for lung disease (#8), up on. and a vitamin supplement for eye health (#8). Page Amendment. The findings are: 1. The medication error rate was 12% as Area Care manager in serviced med-techs 1/15/24 evidenced by 4 errors out of 32 opportunities during the 8:00am and 9:00am medication passes on 11/29/23. on the 6 right) of a. Review of Resident #6's current FL-2 dated 09/12/23 revealed: medicatur -Diagnoses included vascular dementia with behavioral disturbance and diabetes mellitus type Coure Manages will Complete med pass -There was an order for Levernir FlexPen inject 13 units twice daily, hold if blood sugar was less than (<) 80 and notify primary care provider (PCP) if blood sugar was greater than (>) 450. observation once (Levernir is long-acting insulin used to control a week with random blood sugar in diabetics. According to the manufacturer, Levemir Flexpen should be primed med-tech with a 2-unit air dose before each use to assure

Division of Health Service Regulation

the insulin is flowing through the needle and to remove any air bubbles. Once the needle is

BMR\$11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING:_ COMPLETED HAL051060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE DEFICIENCY Continued From page 96 D 358 1/15/24 Aco will complete inserted into the skin, the dose knob should be ned pad observations pushed all the way in and held for at least 6 seconds to ensure the full amount is injected.) Review of Resident #6's November 2023 random med-tech electronic medication administration record (eMAR) revealed: -There was an entry for Levemir FlexPen inject 13 units twice daily, hold if blood sugar was <80 and notify PCP if blood sugar was >450. -Levemir FlexPen was scheduled for 8:00am and 8:00pm. -Levernir FlexPen was documented as administered from 11/01/23 - 11/29/23. -The resident's blood sugar ranged from 107 -526 from 11/01/23 -11/29/23. Observation of the 8:00am medication pass on 11/29/23 revealed: -Resident #6's blood sugar was 170 at 8:15am. -The medication alde (MA) administered 13 units of Levemir FlexPen into Resident #6's right abdomen at 8:16am. -The MA did not perform a 2-unit air shot prior to dialing the insulin pen to 13 units to ensure no air bubbles were present and to ensure insulin was flowing from the pen. -The MA immediately removed the insulin pen from the skin as soon as the last click was heard when pressing the button. -The MA did not hold the insulin pen in the skin after injecting the needle and pressing the button to allow time for the full amount of insulin to be injected. Interview with the MA on 11/29/23 at 1:50pm -She had training on the use of insulin pens and she thought it was done in 2021 -She remembered the word "prime" from the

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HAL051060 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 97 D 358 training but she could not recall how to prime an insulin pen. -She did not hold in the insulin pen after injecting because she was not aware she needed to hold it Interview with the Special Care Coordinator (SCC) on 11/29/23 at 2:24pm revealed: -She was not sure if the MAs had been trained on the use of insulin pens. -The MAs were supposed to dial 2 units and do an air shot prior to dialing the dose to be . administered with the insulin pens. -She thought the insulin pen injections should be held in for 10 seconds. Telephone interview with Resident #6's PCP on 11/30/23 at 4:16pm revealed: -The MAs should use proper technique with administering insulin pens to make sure the correct amount of insulin was administered. -If the Insulin pen was not primed to get the air bubbles out and not held in to make sure all of the insulin was released, the resident would not receive the full amount of insulin. -Not receiving the full amount of insulin could cause the resident's blood sugar to be more elevated than usual which could cause the resident's diabetes to be less controlled. Based on observations, interviews, and record reviews, it was determined Resident #6 was not Interviewablé b. Review of Resident #7's current FL-2 dated 01/06/23 revealed: -Diagnoses included essential hypertension, hemiplegia and hemiparesis affecting the left side, hyperlipidemia, asthma, chronic obstructive pulmonary disease, and depression.

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER A. BUILDING: HAL051060 B. WING 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 585 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 358 Continued From page 98 D 358 -There was an order for Metoprolol Tartrate 25mg 1/2 tablet (12.5mg) twice a day. (Metoproloi Tartrate is an immediate-released medication for heart and blood pressure.) Review of Resident #7's physician's order dated 02/10/23 revealed; -There was an order to stop taking Metoprolol Tartrate. -There was an order to start Metoproiol Succinate ER 25mg take 1 tablet once daily. (Metoproloi Succinate ER is an extended-released medication for heart and blood pressure.) Review of Resident #7's physician's order dated 09/05/23 revealed an order to crush the resident's medications and put in applesauce. Review of the facility's standing house orders dated 10/10/23 revealed an order for all medication may be given by mouth and/or crushed (check do not crush list) and placed in applesauce or pudding unless otherwise noted. Review of Resident #7's November 2023 electronic medication administration record (eMAR) revealed: -There was an entry for Metoprolol Succinate ER 25mg take 1 tablet once daily scheduled at 8:00am. -Metoproiol Succinate ER 25mg was documented as administered from 11/01/23 - 11/29/23. Observation of the 8:00am medication pass on 11/29/23 revealed: -The medication aide (MA) crushed Resident #7's oral tablets, including the Metoprolol Succinate ER 25mg tablet, and administered the crushed medications to the resident at 8:40am. -The Metoproiol Succinate ER was

Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HAL851060 B, WING 12/01/2023 NAME OF PROVIDER OR SUPPLIED STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOYETTE ROAD FOUR OAKS SENIOR LIVING FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG Continued From page 99 D 358 extended-released and should not be crushed. Observation of Resident #7's medications on hand on 11/29/23 at 2:04pm revealed: -There was a supply of Metoprolol Succinate ER 25mg tablets packaged in the weekly multi-dose pack dated 11/22/23. -The instructions were to take 1 tablet once daily. -There were no instructions to indicate the Metoprolol Succinate ER should not be crushed. Interview with the MA on 11/29/23 at 2:22pm revealed: .She had been crushing Resident #7's oral tablets, including the Metoproiol Succinate ER tablet for about 2 months. -They had an order to crush the resident's medications because the resident was observed holding medication in his mouth to save the pills for another resident about 2 months ago. -The facility had a Do Not Crush (DNC) medication list and the MAs were supposed to reference the DNC list to make sure medications could be crushed. -She had not noticed Resident #7's Metoprolol Succinate ER was listed on the DNC list as a medication that should not be crushed. -Sometimes the medication label or the eMARs were marked with DNC when a medication should not be crushed. -The resident had not complained to her of any symptoms of low blood pressure such as dizziness or lightheadedness.

Division of Health Service Regulation

Review of the facility's DNC medication list dated November 2019 revealed Metoprolol Succinate ER was included on the list as medication that should not be crushed because it was an

extended-release formulation.

DIVISION	of Health Service Re				FOR	ED: 12/22/20 RM APPROV
NO PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY
		HAL051060	B, WING			
AME OF I	PROVIDER OR SUPPLIER	STREET	DORESS, CITY, STAT	T TH AAD	12	/01/2023
OUR O	KS SENIOR LIVING		ETTE ROAD	E, ZIP CODE		
_		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DERICIENCIES	10	Photo and an array of the same		
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THE A DEFICIENCY)	PHOLD D. DE	(X5) COMPLETE DATE
D 358	Continued From pag	e 100	D 358			
	Interview with the Re	sident Care Manager (RCM)	1 1			
	on 11/29/23 at 2:30p	m revealed:	1 1			
- 1	medication carts.	st in a notebook in the				
1	-Most of the time, the	pharmacy would and	1 1)	
- 1	instructions on the el	AR when a madination	1 1			
- 1	should not be crushed and sometimes on the		1 1			
-	medication label.		1			
	 The MAS should che crushing medications 	ck the DNC list prior to			1	
	-Resident #7's Metoor	rolol Succinate ER should	1 1		1	
	not be crushed.	· · · · · · · · · · · · · · · · · · ·	1		1	
- 1	care provider (PCP) or	ith Resident #7's primary n 11/30/23 at 4:16pm				20
	evealed:	F6 1 44			1	
11-	The resident could ge	ER should not be crushed, t too much Metoprolol be if the medication was				
0	rushed.					
1-	The resident could have	re low blood pressure				
l M	men the Metoproiol St	Iccinate FR was crushed			ì	
p	resident had not h ressures to her knowk	ad any critically low blood				
re	vealed:	#7 on 11/19/23 at 1:16pm				
-7	he MAs always crush	ed all his medications.				
45.	te had high blood pres e facility.	ssure before he came to			1	- 1
		low about once a week			1	1
in	the afternoons.	IOM SOUL DICE S WOOK	1			- 1
-H	e felt dizzy or lighthea	ded when his blood	- 1			1
pn	essure was low.		1	-		
pre	view of Resident #7's /01/23 - 11/30/23 reve essure was 112/75 on /02/23; and 120/80 on	vital signs report from aled the resident's blood 10/02/23; 118/79 on				
- 17	OZIZU, MIIU IZUYBU ON	11/06/23,				
Health S	andra Parulation					

