AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE	SUDVEY
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			TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DA
D 000	Initial Comments		D 000			<u> </u>
			0000			
ļ	The Adult Care Lice	nsure Section conducted an				
(annual and follow-up	Survey and a complaint				
1	investigation on 01/($\frac{1}{24}$ 01/05/24 and 01/08/24				
	unougn 01/12/24, Wi	th a desk review from				
ł	01/26/24 with a tata	/19/24 and 01/22/24 through				
	with a telep	whone exit on $01/26/24$.				
D 167	10A NCAC 13F .050	7 Training O+				
ļ	Cardio-Pulmonary Re	esuscitation	D 167			
	10A NCAC 13F .0507	7 Training On				
	Cardio-Pulmonary Re	esuscitation			I	
	staff nerson on the pr	e shall have at least one				
	completed within the	emises at all times who has last 24 months a course on				
	cardio-pulmonary res	uscitation and choking				
r i	management, includir	ng the Heimlich maneuver,				
F	provided by the Ameri	ican Heart Association,				
, A	American Red Cross,	National Safety Council				
<i>F</i>	American Safety and	Health Institute or Medic				
F	-irst Aid, or by a traine	er with documented				
0	certification as a traine	er on these procedures		·		
TI	rom one of these orga	anizations. The staff				
9 2		ing to this Rule shall have				
	alve pocket mask for	he facility to a one-way				
C	ardio-pulmonary resu	iscitation.				
ļ						
יי ד	his Rule is not met a YPE B VIOLATION	s evidenced by:				
B	ased on record review	N and interviews the				
fa	cility failed to ensure	at least one staff person				
W	as on the premises fo	or each shift, who				
รเ	iccessfully completed	t a course in				
Ca	ardio-pulmonary resus	scitation (CPR) within the				- 5
la	st 24 months for 12 o	f 13 sampled days from				
12	2/19/23 through 12/31	/23.				
of Health \$	Service Regulation	··				<u> </u>
	ector's or provider/su	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6)	DATE
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Reviewed and acknowledged 03/14/24

Division (of Health Service Regul	ation	:			D: 02/16/20 M APPROV
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CEDARBE	ROOK RESIDENTIAL CEN	TER 1267 P	INNACLE CHUR	CH ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	NC 28761		<u> </u>	
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		· · · · · · · · · · · · · · · · · · ·		DEFICIENCY)		
D 167	Continued From page	1	D 167			
	The findings are:					
						i
	Review of the facility's	personnel files revealed:				
	-There were twenty sta	iff who provided direct				
	resident care.					
1	-Fourteen of the twenty	/ staft had no current			•	a de la companya de la
	within the last 24 month	oleting a course in CPR		Training on cardi	D	· · ·
			1		-	
	Review of the listing of	employees with current		pulmonary		21.11
	CPR and the time punc	h detail report dated		resuscitation will	1 k	3/11/2
	12/19/23 revealed them	e were no CPR certified		provided to all		
	staff in the building for	7 hours				
	Point in of the fighting of			supervisors in a	harge	2
	CPR and the time punc	employees with current		on all shifts in	mo	
	12/-0/2.7 revealed there	e were no CPR certified		have expired		
	staff in the building for	10.75 hours.				
				the soonest		
	Review of the listing of	employees with current		available oppor	tunity	1
	CPR and the time punc	h detail report dated			the	
	staff in the building for 1	were no CPR certified			1	
		io nouis.		Operations Man		
1	Review of the listing of e	employees with current		who resides on		
·(CPR and the time punch	h detail report dated		and is on call:	24/m	
	2/22.23 revealed there	were no CPR certified		with a current		
5	stait in the building for 9	hours.			И	
· (Poulour of the listing of			CPR certification	}	
	Review of the listing of e	mployees with current				
1	2/23/23 revealed there	were no CPR certified				
s	taff in the building for 1	9 hours.				
F	Review of the listing of e	mployees with current				
	PR and the time punch	detail report dated				
 e	2/24/23 revealed there taff in the building for 7	were no CPR certified			· · · · · · · · · · · · · · · · · · ·	
·		nouis.				
R	leview of the listing of e	mployees with current				
n of Health	Service Regulation				<u> </u>	
FORM			6899 E	GS011	If continue!	n short 0 co
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	I OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION UMBER:	(X2) MULTIPLE A. BUILDING:		RUCTION		(X3) DATE COMPI	
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	4007 1	PINNACLE CHURC					
EDARBI	CONTRACTORIES	, NC 28761					
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D 167			<u> </u>	<u> </u>			-
0 107	Continued From page 2	D 167					
	CPR and the time punch detail report dated 12/25/23 revealed there were no CPR certified staff in the building for 24 hours.						
	Review of the listing of employees with current CPR and the time punch detail report dated 12/26/23 revealed there were no CPR certified staff in the building for 9 hours.					ta da sera sera sera sera sera sera sera ser	
	Review of the listing of employees with current CPR and the time punch detail report dated 12/27/23 revealed there were no CPR certified						
	staff in the building for 9 hours. Review of the listing of employees with current CFR and the time punch detail report dated 12/28/23 revealed there were no CPR certified						
	staff in the building for 8.50 hours.			4 <u>.</u> 4	а н а, ,		-1.
	Review of the listing of employees with current CPR and the time punch detail report dated 12/30-23 revealed there were no CPR certified staff in the building for 7 hours.				·		
	Review of the listing of employees with current CPR and the time punch detail report dated						
	12/31/23 revealed there were no CPR certified staff in the building for 11 hours.		· .	•			
	Telephone interview with a personal care aide (PCA) on 01/11/24 at 3:14 pm revealed: -She and another PCA, and a medication aide					t sy' sy' '	
••• •••	(MA) were working on 12/23/24 when a resident had a seizure.			1	· · · ·		
	-She was not sure if the resident's seizure warranted CPR. -She was not CPR certified.			1		•. •.	
	-The MA she was working with told her she was not CPR certified.						
	-The other PCA that was working with her and all				• .		

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AND PLAN (TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET
D 167	Continued From page 3 other staff working in the kitchen were not CPR certified. Interview with the Operations Manager on 01/11/24 at 441pm revealed: -She was not aware there were periods of time between 12/19/23 and 12/31/23 when there were no CPR certified staff working in the building. -Some staff's CPR training had expired but she hoped they would perform CPR in an emergency. -If staff were involved in an emergency that required CPR for a resident, and did not have -PR training, staff knew to call 911 and follow the instructions from the dispatcher. -The facility failed to ensure at least one CPR certified staff was always on the premises for 12 of 13 sampled days, including 12/23/23 when a resident had a medical emergency and the staff providing care during the emergency realized	D 167	All staff will be provided CPR training or rene certification. Business office Manager or deside will maintain an update spreadsr of employee crede including but m limited to CPR certification.	3/11/24 enval gnee 3/11/24
D 188	there was no staff on the premises who was CPR certified. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/11/24 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 11, 2024.	D 188	Operations Mana or designed will review employee credential spread no less than monthly to ensu compliance relate to correctificati	isheet
	Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staffing (e) Homes with capacity or census of 21 or more			

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PRINTED: 02/16/2024 FORM APPROVED

STATEMEN	of Health Service Regulation TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION UMBER	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE :	
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<u> </u>		B. WING		01/2	26/2024
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CEDARBR		PINNACLE CHURCH D, NC 28761	ROAD		•
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE (OPRIATE	COMPLET DATE
D 188	Continued From page 4	D 188		· · · · · · · · · · · · · · · · · · ·	
· .	shall comply with the following staffing. When the		2 2		
!	home is staffing to census and the census falls			ł	
	below 21 residents, the staffing requirements for				
I	a home with a census of 13-20 shall apply.				
: • ·	(1) The home shall have staff on duty to meet				
	the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times				
. 1	be at least.				
	(A) First shift (morning) - 16 hours of aide duty				
	for facilities with a census or capacity of 21 to 40		•		
×	residents; and 16 hours of aide duty plus four				
	additional hours of aide duty for every additional				
	10 or ewer residents for facilities with a census or capacity of 40 or more residents. (For staffing				
	chart, see Rule .0606 of this Subchapter.)	·			
	(B) Second shift (afternoon) - 16 hours of aide				
	duty for facilities with a census or capacity of 21				
e e	to 49 residents; and 16 hours of aide duty plus				
. • *	four additional hours of aide duty for every			19 d	·
	additional 10 or fewer residents for facilities with a				
·	census or capacity of 40 or more residents. (For staffing chart, soo Bulo, 0606 of this Subsharter)			ĺ	
. .	staffing chart, see Rule .0606 of this Subchapter.) (C) Third shift (evening) - 8.0 hours of aide duty				
. [per 30 or fewer residents (licensed capacity or				
	resident census). (For staffing chart, see Rule	·			
	.0306 of this Subchapter.)				
1	(D) The facility shall have additional aide duty to				
1	meet the needs of the facility's heavy care		· · · · ·		
	residents equal to the amount of time reimbursed			· · · · · · · · · · · · · · · · · · ·	·.
. 1	by Medicaid. As used in this Rule, the term,				•
	"heavy care resident", means an individual residing in an adult care home who is defined as				
· · · i	"heavy care" by Medicaid and for which the facility				
1	is receiving enhanced Medicaid payments.		· ·	Ţ	
	(E) The Department shall require additional staff				
. i	f it determines the needs of residents cannot be				
ļŗ	met by the staffing requirements of this Rule.			• • • • • • • •	-
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on of Health	h Service Regulation				