MID DI AL	NT OF DEFICIENCIES Y OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) Férranos —	0.00		M APPROV
THE PLEASE	OF CURRECTION	IDENTIFICATION NUMBER	A. BULDING:	CONSTRUCTION	(X3) DATE	SURVEY
_		HAL051060	B. WING			
WE OF I	PROVIDER OR SUPPLIER	STDEET	DDRESS, CITY, STATI		12	/01/2023
OUR O	AKS SENIOR LIVING	SEE DAY	ETTE ROAD	E, ZIP CODE		
	THE STRICK LIAMS		AKS, NC 27524			
(X4) ID	SUMMARY 8	TATEMENT OF DEFICIENCES				
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From pag		D 358			
- 1	c. Review of Resider	it #8's current FL-2 dated	1 1			
- 1	04/14/23 revealed:		1 1			
1	-Diagnoses included	dementia, diabetes mellitus	1			
	type 2, hypertension.	hyperlipidemie	1 1			
	There was an order	major depressive disorder.	1 1			
	inhale 2 puffs into the	for Symbicort 160-4.5mcg lungs twice a day; use	1 1		1	
- 1	refochamber Plus Wil	h Symbicort inhalar	1		1	
- 1	(Sympicont is used to	treat asthma and choose	1 1			
- 11	costructive pulmonary	disease Aerochambania	1 1			
- 14	an mnajational spacini	Didevice used to halo with	1 1			
1	the administration of ir	halers.)				
[1]	1W03/23 revealed an o	's physician's order dated				•
1	160-4.5mcg inhaie 2 p	uffs into the tunos twice a	1			
Q	18y; use with Aerochar	Ther devices staff man.			1	
n	nand to resident to adn and store on medication	ninister 2 puffs, then clean	1		1	
- 1					1	
1.11	1/29/23 revealed:	am medication pass on				
-F	Resident #8 was in her	room.			f	1
-T	ne medication aide (N	(A) shook the Symbicort	1		1	- 1
	ou-4.omcg inhaler and	Connected the				
-T	outhpiece to the Aeroc he MA handed the Sy	namber device,				- 1
Ae	erochamber to Reside	THE AND OFFICE WITH				- 1
Ins	structions to the reside	nt on how to use the				
inr	haler or how many buf	fs to take	1			- 1
_	he resident put the Ae	Ochamber mouthniese in				
rie	r mouth and pressed t	he Inhaler 2 quick times	1			- 1
3 10 1	e row.		1			
-11	TE MA did not instruct t	the resident to inhale or	1			1
iho	Medication Administra	rding to Guidelines for	1		1	- 1
Ch	Medication Administra	ation Clinical Skills i 1 minute between puffs				- 1
ma	y permit additional nut	is to penetrate the lungs	1		1	
Det	ter.)		1			- 1
Th	o recident did not letter	le so the medication				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE COM	SURVEY
AME OF	PROVIDER OR SUPPLIER	HAL051060	B. WING		42	ind mann
		STREET	ADDRESS, CITY, STATE	E, ZIP CODE	12	01/2023
OUR OA	AKS SENIOR LIVING	565 BO	YETTE ROAD			
4444		FOUR C	DAKS, NC 27524			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID I	DOM NORTH MALL CO.		
TAG	ACCOUNTER OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(XS) COMPLETE DATE
D 358	Continued From page	102	D 358			
- 1	vapors remained in the	Aerochamber device and	- 000			
	did not go into the resid	dent's lungs.				
	Review of Resident #8	s November 2023			li i	
- 1	electronic medication a	dministration record	1 1		64	
	(eMAR) revealed:		1 1			
- 1	inhale 2 puffs by mouth	Symbleort 160-4.5mcg	1 1		i	
- 1.	Aerochamber device: si	laff may hand to resident	1 1		1	
	io administer.		1			
	-Symbicort inhaler was :	scheduled at 8:00am and	1 1			
1.4	סגטטטווו,					
	Symbicort inhaler with	Aerochamber device was	1 . 1		1	
- 1	documented as administration of the desired as administration of t	tered from 11/01/23 -				
li n	nterview with the MA on	11/29/23 at 2:13pm			1	
	She always handed the	Sympleoet inhologouith	1 1		1	
l u	re Aerochamber device	to Resident #8	1			
1 -3	She forgot to instruct the	resident on how to use				
[[[te innater that morning.	11/29/23				- 1
- S	She should have instruct	ed the resident to use			1	- 1
T.T	eep breaths and walt be	tween puffs.	- 1		1	- 1
br	eath to her.	nplained of shortness of				
int	terview with Resident #8	3 on 11/29/23 at 1:23pm				
	he received the Symbic	art inhalan vittle et	T.			- 1
Ae	rochamber device twice	a day morning and				- 1
I mg	int,					- 1
-A	former staff member ha	d shown her how to				- 1
LISE	e the inhaler a long time	800	1	•		- 1
-11	nat staff member told he	r to hold her breath	1			
fran	d let go but she did not t	ell her a specific time				- 1
	ie inhaler helped with he	is broadbles II. its a see				
1 40	e had shortness of brea	A PAGENIA R NUMB DIC.	1			- 1

Division	of Health Service Red				PRINT FOI	ED: 12/22/202 RM APPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XX) MULTIPLE	CONSTRUCTION		
		DENTIFICATION NUMBER:	A BUILDING:		(X3) DATI	SURVEY PLETED
		HAL051080	B. WING	-		
MAME OF	PROVIDER OR SUPPLIER	PTDEPT 4			12	/01/2023
OUR O	AKS SENIOR LIVING		DORESS, CITY, STA	TE, ZIP CODE		
	ALO OLIVIOR LIVING		AKS, NC 27524			
(X4) ID PREFIX	SUMMARY S	TATELATING OF BEDIEVE				
TAG	I GOUT DEFICIENT	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	103	D 358	actionate)		
	Interview with the Rea	sident Care Manager (RCM)	1			
	OII 11/29/23 at 2:3000	Ti ravealed:	1 1			
	administer inhalers.	rained on how to properly	1			
	-The MAs should hold	the inhaler during	1 1			
1	administration of the in	Chaler and instruct the	1 1			
1	resident on how to inh	ale and wait between puffs.				
- 1		ith Resident #8's primary	1			
	care provider (PCP) or	1 11/30/23 at 4:16nm	1 1			
100	revealed:	-	1 1		i	
1;	The MAs should use p	proper technique and				
- li	nhaler with the Aeroch	how to use the Symbloort	1		1	
1 -	Without using proper to	echnique, the resident was				
g n	ioi getting the full dose	Of medication and				
L L	nerefore not getting the nedication.	full effectiveness of the				
		age, the resident would			1	
l B	Oi get adequate treatm	ient of hor king diagram.	1		1	- 1
a	nd over time could lead	d to shortness of breath.				- 1
d.	Review of Resident #	8's current FL-2 dated				- 1
- 04	1/14/23 revealed an on	der for Preservision	1		1	- 1
Al	REDS-2 vitamin take 1	capsule twice a day with	1		1	- 1
SU	eals. (Preservision is a	a vitamin and mineral health. According to the				- 1
1 mi	anutacturer, Preservisi	on AREDS-2 should be				- 1
tai	cen with meals to ensu	re that the hody absorbe	1		1	- 1
the	vitamins and nutrient	s more effectively.)			1	- 1
Re	view of Resident #8's I	November 2023			1	- 1
ele	ctronic medication adn	ministration record	-	r a	. 1	- 1
	MAR) revealed; here was an antru for B	Innavadala de Servicio				- 1
tak	ere was an entry for P	reservision AREDS-2 with meals-scheduled				
arc	s:uuam and 5:00pm.					- 1
-Pn	eservision AREDS-2 w	as documented as				- 1
adn	ninistered from 11/01/2	23 - 11/29/23.			1	
1 10 40						

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(٧0) 10		101	RM APPRO
	OF COMMECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	DC31 DATE	SURVEY
			A. BUILDING: _		COM	LETED
		HALDERS				_
ME ~	Trains -	HAL051060	B. WING			
-MIC OF F	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATI	E 710 000-	12	01/2023
DUR OA	KS SENIOR LIVING	565 BOY	ETTE ROAD	E, ZIP CODE		
		FOUR O	AK8, NC 27524			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEPOSITION				
TAG	LENGT DEFICIENT	CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C	ORRECTION	IMes
		200 DENTIFTING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	MAI DO ANN II III II	(XS)
D 250	0 11			DEFICIENCY	E APPROPRIATE	DATE
D 358	Continued From pag	e 104	D 358			
	Observation of the R	00am medication pass on	1 500			
1	IIIZ8/23 TEVESIED:					
- 1	-Resident #8 told the	medication aide (MA) that				
	ON DOING MAD LICK BOING TO	eat breakfast boosuus ak	1 1			
	was not hungry, and s	she did not want anything to	1 1			
	ocu.		1 1			
	-The MA did not offer	or encourage Resident #8			1	
1.3	to ear a shack,		1 1			
	ine MA administered	Preservision AREDS-2	1 1		1	
l ta	ablet to Resident #8 a	t 8:52am			1	
1.	Preservision AREDS-	2 was not administered	1 1			
\ \ \	vith a meal as ordered		l			
1.	ata-d-way				1	
11	iterview with the MA	n 11/29/23 at 2:13pm			1	
1 15	eye8)80:					
"	ill made observer	dered to be administered				
W	res finished action to	waited until the resident			- 1	
-н	A resident was not as	dminister the medication.				
ha	and their own and also	ating, the resident may	1			
SU	ich as a crackers.	ind would eat a snack				
-S	ometimes Resident #	8 would not eat breakfast				
bu	it she thought the region	dent would eat a snack in	1		i	
he	r room sometimes.	Per world est a speck tu	1			
- 1		JU.	1			
Int	erview with Resident	/8 on 11/29/23 at 1:23pm			1	
104	realed;				1	- 1
-SI	ne usually ate breakfa	st most of the time	1		1	
-31	16 did hot eat breakfas	or a smanir thin			- 1	
mo	ming, 11/29/23, becar	ISO She woo not himan.	1		1	- 1
-011	is neined suy side site	Cts from taking her	1			1
11163	uication on an empty s	stomach that morning.	1			- 1
11/2	29/23.	-	- 1		1	- 1
1-4	d dut	1		6		
Inte	rview with the Resider	nt Care Manager (RCM)	1		- 1	- 1
OIL	III/20/23 at 2:300m rev	rhelsen:	1			- 1
HI B	inscication was order	red with meals, it should	1			- 1
De F	bite of food	minutes after taking the	1			- 1
"H s	recident upon make at	ig a meal, it should be				
-11 8	rice Regulation	g a meal, it should be	1			

AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		RM APPROV	
					COM	(X3) DATE SURVEY COMPLETED	
_		HAL051060	B. WING				
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	T TRACE	12	/01/2023	
OUR O	KS SEMIOR LIVING	565 BO	ETTE ROAD	E. ZIP CODE			
(X4) ID	Ci Malaa Paa aa	FOUR O	AKS, NC 27524				
PREFIX	I SOUT UEFICIENE	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID I	PROMODERNO PLANTAGE			
TAG	NEGODITORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	Ot selve war and an arrange	(XS) COMPLETE DATE	
D 358	Continued From page		D 358				
- 1	administered with cra	ckers or applesauce.					
- 1	Telephone interview w	ith Resident #8's primary					
- 1	care provider (PCP) or revealed:	n 11/30/23 at 4:16pm					
1	-Resident #8's Presen	vision AREDS-2 should be					
1	auministered with mea	is as ordered	1 1		1		
8	-If administered on an resident might experies	empty stomach, the nce nausea or an upset			- 1		
	bwii&ci).		1 1		1		
- 1	·π ine resident was not	going to eat breakfast, the	1 1		1		
6	other snack with the me	the resident a cracker or edication.	.				
2	. Review of Resident # 8/15/23 revealed:	2's current FL-2 dated					
] -[Diagnoses included var	scular dementia without			I		
l u	isturbance, type 2 diab	etas malifue with			4		
S	pecified complications,	chronic diastolic chronic anemia without			1		
l m	couling, nypoxia, asoir:	Stion provinced of July			1	- 1	
IC	wer lobe, bacteremia. :	and history of court	- 1		1	- 1	
1-1	nere was an order for	Hydrocortisona Croam				- 1	
on	6 apply topically to affe ice daily for redness an	cted area(s) of face	1		1	- 1	
(H	ydrocortisone Cream is	S Used to treet	1		1	- 1	
inf	lammatory skin condition	ons.)				- 1	
Re	view of Resident #2's \$	September 2023				- 1	
910	ctronic medication adn (AR) revealed:	ninistration record				- 1	
-Th	ere was an entry for H	ydrocortisone Cream				- 1	
170	appry topically to affect	ted area(s) of food	1	AL .			
7:00	e dally for redness and Dam - 3:00pm.	flakiness scheduled at		•			
-Hy	drocortisone Cream 19 ninistered from 09/01/2	6 was documented as 3 - 09/30/23.					
Rev	iew of Resident #2's O	1					
reve	aled:						