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TAG Description PREFIX TAG Leach consection should be cross-reference to the APPROPRIATE DEFICIENCY Continued Deficiency D 188 Continued From page 5 D 188 This Rule is not met as evidenced by: TYPE B VIOLATION D 188 Based on observations, record reviews, and interviews the facility failed to ensure the required aide duty hours were met for 5 of 13 first shifts, 8 of 13 second shifts, and 11 of 13 third shifts sampled from 12/19/23 to 12/31/23: D 188 The findings are: Review of the facility's current license issued by the Division of Health Service Regulation effective January 1; 2024, revealed the facility was licensed for a capacity of 80 beds for an Adult Care Home. All clinical straff will by provided training w operations Manager on straffing requirements based on vulcs and regulations Set for the periodents.		T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING		(X3) DATE COMP	SURVEY LETED
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Official Trial Statument extension or periodescues (Excholenergenues to streat anound be sequenced by the periodescue of the anound be encodescue of the facility's center of 13 first shifts and genorial bits of 12/19/23 to 20/12/23 to 20/12/23 to 20/12/23 to 20/12/24 at 20/12/23 to 20/12/24 at 20/12/23 to 20/12/24/24 at 20/12/23 to 20/12/24/24 at 20/12/23 to 20/12/24 at 20/12/24 to 20/12/24 at 20/12/24 to 20/12/24 at 20/12/24 to 20/12/24 at 20/12/25 and 20/12/24 at 20/12/24 at	CEDARBF		TER 1267 PI	NNACLE CHUR		·	
D 188 Continued From page 5 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and Interviews the facility facet to ensure the required alde duly hours were met for 5 of 13 first shifts, 8 of 13 second shifts, and 11 of 13 third shifts sampled from 12/19/23 to 12/3/23: The findings are: Review of the facility's current license issued by the Division of Health Service Regulation effective Jamary 1; 2024, revealed the facility was Ilcensed for a capacity of 80 beds for an Adult Care Home. Observation curing the initial tour on 01/04/24 at 9:00am revealed the facility was not sprinkled for fire suppression. Review of the facility's census for 12/19/23 to :2/31/23 revealed there were 62 to 86 residents which required 28 alde duly hours on third shift adsecond shift and 24 alde duly hours on third shift eview of the facility's residents receiving Personial Care Services (PCS) Preview of the facility's residents who received PCS. -There were 4 of 5 sampled residents who received PCS. -There were 4 of 5 sampled residents who	PREFIX	(EACH DEFICIENCY		ID PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLET DATE
TYPE B VIOLATION Based on observations, record reviews, and interviews the facility failed to ensure the required aide div hours were met for 5 of 13 first shifts, 8 of 13 second shifts, and 11 of 13 third shifts sampled from 12/19/23 to 12/3//23. The findings are: Review of the facility's current license issued by the Division of Health Service Regulation effective January 1, 2024, revealed the facility was licensed for a capacity of 80 beds for an Adult Care Home. Observation curing the initial four on 01/04/24 at 9:00am revealed the facility vas not sprinkled for fire supression. All Clinical Staff will by provided training by operations Manager on staffing requirements based on rules and regulations set forth by Noc DHHS for dult care homes. Review of the facility's residents receiving Personial Care Services (PCS) revealed: -A total of 47 residents receiving Personial care Services (PCS) revealed: -A total of 47 residents received PCS. There were 5 of 7 sampled residents who received PCS. -There were 5 of 7 sampled residents who required limited assistance three times weekly with bathing and 1 who required extensive assistance. Training Will. include but not be limited at pre- proper notifications in the event of call inf.	D 188	Continued From page	5	D 188			
 interviews the facility failed to ensure the required aide duy hours were met for 5 of 13 first shifts, 6 of 13 second shifts, and 11 of 13 third shifts sampled from 12/19/23 to 12/31/23. The findings are: Review of the facility's current license issued by the Division of Health Service Regulation effective January 1; 2024, rovealed the facility was licensed for a capacity of 80 beds for an Adut Care Home. Observation curing the initial tour on 01/04/24 at 9:00am revealed the facility was not sprinkled for fire supression. Review of the facility's census for 12/19/23 to 2/31/23 revealed the facility was not sprinkled for fire supression. Review of the facility's census for 12/19/23 to 2/31/23 revealed there were 62 to 68 residents which required 28 aide duty hours on first shift and second shift, and second shift and 24 aide duty hours on third shift. Review of the facility's residents receiving Personal Care Services (PCS) revealed: A total of 47 residents received PCS. There were 6 of 7 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required PCS. There were 6 of 5 sampled residents who required batting and 1 who required extensive assistance. 		This Rule is not met a TYPE B VIOLATION	s evidenced by:			· · · · ·	
Review of the facility's current license issued by the Division of Health Service Regulation effective January 1; 2024, revealed the facility was licensed for a capacity of 80 beds for an Adult Care Home. Observation during the initial tour on 01/04/24 at 9:00am revealed the facility was not sprinkled for fire suppression. Review of the facility's census for 12/19/23 to '2/31/23 revealed there were 62 to 68 residents which required 28 aide duty hours on first shift and second shift and 24 aide duty hours on third shift. Review of the facility's residents receiving Personal Care Services (PCS) revealed: -A total of 47 residents received PCS. -There were 5 of 7 sampled residents who received PCS. -There were 6 of 5		interviews the facility fa aide duty hours were r of 13 second shifts, an	ailed to ensure the required net for 5 of 13 first shifts, 8 d 11 of 13 third shifts			* • • •• •• •	
All clinical staff will by provided training by operations Manager on staffing requirements based on rules and required 28 aide duty hours on first shift and second shift and 24 aide duty hours on third shift. Review of the facility's residents receiving Personal Care Services (PCS) revealed: -A total of 47 residents received PCS. -There were 4 of 5 sampled residents who required Ilimited assistance three times weekly with bathing and 1 who required extensive -assistance.		Review of the facility's the Division of Health S January 1, 2024, revea licensed for a capacity	Service Regulation effective				ini ini ini Strani ini Bali ini
2/31/23 revealed there were 62 to 68 residents which required 28 aide duty hours on first shift and second shift and 24 aide duty hours on third shift. based on ruics and regulations set forth by NC DHHS for adult care homes. Review of the facility's residents receiving Personal Care Services (PCS) revealed: -A total of 47 residents received PCS. -There were 5 of 7 sampled residents who received PCS. based on ruics and regulations set forth by NC DHHS for adult care homes. Training Will include but not be limited to proper hotifications in the event of call inst. There were 4 of 5 sampled residents who required limited assistance three times weekly with bathing and 1 who required extensive assistance. on of Health Service Regulation.		Observation curing the 9:00am revealed the fa	initial tour on 01/04/24 at cility was not sprinkled for		by provided train by operations M	ining anageri	
Review of the facility's residents receiving Personal Care Services (PCS) revealed: -A total of 47 residents received PCS. -There were 5 of 7 sampled residents who received PCS. -There were 4 of 5 sampled residents who required limited assistance three times weekly with bathing and 1 who required extensive assistance. on of Health Service Regulation.		2/31/23 revealed there which required 28 aide and second shift and 24	e were 62 to 68 residents duty hours on first shift		based on rules be regulations set by NC DHHS fo	and forth >r	5 3/11/2·
required limited assistance three times weekly with bathing and 1 who required extensive assistance.		Personal Care Services A total of 47 residents There were 5 of 7 sam received PCS.	(PCS) revealed: received PCS. pled residents who		Training Will in but not be limi proper notificat	ted to ions in	nto na Na
E FORM	r v a	equired limited assistant with bathing and 1 who assistance.	nce three times weekly		• • •	a 11	•••••
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED
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HAL059021	B. WING		01/26/2024
	DRESS, CITY, ST		
1267 PINI	ACLE CHUR		
CEDARBROOK RESIDENTIAL CENTER NEBO, NO			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 188 Continued From page 6	D 188		
 -All 5 residents required extensive assistance, 7 days a week, with dressing and extensive assistance weekly with shaving. Observation on 01/09/24 at 6:08am revealed there was one personal care aide (PCA) and one medication (MA) working in the facility and available to provide resident care. 1. Review of the facility's census for 12/19/23 to 12/31/23 revealed there were 62 to 68 residents which required 28 aide duty hours on first shift. Review of the employee time punch detail report and the CMAs work calendar dated 12/23/23 revealed there was a total of 21.75 aide duty hours provided on first shift with a shortage of 6.25 aide duty hours. Review of the employee time punch detail report and the Operations Manager's (OM's) work calendar dated 12/25/23 revealed there was a total of 27.25 aide duty hours provided on first shift with a shortage of 0.75 aide duty hours. 		Operations Manag or designed will review schedule of to make sure s are covered based current census a as needs of the residents. In the event of shortages, plans be made to cove by Operations Mar	xaily hifts 3/11/27 t on s well will r