STATEME	of Health Service Red NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(90)			RM APPROV
IND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		HAL051060	B. WING			
AME OF	PROVIDER OR SUPPLIER	STEET	DDGCGG ATT		1	2/01/2023
OHE O	AKS SENIOR LIVING		DDRESS, CITY, STATI	E, ZIP CODE		
		FOUR O	ETTE ROAD AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DESICISMOIS	I D	DOCUMENTO ALL COLOR		
TAG	REGULATORY OR	TY MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(XS) COMPLETE DATE
D 358	Countrago Liou bage		D 358			-
	once daily for redness 7:00am - 3:00pm.	for Hydrocortisone Cream affected area(s) of face s and flakiness scheduled at m 1% was documented as 101/23 - 10/31/23.				
F	Review of Resident #2's November 2023 eMAR					
*	-There was an entry for Hydrocortisone Cream 1% apply topically to affected area(s) of face once daily for redness and flakiness scheduled at 7:00am - 3:00pm, -Hydrocortisone Cream 1% was documented as administered from 11/01/23 - 11/30/23,	ffected area(s) of face and flakiness scheduled at				
n	Observation of Resider nand on 11/30/23 at 12 no Hydrocortisone Crea ndmInistration.	:59pm revealed there was				
a	1 12:59pm revealed:	tion aide (MA) on 11/30/23				
-S	There was no Hydrocor vailable to administer to the applied the last of the came 1% to the residen	o Resident #2, the Hydrocortisone				
H ₂	The resident had not be ydrocortisone Cream 1 1/27/23.	% since Monday,				
to	the facility tomorrow, 1 he MAs were responsil	and would be delivered 12/01/23, "				
rar -Si	edications about 1 wee n out, he could not explain wi	k before the medications				
atie	er they ran out of the c	ream				
-Re	esident #2's facial skin	was red and flaky today,				

Divis

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(773) 541			RM APPRO	
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATI	(X3) DATE SURVEY COMPLETED	
		HAL051060					
MAME OF PROVIDER OR SUPPLIER			DORESS, CITY, STATE, ZIP CODE		12	12/01/2023	
OUR O	KS SENIOR LIVING	ECC POL	DORESS, CITY, STATE	ZIP CODE			
	ALO OCHION LIVING		ETTE ROAD				
(X4) ID	SUMMARY ST	ATEMENT OF DESIGNATION	AK8, NC 27524				
TAG REGULATORY OR LE		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEPICIENCY)		Diversion - LXD		
D 358	Continued From page 107 11/30/23,		D 358	ou lokeling !			
CO 17: -F -T fa pid Bss rev no Intr (SC -Th me sup -Th Mol -Th Hyd duri			D 356				
	-The resident's face w	ras usually not as red and flaky at all when the 11% was applied every					
	The pharmacy dispensify /'s contracted pharmacy on ealed: sed a 15-gram tube of 1% for Resident #2 on						
	ce, especially on the fo eces of skin hanging do	n bed on his back, red and the skin on his prehead, was flaking with own,					
	ased on observations, li views, it was determine It interviewable.	nterviews, and record od that Resident #2 was					
	erview with the Special CC) on 11/30/23 at 3:3(ne MAs were responsibilities of the MAs where the service of the MAs and the medication of the MAs should have ide the medication cart sident #2's Hydrocortissident #2's Hydrocortis	Ipm revealed: le for ordering topical vas about a one-week cart audits daily on t. ntified Resident #2's needed ordering audits.					

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		RM APPROV	
			A. BUILDING: _	A. BULDING:		PLETED	
		HAL061080	B. WING		1	1	
WAVE OF	PROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STAT	E 7D AAne	12	01/2023	
OUR O	AKS SENIOR LIVING	565 BOY	ETTE ROAD	E, AP CODE			
(X4) ID	1	FOUR O	AKS, NC 27524				
PREFIX	TO SERVED AND A SERVED SHOULD BE SHO	ATEMENT OF DEFICIENCIES	iD i	POCH ADMINISTRA			
TAG	- MOUDAIORY OR	LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		(X5) COMPLETE DATE	
D 358	owninged Figili bage		D 358	ar lorings)			
	Levesjed:						
- 1	distrainable, me MAs i	ocortisone Cream 1% was needed to order it. was needed, they could	.			ē	
	-Without the Hydrocort resident's face was goi redness and his skin w	no to be inflamed with					
	3. Review of Resident ; 09/19/23 revealed:	4's current FL-2 dated					
-	ARCHIN MUHRY CIRCARA	Senna 8 6mg 2 tablets					
	Observation of Resident						
	0:23am revealed the re larrhea when assisted t	eident had an automa					
1 11	terview with the person 1/29/23 at 10:23am reve	saled:					
-R	he resident usually had ank milk and ate eggs t lesident #4 had diarrhe to the tollet.	Or broakfeet					
ele	view of Resident #4's I	lovember 2023 sinistration record					
-Th	MAR) revealed: here was an entry for se filme scheduled for 8:0	nna 8,6mg daily at					
adn	ere was documentation ninistered to Resident # 29/23.	1 senna was 14 on 11/28/23 and .					
Obs	servation of Resident #4 d on 12/01/23 at 3:59pa	s medications on					

AND PLAN	NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MLH TEN =	CONSTRUCTION		RM APPROV
_ • • •	The second secon	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DAT	ESURVEY
		1			COM	PLETED
-		HAL051060	B. WING			
AME OF F	PROVIDER OR SUPPLIER	0000			12	/01/2023
			DORESS, CITY, STAT	E, ZIP CODE		
OUR UA	KS SENIOR LIVING		ETTE ROAD			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	AKS, NC 27524			
PREFIX	CAUT DEFICIENC	Y MUST BE DOCCEDED BY W.	ID I	PROVIDER'S PLAN OF	CORRECTION	
IANO	REGULATORY OR I	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	CALCUAL BURNE	(X5) COMPLET
D 250				DEFICIENC	Y)	DATE
D 358	Continued From page		D 358			
- 1	-There was a multidos	e pack (MDP) with the	1			
1	residents name and a	list of medications and				
1	instructions for each c	Ontained in morning	1 1			
	midday, and bedtime i	MDPs.	1 1			
	bedtime, hold for diam	senna 8.6mg 2 tablets at	1 . 1		()	
	The list of medication:	RM.	1			
	MDPs included senna	2 tablete				
11:	There were 4 remainir	a bedtime MDPs dated	1 1			
1	12/01/23, 12/02/23, 12/	03/23, and 12/04/23	1 1		1	
- 1					1	
1:	nterview with a second	shift PCA on 12/01/23 at				
l'h	naving diarrhea within t	d not know of Resident #4	l l	185		
1.	manua digittica Willill D	ne last 3 days.	1			
li	nterview with a second	Shift madication ald			1	
1 64	MA) on 12/01/23 at 4:0	Opm revealed no one had			1	
1.6	#PORTED Resident #4 ha	iving diarrhea in the last 3	1			
d	ays to her,					
1	slankana takii ta				1	
I CE	alebuoue interview with	Resident #4's primary	1		1	
re	are provider (PCP) on the	11/30/23 at 4:21pm	1			
	taff were expected to a	dhere to written	- 1			
pa	trameters for administe	ring medications	1		1	
-A	dministering senna wit	h active diamber could				
ca	use electrolyte imbalar	ICRS and increases the	1			
ns	k of falls and skin brea	kdown.	-			- 1
Int	Brview with the Charles	Come Con II			1	
(30	erview with the Special CC) on 12/01/23 at 3:0	Controversion	1		1	- 1
-111	the PCA (first shift) did	not communicate to the	II.		1	- 1
EVIP	(second shift) that the	resident had diagraps	1			- 1
the	n the MA would not kn	ow to hold the senne	1			.
-Sh	8 Was not aware of Re	sident #4 howing incurs				- 1
AAIR	i diarmea in relation to	900s and milk				- 1
Sen	na was held and that ti	uld have made sure the	1			. 1
	rview with the Administ					-

Division	of Health Service Re					ED: 12/22/20 RM APPROV
AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(XZ) MALH THEN S	CONSTRUCTION		
brill	OF COMMECTION	IDENTIFICATION NUMBER:			(X3) DATI	E SURVEY
			A. BUILDING; _		COM	PLETED
		HAL051060	B, WING			
ME OF F	PROVIDER OR SUPPLIER	STREET			12	/01/2023
DUR OA	LKS SENIOR LIVING		ADDRESS, CITY, STATI	E, ZIP CODE		
		FOUR O	AK8, NC 27524			
(X4) ID	SUMMARY S	TATEMENT OF DECIDIONS	l D			
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
		DESCRIPTING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLET
				DEFICIENCY	- ALLMOHIGHTE	DATE
D 358	Continued From page	9 110	D 358			
-	4:15pm revealed:		1 300			
- 1	PCAs ware recomme	ha. z	1 1			
1	the MA and the Ma	ble for reporting diarrhea to				
	Desident of the MA W	as responsible for holding	1			
. 1	resident #4's senna :	according the PCP's order.	1 1			
. 1	-MAS were responsible	le for checking ordered	1 . 1			
	parameters and follow	ving written orders.				
- 1			1 1			
	Based on observation	s, interviews, and record	1 1			
- 1	reviews, it was determ	ined Resident #4 was not				
interviewable.	interviewable.		1 1			
- 1	4 Review of Pooldant	did la como d'En es de la				
- 1	USISUISS FOLIANT OF THE	#1's current FL-2 dated	1 1			
	08/30/23 revealed diag	noses included		•	1	
- 13	periocodulinas disolds	r, atrial fibrillation, and	1 1		1	
- 1'	rypertension.					
F	Review of Resident #1	s primary care provider			1	
10	PCP) order detect 40m	1/23 revealed an order for				
- 11	asiv 20mo doily for ad	1/23 revealed an order for				
h	asix 20mg daily for ed lood pressure 110 and	hate				
1	And higgsoile 110 SUC	Delow.				
R	eview of Resident #1's	November 2023	1			
el	lectronic medication ad	dministration record				
(6	eMAR) revealed:					
-T	here was an entry for	Lasix 20mg daily at				
8:	00am; hold for systolic	blood pressure 110 and			1	
be	elow.	TIVE IN COOLIGE TIVE ENGINE			1	
-0	on 11/06/23, the blood	Drassura zacult				
do	cumented was 106/60	and there wee	1			
do	cumentation Lasix 20	Ma was administrated				
-0	n 11/07/23, the blood	TO THE BUILDING TO THE	1			
do	cumented was 94/55	and there was				
do	CONFIGURATION I AND AND AND AND AND AND AND AND AND AND	211U UIERE WAS				
1.0	cumentation Lasix 20r	ng was administered.			1	
da	n 11/13/23, the blood i	pressure result			1	
uoi	cumented was 107/56	and there was				- 1
UO(cumentation Lasix 20n	ng was administered.	. 1			- 1
-1h	nere was no document	ation Lasix was				.
adı	ministered on 11/09/23	and 11/10/23.			1	- 1
Inte	erview with a medication	n side (MA Voors				- 1
Hapith S	THE WILL & INCUICABLE	III alde (MA)/personal				- 1

STATEME	of Health Service Reg NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FUI	RM APPRO
UND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING; _		COM	PLETED
		HAL051060	B, WING			
WE OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT		12	/01/2023
UR OA	KS SENIOR LIVING		ETTE ROAD	TE, ZIP CODE		
	THE SERIOR LIVING		AKS, NC 27524			
X4) (D REFIX	SUMMARY ST	ATEMENT OF DESIGNATION	10			
TAG	REGULATORY OR E	Y NUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	J DUGUE D. D.	(X5) COMPLET DATE
D 358	Continued From page	111	D 358			_
	care aide (PCA) on 11	/29/23 at 2:31pm revealed:	1 1			1
- 1	-IL LESIGEUT #1,8 P1000	Diessure was low low year	1 1			1
- 1	94/22, then she did no	t administer the Laciv	1 1			
	but she did not give the	mented it was administered	1 1			
1	11/07/23.	Lasix to Resident #1 on	1 1			
- 1	foto to the		1 1			
	2:57pm revealed:	MA/PCA on 11/29/23 at	1 1		1	
-She could not on	-She could not rememb	er if she gave Resident #1	1 1			
	Lasix on 11/06/23 when	his blood pressure was	1 1			
	106/60 and on 11/13/23	when his blood pressure			1	
- 1	was 107/56,	1100 plood bressnie	1		1	
- 1,	to desired a constant of the c					
	nterview with Resident evealed:	#1 on 11/30/23 at 1:20pm				
	He sometimes felt dizz	e .				
-	He was very tired.	,				
10	nterview with the Specia	al Care Coordinator			1	
- 13	SCC) on 11/30/23 at 12	:34pm revealed				
-8	She was told today (11/	30/23) that I asiy was	1		- 1	
9	iven to Resident #1 on	11/06/23, 11/07/23 and			1	
1 10	1/13/23 when his systoles than 110.	ic blood pressure was	Į.		1	
	les trian 110. Normally the electronic i		1			
80	iministration system at	redication erted staff when a result			-	
W	as cutside an ordered c	arameter.	- 1			
-T	he Lasix should not have	ve been given to				
Re	esident #1 on 11/06/23,	11/07/23 and 11/13/23.				
Te	dephone interview with	Resident #1's PCP on				
11,	/30/23 at 4:21pm revea	led:	1		1	
-41	there were written orde	rs to hold a medication				8
du	e to written blood press	ure parameters, if the				- 1
the	ood pressure was outside medication should have	le the parameter, then	×:			- 1
-Ac	iministering Lasix wher	the blood pressure				- 1
wa	S low could cause an en	ven lower blood	1			- 1
pre	ssure, unresponsivene	ss and follo				- 1

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(VIII berne		rut	RM APPRO
	- TANKE INTO	IDENTIFICATION NUMBER:		CONSTRUCTION	CX31 DATE OF THE	
			A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		Hat ages :	1		1	
danc -		HAL051060	B. WING		1	
NAME OF	PROVIDER OR SUPPLIER	DTT:			12	01/2023
OUP O	AKS SENIOR LIVING	orreeT/	VDDRESS, CITY, STAT	E, ZIP CODE		
0011 01	HAYS SEMINK LIAING	565 BO)	ETTE ROAD			
(X4) ID	SIMMADVO	FOUR O	AKS, NC 27524			
PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	Ю	final services		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S		(X5)
			TAG	ALL DISTRIBUTE AND THE ALL	PROPRIATE	COMPLET
D 358	Continued From page	112		DEFICIENCY)		DATE
			D 358			
	- I ne point of checking	g blood pressure prior to	1 1			
	Manus lister Hith Fasix M	as safe edministration	1 1			
- 1	A A A A A A A B A B A B A B A B A B A B	'MMAC	1			
1	-Not following written	orders could lead to serious	1		1	
	harm.	Shortes on serious			1	
1			1 1.		1	
- 1	Interview with the Adm	linistrator on 12/01/23 at	1 1		1	
	T- IUPITI (evegjeg:				- 1	
- 1	-She did not know Las	ix was administered to	1 1		1	
11.1	Lycaldent #1 Much his a	systolic blood process	1 1		1	
100	LIKURO CIPILI MILITORI DRIMIT	neter of 110 on 3 occasions			1	
	IN THOUSEHING! ZUZS				- 1	
-	MAs were responsible	for checking and				
11.6	Saiding fall IONOMIL	10 Written owlers		9	1	
(-	mas were responsible	for notifying the pan	1			
C	completing a medication	1 POTOT TOPON IS HE FUE AND			1	
, w	vas aware of the error.	YM BIR II TIOHAI II	- 1		1	
11-1	The PCP was not notific	ad and a made at	1		1	
e	fror report was not com	objected for Resident #1	1		1	
a	nd Lasix.	pleted for Resident #1			1	
1						
TI	he facility failed to admi	nipler medicas'	1		10	
or	dered to 3 of 5 residen	ts observed during the			- 1	
me	edication pass on 11/29	2/22 which is also				
en	rors out of 32 opportun	ities. The modification				1
aid	de did not use proper te	schoims who	1		1	- 1
ad	ministering insulin via	Administration when			1	- 1
Re	sident #8 putting # -	an insulin pen to			1	- 1
rec	sident #6, putting the n	esident at risk of not	1			- 1
AVE	anded-released by	of Insulin. Resident #7's	1		1	- 1
-	OLOGO DICASEU DICAN	Drieggi into mondianal -	1		1	- 1
77(24	e crushed driffing the M	eirlant at Male at terminate				
420	vy prossule, reskiant	#R'c inhalos for him				
44400	PASO MOS 1101 SOMINISTA	DEC DECORDER I II.				- 1
100	maili ayhallauca suuutu	IBES OF BROOKS TE.			1	- 1
DAVI	e errors with 3 resident	s sampled for record				- 1
a to	olesi eroom due t	#2 who did not receive				- 1
9 10	prical viewin due to the	madication between	. 1			- 1
CHIE	Valiable resulting in red	floige alds as the	1			
103K	dent's face. Resident # as ordered for diarrhea	4's lavative won and	1			- 1

MU NTW	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING;		COM	PLETED
		HAL051060	B. WING			
AME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	12	/01/2023	
DUR OA	KS SENIOR LIVING	565 BC	YETTE ROAD	E, ZIP CODE		
	7	Four	OAKS, NC 27524			
(X4) ID PREFIX	A PROPERTY LICENSES	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF GOI		
TAG	NEGOCATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	DITON IN THE	(XS) COMPLEY DATE
D 358	Continued From page	9 113	D 358			
	resident continuing to	have diamhea. Resident	5 550			
	#1 5 Ciuretic was not	held based on ordered				1
- 1	parameters putting th	6 resident at risk of law	1 1			l
- 1	blood pressures and a	Bsulting in Resident #4	1 1			
	Demo cizzy. The failu	re of the facility to				
1	administer medication	S 88 Ordered was		•		
	the residents	ith, safety, and welfare of	1 1			
	nie tesideuts aug cout	stitutes a Type B Violation.			0	
1	The facility provided a	Dian of protocities Is			-	
	accordance with G.S.	131D-34 on 12/01/23 for	1 1			
- 11	this violation.				1	
19	CORRECTION DATE	FOR THE TYPE B		00		
2	/IOLATION SHALL NO 2024.	T EXCEED JANUARY 14,				
367 1	0A NCAC 13F .1004(j)	Moulinette				
A	dministration	Medication	D 367			
10	0A NCAC 13F .1004 N	ledication Administration				
U,	The resident's medic	ation administration	1 1		1	
re &	icord (MAK) shall be a llowing:	ccurate and include the	1 1			
	ilowing:) resident's name;					
(2) name of the medicati	On or incoment	1			
(3	strength and dosere	or quantity of medication				
Bd	ministered:		1		1	
(4)	Instructions for admin	istering the medication				
Or	treatment;				1	- 1
(5)	reason or justification	for the administration of				
do	recouldness of treatment	s as needed (PRN) and	1			1
(6)	date and time of admi	J effect on the resident;			1	- 1
(7)	documentation of any	Omission of			1	- 1
me	dications or treatments	and the reason for the	1			
om	ission, including refuse	els: and.	ŀ			- 1
(8)	name or initials of the	Derson ariministaring	1			
1.00	war and the section of the section o	nt. If initials are used, a				