and lor designee.

Review of the employee time punch detail report and the OM's work calendar dated 12/26/23 revealed there was a total of 25.50 aide duty hours provided on first shift with a shortage of 2.50 aide duty hours.

Review of the employee time punch detail report and the OM's work calendar dated 12/30/23 revealed there was a total of 19.75 aide duty hours provided on first shift with a shortage of 8.25 aide duty hours.

Review of the employee time punch detail report and the OM's work calendar dated 12/31/23 revealed there was a total of 26.25 aide duty

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If continuation sheet 7 of 34

ATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING	3:	COMPLETED
		HAL059021	B. WING		
MÉ OF P	ROVIDER OR SUPPLIER				01/26/2024
	ROOK RESIDENTIAL CEI		ADDRESS, CITY, S		
		NEBO,	NC 28761		• • • • • •
X4) ID REFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLET
D 188	Continued From page	7	D 188		
		t shift with a shortage of			
	Refer to telephone int on 01/12/24 at 2:35pn	erview with a third shift PCA 1.			
	Refer to interviews wit 9:22a n, 01/12/24 at 4 11:30am and 3:08pm.	h the OM on`01/11/24 at 02pm, and on 01/19/24 at			
		a medication aide (MA) on			
	Refer to interview with 01/11/24 at 3:49pm.	the Administrator on			
	2. Review of the facility 2/31/23 revealed the which required 28 aide shift.	r's census for 12/19/23 to e were 62 to 68 residents duty hours on second			· · · · · · · · · · · · · · · · · · ·
	and the OM's work call revealed there was a tr	e time punch detail report endar dated 12/20/23 otal of 27.25 aide duty ond shift with a shortage of			
	and the OM's work call revealed there was a to	e time punch detail report endar dated 12/22/23 stal of 25 aide duty hours i shift with a shortage of 3			
l	aide duty hours. Review of the employe and the OM's work cale	e time punch detail report ndar dated 12/23/23			
	revealed there was a to	tal of 24 aide duty hours ft with a shortage of 4 aide			
F	Review of the employee	e time punch detail report			· · · · · · · · ·
of Heal ^y FORM	f Şervice Regulation		⁶⁸⁹⁹ 5	5GS011	If continuation sheet 8 of 3
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SUF	
		DENTI IOATION NOMBER.	A. BUILDING:		COMPLET	ED
19 - A		HAL059021	B. WING		01/26/	0004
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE		1 01/26/	2024
	ROOK RESIDENTIAL CEN	ITER 1267 PI	NNACLE CHURCH			
(X4) ID		NEBO, I	NC 28761			
PREFIX TAG	(ÉACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 188	Continued From page	8	D 188			
	and the OM's work cal	ee time punch detail report endar dated 12/25/23				•
		otal of 27.75 aide duty ond shift with a shortage of				
	and the OM's work cal revealed there was a t	ee time punch detail report endar dated 12/27/23 otal of 26.25 aide duty ond shift with a shortage of				·
	and the OM's work cal revealed there was a t	ee time punch detail report endar dated 12/29/23 otal of 21 aide duty hours lift with a shortage of 7 aide		· · · ·		•
	and the OM's work cal revealed there was a t					
ann an An	Refer to telephone inte on 01/12/24 at 2:35pm	erview with a third shift PCA				• ••
		h the OM on 01/11/24 at 02pm, and on 01/19/24 at	·			* :
	Refer to interview with 01/09/24 at 6:26am.	a medication aide (MA) on				
	Refer to interview with Ith Service Regulation	the Administrator on		· · · · · · · · · · · · · · · · · · ·		

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If continuation sheet 9 of 34

Protection Contractor

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TATEMEN ND PLAN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION C, IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059021	B. WING		01/26/2024
	1267 PIN	DDRESS, CITY, ST		
(X4) ID PREFIX TAG	NEBO, N SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
D 188	Continued From page 9	D 188		
÷	1/11/24 at 3:49pm.			
	3. Review of the facility's census for 12/19/23 to 12/31/23 revealed there were 62 to 68 residents which required 24 aide duty hours on third shift.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/19/23 revealed there was a total of 15.25 aide duty			
	hours provided on third shift with a shortage of 8.75 aide dury hours.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/20/23 revealed there was a total of 22.25 aide duty hours provided on third shift with a shortage of			
	1.75 aide duty hours.			• • • • • • • •
** *	Review of the employee time punch detail report and the OM's work calendar dated 12/21/23 revealed there was a total of 23 aide duty hours provided on third shift with a shortage of 1 aide duty hours.			a da ana ang sa
	Review of the employee time punch detail report and the OM's work calendar dated 12/22/23			
	revealed there was a total of 23.50 aide duty hours provided on third shift with a shortage of 0.50 aide duty hours.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/23/23 revealed there was a total of 21 aide duty hours provided on third shift with a shortage of 3 aide			
- , .	duty hours.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/25/23 revealed there was a total of 16 aide duty hours provided on third shift with a shortage of 8 aide			
on of Hea E FORM	Ith Service Regulation	6899	5GS011	If continuation sheet 10 of
	· 전화관· 사람 및 사람이 가슴이 가운 것이 있다. 1983년 - 1988년 - 이번 사람이 가슴이 가			