Division	of Health Service Re				PRIN	TED: 12/22/202
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIS	PLE CONSTRUCTION		
		IDENTIFICATION NUMBER:	A BUILDING	3;	(X3) DAT	E SURVEY
		HAL081060	B. WING			- an (CD)
AME OF	PROVIDER OR SUPPLIER	\$TDECT			12	2/01/2023
DUR O	KS SENIOR LIVING	565 BO	NODRESS, CITY, S' L'ETTE ROAD	TATE, ZIP CODE		
		FOUR O	AKS, NC 2752	4		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID			
TAG	REGULATORY OR	LSC (DENTIFYING INFORMATION)	PREFIX	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD BE SEEN THE PROVIDER OF THE PROVIDER	et en la	(XS)
			TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY	PRIATE	DATE
D 367	Continued From page	9 114	D 367			
	signature equivalent	to those initials is to be	_ 507	Area Clinical Director cond- service on Medication Adm	ucted in-	12/04/23
- 1	documented and mail	ntained with the medication		Woodstall Adil	mistratio	7
1	administration record	(MAR).		A Olivi		
1	This Rule is not met a	as Avidancad bu:		Area Clinical Director condu	icted in-	12/29/23
- 1	pased on observation	S. Interviews and rooms		service on using the Bucket for orders.	System	
	LEADERS' (1)6 IBCIIIIA IBI	led to ensure the		10.010.0		
1.	medication administration	tion records were accurate	1 1			
- 1	naccurate documenta	dents (#2, #4) including tion for a medication for	1	Care Managers or designee	will	12/29/23
1	reart and blood pressu	Ire (#2) a topical area for	1	HIVIIIIUI MEGICATION Adminin	beating	Ongoing
11.1	memeriania sklil coud	Ifficing (#2) had alam	1 11	NEUOIIS DAILY to ancure and		Origoning
10	thecks (#2), and activit	y checks (#4).		being followed per doctors o and compliance with adminis	rders	- 1
17	he findings are:			and sombiliance with adminis	tration.	
- 1	_		K	20:00	1	
1	. Review of Resident #	2's current FL-2 dated	,	lage Amendonon	4	1
d	b/15/23 revealed diagr	noses included vascular		•		
m	ellitus with specified c	bance, type 2 diabetes	2	trea clinical Director	5	2/24/23
- CII	asionic congestive hea	rt failure chronic anomio	4	to the second	1	المعالما
[641	uriout bleeding, hypoxi	a. aspiration proumonic	1.	a moonice med.	-toch	
OI	right lower lobe, bacte	eremia, and history of	0	in the 6 months e	4	
ac	.			(P 1424-27 C	٥ ر	
a.	Review of Resident #2	2's current FL-2 dated	Lo	redication.		
08	/15/23 revealed an ord	fer for Carvedilot & 25mm	1		1	- 1
and	ablet twice daily. (Car d blood pressure.)	vedilol is used for heart	111	ned-tech will not	i fux	
	- aload prassure.		(D. a. b.		
Re	view of Resident #2's	physician's order dated	1.	and industract as any	1	
03/	12/23 tevested:		191	Wire Down I'm 4/2 ==		
tabi	ere was an order to st let twice a day.	op Carvedilol 6.25mg 1		cure manager of com Europercy on the m	רולבי	
-Th	ere was an order to sta	art Carvedilol 3.125mg 1				1
tabl	et twice a day	5. 720(ng)		me wandla mill		
Rev	iew of Resident #2'	hysician's order dated	A	enty orders and		
11/0	7723 revealed:		W	ake corrections as		
The	ere was an order to sto	p Carvedllol 3, 125mg 1				
ealth Se	vice Regulation		1/	ecoted.		

BMRS11

STATEME	n of Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA	Tom			RM APPROV
ND PLAN	NOF CORRECTION	IDENTIFICATION NUMBER		CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING: _			PLETED
		HAL051060	B. WING			
ME OF	PROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STAT	700000		/01/2023
OUR DA	AKS SENIOR LIVING		ETTE ROAD	E, ZP CODE		
		FOUR O	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEEKSENGIES	ID	DOCUMENTON AL		
TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI	ON DUCKE D. OC	(X5) COMPLETE DATE
D 367	Continued From	449		DEFICIENCY	Y)	LANIE
	Continued From page	175	D 367			
	tablet twice a day.					
	-I here was an order to tablet once a day.	o start Carvedilol 3,125mg 1				
	www. Orice a day.					
- 1	Review of Resident #2	's November 2023	1 1			
electro	electronic medication a	administration record	1	•		
	(eMAR) revealed:					
	1 tablet twice deily set	r Carvedilol 3.125mg take	1 1			
9:00	1 tablet twice daily sch- 9:00pm.	eduled at 9:00am and				
	-Carvedilol 3.125mg wa	35 documented se	1 1			
	administered twice dail	y from 11/01/23 - 11/30/23				
- 13	at 8:00am,					
- 1:	There was a second e	ntry for Carvedilol			1	
3	3.125mg take 1 tablet o 8:00am.	nce daily scheduled at				
	-Carvedilol 3,125mg wa	o domino de d	1			
8	administered once daily	at 8:00am from 11/09/23			1	
	11/30/23,					
1 -	Staff had documented to	Carvedilol 3.125mg as	1			
D	eing administered 3 tin	nes a day at 8:00am	1		1	
9	:00am, and 9:00pm fro	m 11/09/23 - 11/30/23.	1			
In	iterview with a medical	ion aide (MA) on 11/30/23			I	
at	t 12:59pm revealed:	on 11/30/23	1			
-F	Resident #2 was only re	ceiving Carvedilot				
3.	.125mg once day becau	ISO that was how it was			1	
di	ispensed in the multi-do	se nacks	1		1	1
-8	She had not noticed Car	vedilol was coming up				
de	rice on the eMAR and to ocumenting the adminis	fration of Converting				- 1
tw	rice.	ABROLLOL CRIAGRIO				- 1
1	Annual					- 1
Int	terview with the Special	Care Coordinator				
TI-	CC) on 11/30/23 at 3:30 he pharmacy usually er	upm revealed;				- 1
eN	AR system.					- 1
-Si	he was responsible for	checking to make sure				
the	eMARs were accurate	and then approving the			1	- 1
Ord	ters in the eMAR system	Π,				

BMRS11

STATEME	n of Health Service Rec	(X1) PROVIDER/SUPPLIER/CLIA	(NO) 40 0 000			RM APPROV
WE PLAN	OF CORRECTION	DENTIFICATION NUMBER	A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL051080	B. WING			
AME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E 20 cope	12	/01/2023
OUR O	AKS SENIOR LIVING		ETTE ROAD	E, AIP CODE		
	THE PERSON NAMED IN COLUMN NAM		AK8, NC 27524			
(X4) ID	SUMMARY S	TATEMENT OF DEFINITIONS				
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
D 367	Continued From page	e 116	D 367			
	-She must have over	looked the duplicate orders	1			
	for Carvediloi on the	eMAR.	1 1			
	-The MAs should hav	e let her know that the				
	Carvedilol order was	on the eMAR twice.				
- 1	Interview with the Ada	ninistrator on 11/30/23 at		h.		
	5:50pm revealed:	ministrator on 11/30/23 at	1 1			
1	-If there was a discrep	ancy with the eMARs, the	1 1			
- 1	INVAS SHOULD NOUTY the	SCC or the Resident Care	1		1	
- 1	Coordinator (RCC).		1 1		1	
- 1	-The MAs should not have docume administration of Resident #2's Cal	rave documented the	1 1		1	
- 1		ient #2's Carvedilol 3 times	1 1			
1.3	a day.				2	
	not match and ant the	stopped to see why it did				
- 1	not match and get the	emak corrected.				
- 12	b. Review of Resident :	#2's current FL-2 dated			1	
	08/15/23 revealed an o	order for Hydrocortisone			1	
- 10	Cream 1% apply topics	lly to affected area(s) of				
fi	ace once daily for redn	IRSE and flakinger	1		1	
- 10	Hydrocortisone Cream	is used to treat	1		1	
ir	nflammatory skin condi	itions)				
		1			1	
R	leview of Resident #2's	November 2023				
e	lectronic medication ad	dministration record	1			
(6	MAR) revealed:				1	
71	nere was an entry for	Hydrocortisone Cream	1			
1	% apply topically to affe	ected area(s) of face				
7.	00am - 3:00pm,	nd flakiness scheduled at				
1	lvdmratieane Crass	19/	1			
20	Iministered from 11/01	1% was documented as				- 1
		143 = 11/30/23,				- 1
Int	terview with a medicati	on alde (MA) on 11/30/23		2	1	- 1
at	12:59pm revealed:	1	1		1	1
-TI	here was no Hydrocort	isone Cream 1%				- 1
av	allable to administer to	Resident #2	1	*		
-SI	he applied the last of the	ne Hydrocortisone	1			- 1
Ch	eam 1% to the residen	t on Monday, 11/27/23.			1	- 1
1-11	ne resident had not bee	en administered			1	

STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MIS THOSE	CONSTRUCTION		M APPRO
men sumply	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			SURVEY
		HAL051060			J Com	I bold
AME OF I	PROVIDER OR SUPPLIER		B. WING	12/	12/01/2023	
			ODRESS, CITY, STATI	E, ZIP CODE		
OUK 0/	AKS SENIOR LIVING		AKS, NC 27524			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	DOCHERTON TO ALL -		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFEX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 367	Commission 10th page		D 367			
	Hydrocortisone Crear	m 1% since Monday,				
	11/2//23,					
	-She documented the	Hydrocortisone as				
	She had been trained	was not available because at the facility not to put a				
	medication was unava	dilable on the eMAD				
1	-She could not recall	Who trained her on how to			1	
	document on the eMA	Rs.			1	
16	Interview with the Spe	cial Care Coordinator				
	(SCC) on 11/30/23 at :	3:30pm revealed-	1 1			
1	not document the mad	navailable, the MAs should ication was administered			1	
	on the eMAR	ication was administered				
		ocument a medication was	1 1			
110	unavailable on the eM/	NR.				
1-	The MAs should docu	ment they called the				
1.5	pharmacy in the action	Section of the eMAD			E.	
11 -	That was how she was recall who trained her,	s trained but she could not				
lt .	nterview with the Admir	nistrator on 11/30/23 at				
	i:50pm revealed: The MAs should not be					
#	2's Hydrocortisons Co	ive documented Resident eam 1% was administered	1			
O	n the eMAR when non	R was available to			-	
EK EK	dminister,	1			1	
-7	That was false docume	ntation.	1			
-T	The MAs should have d	Ocumented the	1			
m	edication was not adm der.	inistered due to being on				
	ne SCC and the Resid	ant Care Canadia			1	
(R	RCC) were responsible	for reviewing the			I	
me	edications on hand eac	ch week.	1	*		- 1
-S	he was not aware of a	system for the SCC or				- 1
RO	CC to check the eMAR	s for accuracy.		4		
C. I	Review of Resident #2	's electronic hospice visit				- 1
not	te report dated 09/05/2	3 revealed:			1	- 1
-11	he resident had an uns	teady galt				- 1

AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) Add d room or			RMAPPR
	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	CYSI DAT	E SURVEY
		-1	A. BUILDING: _		COM	PLETED
		HALAMANA	1			
MAARI OO -		HAL051060	B. WING		1 .	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	T The Annua	12	2/01/2023
FOUR OA	KS SENIOR LIVING	565 BO	ETTE ROAD	E, 21-CODE		
		FOUR	AKS, NC 27524			
(X4) ID	SUMMARY ST	ATEMENT OF DECIDIONS	AND, NC 2/524			
PREFIX TAG	LEVICULOS DELLOS	Y M IST BE DOESEDED	ID	PROVIDER'S PLAN OF C	ORRECTION	
1710	NEGOLATORY OR	SC IDENTIFYING INFORMATION)	PREFIX TAG	LEAUTI CORRECTIVE ACTION	ALCHOMA	COMPL
				CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DAT
D 367	Continued From page	118	D con			
- 1			D 367			
	evelid.	ising on his arms and left	1 1			1
	eyenu.					1
	hospice addited -	Il since the last routine	1			1
	hospice skilled nursing	visit.				
	eyelid.	irplish bruise on his left	1 1			
1.	Staff reguested - 1		1 1	(2)		
	Monthly be ordered a ped	alarm and falls mat, which	1 1			
1	round de proereg as w scoop mattress.	ell as a hospital bed and a	1 1		1	
18	269 mail:032		1			
1	Povious of Danida		1			
12	Pero Plan dated and and	s Fall Risk Intervention			1	
	Care Plan dated 09/05/	23 revealed:	1 1		1	
	The resident had a fall	on 09/03/23,	1			
9	larm/fall mat from hosp	nented was to obtain bed	1			
1 "	ruer irom flost	PICE.			1	
R	eview of a hospice equ	tings at least a			-	
R	esident #2 revealed:	whitely MACKE 101.				
-A	bed alarm, high/low e	lactric boards to			1	
so	coop mattress, and a fa	il nod/met wee	1			
de	livered to the facility of	n hamust mete			1	
-T	he bed alarm, hospital	had sees				
an	d fall mat were picked	Les from the factor				
the	hospice provider on 1	Officers actify by	1			
1		1				
Ob	servation of Resident :	#2's room on 11/30/23 at			1	
11/2	Solotti (eyealed:				1	
-Th	ere was a note on the	wall near the bed with				
IUS	tructions to make sure	the hert clarm was an				
and	functioning while the	resident was in bed for				
11115	salety,		1			
-Th	ere was no bed alarm	in the residents				
1			1			
Rev	riew of Resident #2's C	ctober 2023 electronic	1	64		
med	dication administration	record (aNAD)	1		1	
reve	1818C:					
-The	ere was an entry for be	d alarm: ensure that		k.	1	
peq	was on and working at	nd sign was pasted	1		1	
ever	y shift at 7 00am - 3 00	nm 3-00nm -				
	0pm, and 11:00pm - 7:					,

BMRS11

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(Va) termine			RM APPROV
	- women ton	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILDING:			PLETED
		HAL051060	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		1	2/01/2023
OUR O	AKS SENIOR LIVING	565 BO	YETTE ROAD	E, ZIP CODE		
	1	FOUR	AKS, NC 27524			
(X4) (D PREFIX	SUMMARY S	ATEMENT OF STREET				
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION (RECTION	(X5)
		- The Cross ROW		ALLOSS TERENCED TO THE APPR	PPROPRIATE	COMPLETE
D 367	Continued From page	119	+	DEFICIENCY)		Unit.
			D 367			
	Working each shift for	e bed alarm was on and m 10/01/23 - 10/31/23,	1 1			1
	-There was an entry fi	10/01/23 - 10/31/23.				
	LEADING GOOD SPILLS	emind resident to				
ti R re	assistive device and n	eminder sign was posted for				
	the resident.	agn was posted for		S(1)		
	Review of Resident #2	's November 2023 eMAR	1 1		1	
	LEAGSISQ:				1	
	had was an entry for	r bed alarm: ensure that	1 1		1	
	every shift at 7:00am -	g and sign was posted	1			
- 1	11:00pm, and 11:00pm	- 7:00pm -	1 1		1	
1.	-Staff documented the I	and alarm was on and	1 1		.	
11.5	working each shift from	11/01/23 through first			1	
8	shift on 11/30/23,	and and				
Į li	nterview with a medical	ion aide (MA) on 11/30/23				- 1
	A 17-ASDILL LEAGNIEU.				1	- 1
13	Resident #2 did not cun	rently have a bed alarm,			1	- 1
1 11	ookirai Nan' 90000 Wall	TRSS Or foll mot	1		1	- 1
w	as receiving bosoles as	d those items since he				- 1
tw	O ago.	rvices about a month or			+	
-S	she had not noticed she	had documented the	1		1	- 1
1.10	Sidents Ded alarm was	in piece and wasting.			1	- 1
LER	e enver when there wa	S no had alarm	-		1	- 1
-8	he documented it in err	or,				- 1
Int	erview with the Special	Care Coordinator				- 1
1 (0)	UUJ ON 11/30/23 at 3:30	nm revealed:	1		18	- 1
-176	asident #2 no longer ha	d a had alarm name to				- 1
dat	e discussion moti post	rice (could not recall				
Udi	e could not explain why	1	1	•		- 1
CUI	illinued to document he	1 slarm chooks IL.	1		1	- 1
C1N/	TUT AILER THE DEG SISTING	Was picked up by	1		1	- 1
nos	pice on 10/04/23					
-Sh	e had been the SCC for	about a month and to	1			
- ner	knowledge, there was r	WI Complete to the second second			1	1

WID PLAN	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATI	RM APPROV SURVEY PLETED
_		HAL051080	8. WING			
AME OF	PROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATI		12	/01/2023
OUR OA	AKS SENIOR LIVING	565 BOV	ETTE ROAD	E, ZIP CODE		
			AKS, NC 27524			
(X4) ID REFIX	SUMMARY S	TATEMENT OF OFFICEROUS	ID I			
TAG	NESOLATORY DR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETE DATE
D 367	Continued From page	e 120	D 367	J- IOICHU	7	
	eMARs for accuracy.		D 367			
	Interview with the Adr	ministrator on 11/30/23 at				
1	a authin tevested:		1 1			
1	-The MAs should not	have documented Resident	1 1			
	Shift when the residen	necked and working each t did not have a bed alarm.		•	1	
	-That was false docum	tentation	1			
- 1	 The resident was disc 	charge from bosoics and	1 1		1	
11	the sec alarm was pic	ked up by hospice about 2				
- 1	monus ago.		1			
	ped sistem expersoning USA6	notified the SCC so the				
1	he eMAR system.	have been removed form			-	
-	She was not aware of	a system for the SCC or			1	
F	RCC to check the eMA	Rs for accuracy.				
2	. Review of Resident #	#4's current FL-2 dated	1			
0	9/19/23 revealed diagr	noses included dementio	1			
h	ypertension, and chror	nic kidney disease,				
R	eview of Resident #4's	September, October,			Į.	
ar	ili November 2023 ele	ctronic medication	1			- 1
-T	iministration records (e	eMARs) revealed:	1			- 1
ne	here was an entry to e sident to activities as p	encourage and assist	1		1	- 1
ev	ery shift initiated on 04	trans				- 1
-S	taff initialed first and se	BCOND shift daily from	- 1			- 1
09	/01/23 until 11/29/23.	, many			1	- 1
Se	cond interview with a r	medication aide (MA)/	1			- 1
Pai	request case aide (LCV)) on 12/01/23 at 2:55pm	1			- 1
IBA	realed: .	10	1	_	1	- 1
Adi	ne Special Care Coord	inator (SCC) or the	1	-		
-Re	esident #4 did not do a	revention interventions.				- 1
-Sh	€ Was active when roll	led amund in her	1	•		- 1
whe	elchair and that was y	what MAs documented	1			
1 -	an activity,		1/		- 1	- 1

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL051060 B. WING NAME OF PROVIDER OR SUPPLIER 12/01/2023 STREET ADDRESS, CITY, STATE, ZIP CODE FOUR OAKS SENIOR LIVING 565 BOYETTE ROAD FOUR OAKS, NC 27524 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY AUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION TAG [EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE TAG D 367 Continued From page 121 D 367 Interview with the SCC on 12/01/23 at 3:00pm revealed: -Activities as a fall intervention meant staff did an activity with Resident #4. -Activities as a fall intervention was implemented by the previous SCC and she (current SCC) had not had the time to review and update interventions. Interview with the Administrator on 12/01/23 at 4:15pm revealed: -Fall interventions for Resident #4 had not yet been reviewed and updated. -Staff were expected to do activities with Resident #4 as documented on the eMAR. Based on observations, interviews, and record reviews, it was determined Resident #4 was not interviewable. D 461 10A NCAC 13F .1304 Special Care Unit Building D 461 Requirements If at any time the maglock system is 1/16/24 not in proper working order, fire 10A NCAC 13F .1304 Special Care Unit Building Ongoing watch procedures begin and a staff Requirements member is stationed at door. Fifteen minute checks are completed and In addition to meeting all applicable building logged. In-service was conducted codes and licensure regulations for adult care homes, the special care unit shall meet the by the ED to educate the staff on Fire Watch Policy and Procedures. following building requirements: (1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the If generator goes down, the 1/18/24 Division of Facility Services for review and Maintenance Tech will immediately Ongoing be on site to transfer to generator. (2) If the special care unit is a portion of a facility, A work order is in for the part to it shall be separated from the rest of the building repair the generator. by closed doors. (3) Unit exit doors may be locked only if the

AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Corms a sure			RM APPR
THE PARTY	4 D. CONNECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	/vav nam	
			A. BUILDING:			E SURVEY PLETED
					1	ora r mild
		HAL051060	B. WING		1	
NAME OF I	PROVIDER OR SUPPLIER	6 The second	ADDDONA		12	/01/2023
FOUR O	UKS SENIOR LIVING	OIREET	ADDRESS, CITY, STATI	E, ZIP CODE		
1 001(0)	ALS SEMINK LIVING		YETTE ROAD			
(X4) (D	DI BAMA BW CO	FOUR	PAKS, NC 27524			
PREFIX	(WOWLD DELICIENTS	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID I	PROMOCES STATE OF		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS PREFERENCE ACTION	M DEIGUN A No.	(X5)
			TAG	A 1000 HELEKENCED TO THE	APPROPRIATE	COMPLE
D 461	Continued From page	122	+	DEFICIENCY)		Unit
1			D 461			
1	locking devices meet t	he requirements outlined in	1 1			
- 1	AND INTO PARTY DESIGNATION	Code for special locking				
	and Astroid'					
- 1	(4) Where exit doors a	are not locked, a system of				
1	accounty monitoring she	III ha providend	1			
1	(3) I ne unit shall be k	Cated so that other	1 1		* 0	
- 1	residents, staff and visi	fore do not have to	1		1	
1.2	routinery pass through t	the unit to reach other			1	
114	aleas of the building.		1			
10	(6) At a minimum the f	ollowing service and	1 1			
1 8	NUTURE BRESS Shall be n	provided willhim the access				
1 4	the preparation and provision of snacks, lockable space for medication storage and storage					
1 4			1 1			
0			1		4	2
I IC	a me residents' racordo	2	1		1/2	
12	7) Living and dining sp	ace shall be provided			1	
886	"uniti the unit at a total r	Rie of 30 course feet				
19	Same in all may be use	d as an activity area			1	
1 (0) Direct access from I	he facility to a ecourad			1	
OL	iuside area shall be pro	vided			1	
1 (9) A tollet and hand lav	atory shall be provided				
AA1	man mad rittle for Greats to	VA recidente	1			
(10	0) A tub and shower for	bathing of residents			1	
381	all he provided within th	te unit	1		1	
(1)	l) Use of potentially dis	tracting mechanical				
110	ises such as loud ice m	achings window als				
CUI	nditioners, intercoms ar minimized or avoided.	id alarm systems shall				
100			1		1	
-		II.	1		1	
1		1	1			
		1	1			
This	Dula is not and					
Per	s Rule is not met as ev	idenced by:			1	1
588	ad on observations, int	erviews and record	1	(9)	1	
revi	ews, the facility falled to	ensure there was a				- 1
syst	em or monitoring exit d	DODS on the Special				- 1
Can	B Unit (SCU) when the i	magnetic locking			1	- 1
syst	em failed,	_			1	- 1
			11		1	
75.	findings are:		- 1		1	

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(VS) ARRESTA			RM APPROV
		IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	(X3) DAT	E SURVEY
			TO STALL FIRST		COM	PLETED
		HAL051060	B. WING_			
VAME OF	PROVIDER OR SUPPLIER	OTHER			12	/01/2023
OUR O	AKS SENIOR LIVING	SIRELIA	DORESS, CITY, STAT	E, ZIP CODE		
	AND OCHION LIVING	FOUR O	ETTE ROAD			
(X4) ID PREFIX	SUMMARY S		AKS, NC 27524			
TAG	I COOR DEFICIENT	Y MIRT DE DOCCOURS	ID PREFIX	PROVIDER'S PLAN OF CORRI	ECTION	
	Sit Oil	REGULATORY OR LSC (DENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHORS-REFERENCED TO THE AP		COMPLETE
D 461	Continued From page	123		DEFICIENCY)	NOTE PARTY	DATE
			D 461			
	Review of an electron	ic email (email) dated	1 1			
	11/28/23 revealed:		1 1			
	-The email was sent for	rom the Director of	1			
	maintenance on 11/29	V23 .	1 1			
- 1	included in the email.	work order dated 11/17/29	1 1			
100	The work order indica		1		- 1	
- 1	malfunction with the tra	ion a generator	1		1	
11.	- Ine generator had be	SN funning on and of			1	
11.5	CONTRIBOUSIV.				1	
1:	A technician identified	that a new board in the	1			
1.5	ransier switch was nee	ded	- 1			
- 13	The generates would be	the work was needed.	1		- 1	
0	in the event of a pow	ave to be manually turned	1		- 1	
-	On 11/29/23, the Direct	or of Maintana	1		1	- 1
I II	Otined the fire safety or	Minany of leaves with a	-		i	- 1
1.0	remity o Hirarhocks (Mari	Defic door looks			1	- 1
1 -1	nere were blown fuses	that had been sentered	1		-	- 1
10	ar are madiock walthuc	tion continued on the	1			- 1
^4	ssisted Living (AL) side					- 1
Re	eview of the Special Ca	ire lint (SCL)	1		- 1	- 1
FVH	edication Aide 2-HR Re	Sident Check sheet	1			- 1
Qa	red 11/28/23 revealed:				1	- 1
Π-Π	here were 35 residents	' names listed with	l.		1	- 1
7.0	xes for staff to mark ev	ery 2 hours from			-	- 1
-0	Oam to 5:00am.		1			
bot	ne resident's name was	s hand written at the d not have check marks	1		- 1	
for	1:00am, 3:00am and 5	not have check marks			- 1	- 1
-On	ie resident had an "H" i	documented in cosh	1		- 1	- 1
che	ck off box.	- Sacrifornio III 680II	1	•	-	
Obs	Servation Linea entre					- 1
SCI	servation upon entranci J on 11/29/23 from 7:3	to the facility and	1			
reve	ealed:		1			- 1
-The	Administrator was in I	ner office at 7:35am	1			
I Troo	ere were 2 residents at				1	- 1

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(3(2) M(a Tar	200		M APPRO
	- A and a series I Mild	DENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY	
		1	A. BUILDING:		COM	LETED
		HAL051060	D Million			
IAME OF	PROVIDER OR SUPPLIER		B, WING		40	Ind these
		STREET	ADDRESS, CITY, STATI	E, ZIP CODE	12	01/2023
OUR O	AKS SENIOR LIVING	565 BOY	ETTE ROAD			
(X4) ID	SI BALLA DIV M	FOUR O	AKS, NC 27524			
PREFIX		TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL	aD I	PROVIDER'S PLAN OF COL		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	GOVER GUIRRETTRUE ACTION	Par I that are my	(205)
			IAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLE
D 461	Continued From page	9 124	D.404	DEFICIENCY)		
	dining room at 7:40ar		D 461			
	-There were 2 person	ni.	1			
	usurouting plates and	at care aides (PCAs) beverages in the SCU	1 1		1	
	withing roofff.				1	
	-There were 2 other P	CAs assisting residents	1 1		1	
	dining room,		1 1		.	
- 1			1 1			
	- Ine medication alde (MA) was at the medication	1 1		Į.	
- 1	cart on the short hall near the living room administering morning medications.		1 1		1	
- 1.	No stoff was about	medications.	1 1		1	
- 1	No staff was observed monitoring SCU exit				1	
- 1	and to Halls,				1	
	Observation of exit doo	re on the COLLE				
10	Sozam umil 8:38am ne	vealed:				
-	There were 6 exits lead	ing out of the Sour				
"	MLO:UZZIM, the lights or	the 800 hall and war	1		1	
10	co aining room went a	out accompanied by a	1		1	
1 10	polyniñ sonud"					
di	ining from come and it	the 600 hall and the SCU	1		1	
cc	ining room came on, bu	it the beeping sound	1			
		U from the AL side was	1		1	
ob	pserved unlocked and t	he knowed next to the				
UL	A MARS DOT INCHININATED	2t 8-20am	1		1	
11-11	here was a wheeled la	Index cost and distant	- 1		1	
1100	or chair in mont of the	exit door to the				
COL	urryard on the 600 half		-		1	
-II	nere was a dresser in fi	ront of the outside of the			1	
EXI	t door at the end of the	600 half,	1		1	- 1
Inte	erview with a medicatio	n aida /MAVDO	1			- 1
1 1/4	48/43 BI 6:30BM reveal	lari:	1			- 1
-Sh	e was working as a PC	A that day (11/20/00)	1		1	- 1
1.46	THE EXIL GOODS ON THE S	CLEUminekod udan at	1		1	- 1
pun	rer went out (10:45pm	11/28/23\				- 1
-219	iff kept the residents in	the living room area				- 1
TOFF	monitoring,		1			- 1
Inter	Wew with a PCA on 11				ł.	- 1
1 111001	vice Regulation	/29/23 at 8:35am				- 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	T community		FO	RM APPR
- STATES FOR	IDENTIFICATION NUMBER;	(X2) MULTIPLE	CONSTRUCTION		
	1	A. BULDING:		(X3) DAT	E SURVEY
	1			CON	PLETED
	HAL051060	B. WING		- 1	
NAME OF PROVIDER OR SUPPL	ER			- 1 4-	Md man-
	STREET	ADDRESS, CITY, STAT	E, ZiP COOR	14	2/01/2023
FOUR OAKS SENIOR LIVIN	G 565 BO	YETTE ROAD			
PM to the	FOUR (DAKS, NC 27524			
(X4) ID SUMM. PREFIX (FACH DEE	VI S 191 EMENT OF BEHINDING	110 21024			
	CIENCY MUST BE PRECEDED BY FULL BY OR LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF COF	DECTION	_
1	ON ESC IDENTIFYING INFORMATION)	TAG			(X5)
D 404			THE A	PPROPRIATE	DATE
D 461 Continued From	page 125		DEF(C(ENCY)		
revealed:		D 461			_
		1 1			
DCAs wells on a	ne halls to monitor exit doors.				
I AND MAIKING III) and down the bear	1 1			
Lookol talnie IOL C	necking that residents were in	1 1			
		1		1	
-She was not doo	umenting each resident she			1	
saw.	a Andrew Olk	1 1		.	
		1 1			
Interview with a si	cond PCA on 11/29/23 at	1		1	
Conduit Levesied:		1		1	
-She found out the	doors to the SCU were	1 1		1	
. Uniquered on annya	at work that morning	1 1		1	
(11/28/23).		1 . 1		1	
-The keypad on the	door wan not be	1 1		1	
-She was told by o	her staff that she needed to	1 1		1	
watch the doors.	the armit mat sue needed to			- 1	
-She was not told	and the second	1 1		1	
GOOT and ones for	pecifically how to watch the			1	
on the doors.	sidents, just to keep an eye	1			
I WIT BIR GOOKS.				1	
Solie did Not know o	f any previous issues with the	- 1		1	
		- 1			
- The generator had	been running 24/7 for			10	
abbiovillipidelà IDB 19	st 2 weeks (11/15/23 -			1	
		1		1	
-She knew the gener	ator was on because it was				
Lange Held RIG OF	outside enclosure and she	1		1	
could hear it.	aria sira	- 1		1	
	1	1			
Interview with a seco	nd MA/PCA on 11/29/23 at	1			
orgoniti takelled.				1	
-She was working as	a MA that day (11/29/23).	1		1	- 1
Amin work all ave ou	Ill the recidents			1	- 1
-Staff made sure of m	sidents were on the SCU			1	- 1
by keeping an eve on	the residents in the living	1			- 1
room and having state	on the ball to	1	-	1	- 1
doors.	on the hall to watch the exit				- 1
		I			- 1
-There was no check o	m sneet for residents.	1			- 1
locked.	g checks that doors were	1			- 1
NONEU,		1		1	- 1
					- 1
lealth Service Regulation					