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION	1	CONSTRUCTION	(X3) DATE S	
		A. BUILDING: _		COMPL	ETED
	HAL059021	B. WING			•
NAME OF F				01/2	6/2024
	ROOK RESIDENTIAL CENTER 1267 PIN	NDRESS, CITY, STAT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETI DATE
D 188	Continued From page 10	D 188			
	duty hours.	5100			
	Review of the employee time punch detail report and the OM's work calendar dated 12/26/23				· .
· · · ·	revealed there was a total of 17.50 staff hours provided on third shift with a shortage of 6.50 hours:				
	Review of the employee time punch detail report and the OM's work calendar dated 12/27/23 revealed there was a total of 8.25 aide duty hours				· · · *
	provided on third shift with a shortage of 15.75 aide duty hours.				
· · · ·	Review of the employee time punch detail report				
	and the OM's work calendar dated 12/28/23 revealed there was a total of 11.5 aide duty hours				
	provided on third shift with a shortage of 12.50 aide duty hours.				· · ·
1	Review of the employee time punch detail report and the OM's work calendar dated 12/30/23				
ļ	revealed there was a total of 16 aide duty hours provided on third shift with a shortage of 8 aide duty hours.				
	Review of the employee time punch detail report		· · · ·		
• •	and the OM's work calendar dated 12/31/23 revealed there was a total of 19.25 aide duty		 •	• • •	
	hours provided on third shift with a shortage of 4.75 aide duty hours.		:		· ·
	Refer to telephone interviéw with a third shift PCA on 01/12/24 at 2:35pm.				
	Re ⁻ er to interviews with the OM on 01/11/24 at 9:22am, 01/12/24 at 4:02pm, and on 01/19/24 at				
	11:3Cam and 3:08pm				
	Refer to interview with a medication aide (MA) on		· · · · ·		<u> </u>
E FORM	itf' Service Regulation	6899 5G	S011	If continuation	ısheet 11 of∶
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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED
· ·	HAL059021	B. WING		01/26/2024
NAME OF P	ROVIDER OR SUPPLIER STREET A	DDRESS, CITY, STA		
CEDARBE		NACLE CHURC		
	NEBO, N	IC 28761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET
D 188	Continued From page 11	D 188	· · · · · · · · · · · · · · · · · · ·	
	01/09/24 at 6:26am.			
	Refer to interview with the Administrator on 01/11/24 at 3:49pm.		· · · · · · · · · · · · · · · · · · ·	
	Telephone interview with a third shift PCA on 01/12/24 at 2:35pm revealed:			
	-She had worked some nights when it was only			
•	her and one MA. -She sat outside the medication room in the			····
²	hallway at night so she could observe what was			
	going on in the facility.		4. 5	1942
	Interview with the OM on 01/11/24 at 9:22am and			
	01/12/24 at 4:02pm revealed: -She was responsible for completing the staffing		<i>x</i>	
	schedule			
•	-She provided all of the aides' recorded time		· · · · · ·	
	along with her time worked and she did not have any additional information.			
	-For third shift she usually had 3 staff working in			
	the building, depending on the census. If there were only 2 staff present for third shift			
. [she would come to the facility and work.			
	-She was unaware only 2 staff worked on third shift five of the thirteen reviewed days in			
1	December 2023.			
	-She was a salaried employee and did not clock in and out for the shifts she covered.		· · · · · · · ·	
	-She worked a lot during December 2023 due to			
	staff illnesses and call outs. -The facility struggled with employees leaving.			
• . •	-She did not have staff present just to cover			
	hours.			· · · · · · · · · · · · · · · · · · ·
	Interview with the OM on 01/19/24 at 11:30am			
	and 3:08pm revealed:			
	-There were approximately 40 residents who received PCS.			
	-Most of the residents who received services		• · · · · · · · · · · · · · · · · · · ·	••••••••••••••••••••••••••••••••••••••
sion of Heal	th Service Regulation	6899 5	GS011	If continuation sheet 12 o
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		Ulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
HAL059021		HAL059021	B. WING				
				01.	26/2024		
	· ·		ADDRESS, CITY, STATE				
EDARB.	ROOK RESIDENTIAL CE		NACLE CHURCH	ROAD			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES					
PREFIX TAG	EACH DEFICIENC	EX MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		(X5) COMPLET DATE	
D 188	Continued From page	e 12	D 188			<u> </u>	
	needed limited assist	ance with things like					
	bathing, dressing, an	d aroomina					
	-Not many residents	needed extensive					
	assistance.						
	-She knew there was	a shortage of aide duty					
ļ	hours on third shift bu	It did not know there was a					
	shortage on first or se	cond shift.					
	-If there was a shortage	ge on first shift, it had to be					
ł	on a weekend.						
	-There would have ne	ever been a time that only					
	PCAs were in the buil	ding without a MA that she					
	was aware of.						
	- There had never bee	n a time that a MA was not					
	been "freaking out".	shift; the PCAs would have				I	
	Interview with a medic	ation aide (MA) on					
-	01/09/24 at 6:26am re	vealed:					
	-There was an inciden	t on 12/23/23 where she					
ľ	and a personal care ai	ide (PCA) were smoking					
ļ	and a resident was be	ing verbally aggressive.					
	cursing and yelling and	d started swinging a sock					
	that contained a large						
	-If there was an incide	nt with a resident she			1		
	usually completed an i.	ncident report, a shift					
	the OM and the RCC.	y reported the incident to					
		lent on 12/23/23 to the 2nd					
	shift MA at the end of h	her shift but she did not					
	complete an incident re	eport because she was					
ĺ	ousy and "I had to keep	p the 67 residents safe"		· · · · · ·			
ł	and "I'm only one perso	on".					
	nterview with the Admi	inistrator on 1/11/24 at					
	3:49pm revealed:						
-	Third shift staffing requ	uired a supervisor and 2					
F	PCAs when the census	was in the 60's.					
	She thought there was	enough staff coverage if					
t	here were 2 staff in the	building and there was a					
S	upervisor within 500 fe	oct	I		1		

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If continuation sheet 13 of 34