	n of Health Service Reg ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SHOP ISSUED	then:		FO	ED: 12/22 RM APPR
	- STATE OF THE	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	Dun a	
		1	A. BUILDING: _		(X3) DAT	E SURVEY PLETED
		HAL051060	1		1	· CEIED
NAME OF	PROVIDER OR SUPPLIER	1 1000	B. WING		1	
		STREET	ADDRESS, CITY, STAT		12	/01/2023
FOUR O	AKS SENIOR LIVING	565 BO	YETTE ROAD	E, ZIP CODE		
		FOUR A	AKS, NC 27524			
(X4) ID PREFIX	SUMMARY STA		7110, NC 2/024			
TAG	REGULATORY OR I	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID DOCUMENT	PROVIDER'S PLAN OF CO	ODECTION:	7
		DENTIFYING INFORMATION)	PREFIX			(X5)
D 461	Continued F			CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
- 101	Continued From page	126	D 461	- IOENT)		
1	Interview with the main	fenence name	D 461			
1	or = o or organili uno	89 64	1			
1	-He was sent a mesens	ID on hi	1 1			
		Of the con-	1 1			
			1 1		1	
	THE MICH SEG ING WEG	Sage until that manufacture	1 1		1	
1	(11/29/23).	and caret triat moming	1 1		1	
- 1			1		1	
- 11	nterview with the Specia	Care Coordinates	1 1			
113	Oil 11123/23 Bt 8:4	Oam and 8:47am	1		1	
100	0.A.C.(1)(1)		1			
	The maglocks on the SC	U Were not looked				
			1		1	
		on 11/28/23 and told ut and all the exit doors			1	
			1		1	
-1	he maintenance person e locks.	was working on fixing	1			
					1	
20	here were 3 residents of	n the SCU with exit	1		1	
100	AIGIN OF BALLIC				1	
-0	ne resident was out of the	ne facility with a family	1		1	
					1	
			- 1			
	TO THE THOUSANDS	College Mark of the College Market C	1			
	iter area of the hall beca in his room.	use the third resident	1		1	
			1		1	- 1
the	e instructed staff to mon SCU every hour.	itor the exit doors on				- 1
						- 1
COLI	iff were responsible for o	locumenting a head	1		1	- 1
			1		1	- 1
900	" INTERNATION DIOCUMANIANI	district a second				- 1
	AND CARLAS LIGHTLE DIVER	M. close	1		1	- 1
white	were responsible for st	aying on the half	1		1	- 1
			f.		1	- 1
build	ents were there and that	no one had left the]		. 1	- 1
			1			
seeki	were instructed to keep ng behaviors in the living	residents with exit	1			- 1
-The	MA on duty was recomme	room area.			.	- 1
	MA on duty was respons A 2 Hour Resident Chec		1			- 1
1	MA checked each reside	a sneet every shift.				- 1
-IneT	VIM CHBCKBO Bach rooms	mit entit ha				

	of Health Service Reg NT OF DEFICIENCIES TOF CORRECTION	(X1) PROVIDER/SUPPLIERANTA			FC	TED: 12/22 XRM APPRI
	- SOURCE I ON	IDENTIFICATION NUMBER	(X2) MULTIPLE	CONSTRUCTION		
			A. BULDING:		(X3) DAT	E SURVEY
		HAL051060			Coll	PLETED
NAME OF F	PROVIDER OR SUPPLIER		B, WING			
	KS SENIOR LIVING	STREET	ADDRESS, CITY, STATI	E, ZIP CODE	1	2/01/2023
	AC SEMICK LIVING	565 BO	YETTE ROAD			
(X4) ID	SUMMARY STA		AKS, NC 27524			
PREFIX TAG	REGULATORY OF LA	MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF COR		
	The state of the	INCST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION :	RECTION SHOULD RE	(X5)
D 461	Continued F.			CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	COMPLE
	Continued From page		D 461	- TORLINGT)		
- 1	resident or asking PCA	s.	10401			
21			1 1			1
	interview with the Admii 8:40am revealed:	nistrator on 11/29/23 at	1 1			
			1			
10	She arrived to the facili	ly early that day	1 1			
	11/29/23) to assist SCL There was no document					
			1 1		1	
			1 1		1	
					1	
1	AND INDIGINE PORTION OF THE PROPERTY OF THE PR	TOTO incoming the state of the			1	
1 -	essing for the breakfas	meal,			1	
Int	erview with the Region	ni hantat.	.		1	
-77	nere was a power surge	that caused - t			1	
			-1		- 1	
-He	and the facility mainte	nance person were	1		1	
			1		1	
Wee	oblems with the general eks ago (11/15/23).	for started a couple of	- 1		- 1	
	had the generator serv				1	
			1			
1106	technician found that t	bo company to the	1			
	CONTROLL HINESSAME APPRO	Whateman alking a record of			1	-
						- 1
-1116	generator needed a ne was on back order.	w plece for the board	1			- 1
					1	- 1
gene	place for the computer rator would turn on auto	board made it so the	1		1	- 1
-1110)	were naving to manua	Illy switch the	1		1	- 1
			1		1	
-He c	ame out and resolved the	ne problem when it	1		1	- 1
			1		. 1	- 1
Was o	as called on 11/28/23 a n again.	nd told the generator			1	- 1
	ritched the generator to				1	- 1
stop to	day (11/29/23).	manual start and				- 1
Second	d interview with the mai					
COCOLI	a Regulation					

HIND PLJ	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(May a May a		FO	TED: 12/22 RM APPRI
		IDENTIFICATION NUMBER	(AZ) MULTIPLE	CONSTRUCTION		
			A. BUILDING: _		(X3) DAT	E SURVEY
		HAL051060	1		COM	PLETED
NAME OF	PROVIDER OR SUPPLIER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. WING		- 1	
		STREET	DEGCCO		12	/01/2023
FOUR O	AKS SENIOR LIVING	565 BOX	DORESS, CITY, STATI	E, ZIP CODE	1,0	10 112023
Fre ex em		EOUD o	EI IE ROAD			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	AKS, NC 27524			
TAG	REGULATORY OF	Y MUST BE PRECEDED BY FULL SC IDENTIFY HIS THE PRECEDED BY FULL	ID	PROMOTON		
	J. Sitt on	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION 8) CROSS-REFFRENCED TO	ECTION	£1400
D 461			TAG	GOLDEN IN THE VI	KOULD BE	COMPLE
D 401	Continued From page	128		DEFICIENCY)	-MONANTE	DATE
- 6	11/30/23 at 11:55em	Mara - 9 a	D 461			
	TOOUT & Month ago 4		1 1			
1	he did not know how it	evealed: le generator just kicked on;			1	
	-He used the key to the	nappened. In the generator off and the	1		1	
- 1	facility lights went off.	us generator off and the	1 1			
- 1	The Director of Moint				1	
1	called the generator ser	vice came out and	1		1	
- 11	ime the generator turns	vice company the first of on about a month ago.			1	
1-	The generator service	on about a month ago.	- 1		-	
a	part was needed for the	company technician said	1			
1-	They had to shut the no	e computer board. wer off in the facility, turn	1		1	
l tr	ne generator off and the	wer off in the facility, turn n turn the power back on	1		1	
/ to	the facility	in turn the power back on	1		1	
-7	he power in the facility	oter and	1	5	1	
ge	enerator stayed off.	stayed on and the			Į.	
11-13	WO Weeks loton L.	make a day	- 1			
the	generator turned on a on its own.	Tein for 2 -t	1		1	1
off	on its own.	gain for 2 days and cut	1		1	
-TI	e generator came on o	nce again 2-3 days ago	-			- 1
(11	/27/23 -11/28/23).	nce again 2-3 days ago			1	- 1
-Th	e Regional Maintenant	9 Domes 4 4 4 4	1			- 1
mai	nually turn the generato	c person told him to	1		1	- 1
faci	lity lights went out.	on, he did, and the	1		1	- 1
-The	generator had been o	2 00=#	- 1		1	- 1
days	until 11/29/23.	Conunuously for 2-3			1	- 1
-The	in the maglocks failed.	I	1		-	- 1
1 -118	Unought to he estate at a	o the concents	1		1	- 1
		Mosny said the said	1		1	- 1
msid	the box was bad.	adiu trie relay	1			- 1
-He o	id not know of any prob	lems with the			1	- 1
magk	ocks prior to 11/29/23.	Auffit (1)(6)	1			1
		J.	1		- 1	1
Interv	iew with the Administrat	or on 12/01/23 at	1		1	- 1
4:15p	m revealed:	1204[1	
-She c	ild not remember when,	but the generate			· ·	- 1
came	on by itself one day.	are Seniolatol.	1			- 1
11161 19	CRITY maintanana.	on and the	1			- 1
		handled repairing	1		11.	- 1
The ger	perator.	Birmade	1		367	- 1
-mere	was no power loss to the Regulation	e facility during the				1
m Simulae	Paradalla	A MAINING THE				

	n of Health Service Reg INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/9LIGHT INCHES			FO	TED: 12/2: XRM APPR
THE PARTY	TOP CORRECTION	IDENTIFICATION NUMBER:	(XZ) MULTIPLE	CONSTRUCTION		
			A. BULDING:		(X3) DAT	E SURVEY
					COM	PLETED
NAME OF A	DDO No.	HAL051060	B. WING		- 1	
	PROVIDER OR SUPPLIER	STREET	ADMINISTRA		12	2/01/2023
FOUR OA	KS SEMIOR LIVING	Ess Do	ADDRESS, CITY, STAT	E, ZIP CODE	12	10 112023
		SOUD A	YETTE ROAD			
(X4) (D PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	DAKS, NC 27524			
TAG	REGULATORY OF LE	MUST BE PRECEDED BY FULL	ID I	PROVIDER'S PLAN OF COR		
	- TOTAL ON LE	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG			(205)
D 461	Continued F			CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	COMPL
	Continued From page	129	D 461	OEFICIENCY)		-
- 1	generator troubles.		D 401			
1	-There were no issues	with the maglocks prior to	1 1		l l	1
1	11/29/23.	and should blick to				
1:	-When a power outage	occurred and the	1 1		1	
	LINESPORT DESCRIPTION OF THE PROPERTY OF THE P	Pro -1-19.	1 1		- 1	
			1		. 1	
l n	She was responsible for	contacting the	1 1			
Q	erson,	contacting the Regional Maintenance				
-1	The MA on the SCH was					
			1 1			
1 4	PORT OF THE 250 IT DESCRIPTION OF		1 1			
		OO'S Ware visible of all			1	
-5	ecured doors on the SC	U were the primary	l (1	
			1			
116	is the secondary source	of security.	1		1	
- 1		1	1			
- 1		1	1		1	
1			1		l l	
1						
		1	1			
		1	1		1	
		1	- 1			
1			1		1	- (
1						- 1
1		- 1	1			- 1
1			1		l.	- 1
			1		1	- 1
					1	- 1
			1			- 1
1					1	- 1
1			1			- 1
1			1		l l	- 1
1		3*6	1		1	- 1
1			1		1	- 1
		1	1			- 1
	e Regulation				1	- 1
mentals do						

If continuation sheet 130 of 130

Washington, Bynithia T

From:

Four Oaks Senior Living, ED - James Frank < director@fouroaksseniors.com> Tuesday, January 30, 2024 3:27 PM

Sent:

To:

Washington, Bynithia T

Subject:

[External] Amendment of POC

Attachments:

Revised Amendment POC.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message

Good afternoon

I've attached a copy of the revised POC amendment.

James Franks | Traveling Executive Director | ALG Senior | C: (252) 772-5653 director@fouroaksseniors.com