To	of Health Service Regul				1 · · ·
ND PLAN (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1 - 1 - 1 		HAL059021	B. WING		
	ROVIDER OR SUPPLIÈR				01/26/2024
			ADDRESS, CITY, STA		•
EDARBR	OOK RESIDENTIAL CEN		INNACLE CHURC	HROAD	· · · · ·
(X4) ID		TEMENT OF DÉFICIENCIES	iD	PROVIDER'S PLAN OF COR	RECTION
PREFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD SE COMPLE
D 188	Continued From page	13	D 188		
	Attempted interview wi 01/12/24 at 10:00am w	ith a third shift MA on /as unsuccessful.			
	The facility failed to ha	ve required aide duty hours			
	in the facility to provide	supervision and care for st shift for 5 of 13 days,			
	2nd shift for 8 of 13 day	ys, and 3rd shift for 11 of			
	could result in the resid	through 12/31/23 which lents not receiving			• • •
/	appropriate supervision	n, assistance with their			
	evacuate the facility in	the residents' ability to case of an emergency.			
	This failure was detrime	ental to the health and its and constitutes a Type			
·					
· · · ·] ;	The facility provided a paccordance with G.S. 1 this violation.	olan of protection in 31D-34 on 01/19/24 for		··· · · ·	
	THE CORRECTION DA	ATE FOR THIS TYPE B IT EXCEED MARCH 11,			
D 212	10A NCAC 13F .0605 S Aide Supervisors	Staffing Of Personal Care	D 212		
	10A NCAC 13F .0605 S Aide Supervisors	Staffing Of Personal Care			
(a) On first and second capacity or census of 3	shifts in facilities with a f or more residents and		see Plan of	
c	on third shift in facilities	with a capacity or census		Correction fo	V 3/11/2
	of 91 or more residents, one supervisor of perso eferred to as superviso	nere shall be at least nal care aides, hereafter r, on duty in the facility for		Tag D18	8
le s	ess than 64 hours of aid supervisors for 64 to les	de duty per shift; two s than 96 hours of aide supervisors for 96 to less			
				· · · · · · · · · · · · · · · ·	· · · · · · · · .
FORM	Service Regulation		6899 5G	SS011	continuation sheet 14 o
• •	af sen san sa sa sa Sa sa				•
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	en de la companya de	1 A A A A A A A A A A A A A A A A A A A			

Division	of Health Service Regulation			FORMAP	PROV
	IT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
	OF CORRECTION			(X3) DATE SURV COMPLETE	
		A. BUILDING:	h	GOMPLETE	2
	HAL059021	B. WING		01/26/2	024
NAME OF P	PROVIDER OR SUPPLIER	DDRESS, CITY, STAT		. <u> </u>	
		INACLE CHURCH		`;	•
CEDARBI		IC 28761	RUAD		•
(X4) ID.	SUMMARY STATEMENT OF DEFICIENCIES	íD	PROVIDER'S PLAN OF CORRECTIO	N	(1/2)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BEC	(X5) OMPLETI
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
· -=			DEFICIENCY)		
D 212	Continued From page 14	D 212			
	thon (20 hours stated at the				
	than 128 hours of aide duty per shift. In facilities				
	sprinklered for fire suppression with a capacity or			i.	
	census of 91 to 120 residents, the supervisor's			·	
	time on third shift may be counted as required				
	aide duty. (For staffing chart, see Rule .0606 of				
	this Section.)				
			· · · · ·		
·			· · · · · ·		
	This Rule is not met as evidenced by:		Χ.		
	TYPE B VIOLATION			۰.	
			: 		
	Based on interviews and record reviews, the			· · · · ·	
	facility failed to meet the required staffing hours to				
	ensure a personal care aide (PCA) Supervisor			-	
	was on duty in the facility and available on first				
1	shift for 11 of 13 days, second shirt for 9 of 13			••••	· •
	days and on third shift for 10 of 13 days from				
	12/19/23 to 12/31/23.				
	The findings are:				
. 1	Review of the facility's current license issued by				
	the Division of Health Service Regulation effective				
	January 1, 2024, revealed the facility was				
ļ	licensed for a capacity of 80 beds for an Adult				
	Care Home and had a census of 63.				
	nen 1945 - Alberta La Laberta Maria (m. 1990). 1946 - Alberta Maria (m. 1997).				
	Observation during the initial tour on 01/04/24 at			: · · · · · · · · · · · · · · · · · · ·	
. -	9:00am revealed the facility was not sprinkled for			•	
	fire suppression.				
	Review of the facility census records from				
	12/19/23 to 12/31/23 revealed there was a		. · ·		
	census of 62 to 68 residents which required 8				
	Supervisor hours on duty in the facility on first and		and the second second second second second	····	
	second shifts and 4 Supervisor hours on duty in				
	the facility on third shift.			-	
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PRINTED: 02/16/2024 FORM APPROVED

AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDING: HAL059021 B. WING				ë Survey Pleted
				B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		1/26/2024
CEDARBE	ROOK RESIDENTIAL CE	NTER 1267 PIN	INACLE CHURCH F	ROAD		
		NEBO, N	IC 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 212	Continued From pag	e 15	D 212			
	and the Operation M calendar dated 12/19 total of 0.25 Supervis	yee time punch detail report anager's (OM's) work 1/23 revealed there was a for hours provided on third of 3.75 Supervisor hours.				
Re and rev -Th pro Su -Th pro 3.7 -Th pro	and the OM's work ca revealed: -There was a total of					
	Supervisor hours. -There was a total of provided on the seco	shift with a shortage of 1.5 4.25 Supervisor hours nd shift with a shortage of				
		s. 0.25 Supervisor hours shift with a shortage of 3.75				
į	Review of the employ and the OM's work ca revealed:	ee time punch detail report llendar dated 12/21/23				
	-There was a total of provided on the first s Supervisor hours.	6.5 Supervisor hours hift with a shortage of 1.5				
	on the second shift w Supervisor hour.	-				
	-There were no Supe third shift.	visor hours provided on the				
	and the OM's work ca revealed:	ee time punch detail report lendar dated 12/22/23				
	on the first shift with a hour.	7 Supervisor hours provided shortage of 1 Supervisor				
		7.25 Supervisor hours ad shift with a shortage of s.				

STATE FORM

Division of Health Service Regulation

6899

5GS011

If continuation sheet 16 of 34

STATEMEN	Df Health Service Regulation T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059021	B. WING		01/26/2024
VAME OF P	ROVIDER OR SUPPLIER STREET A	ADDRESS, CITY, ST		1 01/20/2024
CEDARBI	ROCK RESIDENTIAL CENTER 1267 PIN	NACLE CHUR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLE
D 212	Continued From page 16	D 212		
	-Thère were no Supervisor hours provided on the third shift.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/23/23 revealed: -There were no Supervisor hours provided on the			
	first shift. -There was a total of 4 Supervisor hours provided on the second shift with a shortage of 4 Supervisor hours:			
	-There was a total of 1 Supervisor hour provided on the third shift with a shortage of 3 Supervisor hours.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/24/23 revealed:			
a at a la	-There was a total of 6.75 Supervisor hours provided on the first shift with a shortage of 1.25 Supervisor hours. -There was a total of 2.25 Supervisor hours			
	provided on the second shift with a shortage of 5.75 Supervisor hours.			
	Review of the employee time punch detail report and the OM's work calendar dated 12/25/23 revealed there were no Supervisor hours			
	provided on first, second or third shifts. Review of the employee time punch detail report and the OM's work calendar dated 12/26/23			
• •	revealed: -There was a total of 7 Supervisor hours provided on the first shift with a shortage of 1 Supervisor			
1997 - 1997 1997 - 1997 - 1997 1997 - 1997 - 1997 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 1997 -	hour. -There was a total of 7.75 Supervisor hours provided on the second shift with a shortage of 0.25 Supervisor hours. There was a total of 7.75 Supervisor hours.	:		
sion of Hea TE FORM	-There were no Supervisor hours provided on the	6899	5GS011	If continuation sheet 17
:	a de la companya de Companya de la companya de la company Companya de la companya de la company			
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Jindalaa				PRINTED: 02/16/20 FORM APPRON
JIVISION (
	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY
	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED
· ·				and the second se
	HAL059021	B. WING		
				01/26/2024
IAME OF P	ROVIDER OR SUPPLIER STREET	DDRESS, CITY, STATE	E, ZIP CODE	
	ROOK RESIDENTIAL CENTER 1267 PI	NACLE CHURCH	ROAD	
COANDI	VOON ILLIDEN IML CENTER	NC 28761		· .
(X4) 1D	SUMMARY STATEMENT OF DEFICIENCIES	ID		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	
			DEFICIENCY)	
D 212	Continued From page 17	D 212		
	third shift.			
	Review of the employee time punch detail report			
	and the OM's work calendar dated 12/27/23			
	revealed:	· · ·		
-	-There was a total of 5.5 Supervisor hours			
	provided on the first shift with a shortage of 2.5			
	Supervisor.hours.			
	-There was a total of 1 Supervisor hour provided			
· · · ·	on the third shift with a shortage of 3 Supervisor		· · · · · · · · · · · · · · · · · · ·	
	hours:			
	Review of the employee time punch detail report			
	and the CM's work calendar dated 12/28/23]
•	revealed:			
•	-There was a total of 6.5 Supervisor hours			
· ·	provided on the first shift with a shortage of 1.5			
	Supervisor hours.		•	
· · ·	-There was a total of 7.75 Supervisor hours			
	provided on the second shift with a shortage of			•
	0.25 Supervisor hours.			
	0.20 Supervisor fights.			
	Review of the omniouse time such data it			
	Review of the employee time punch detail report and the OM's work calendar dated 12/30/23			
	revealed:			
	-There was a total of 6 Supervisor hours provided			· · · ·
	on the first shift with a shortage of 2 Supervisor			
	hours.		· · · · · · · · ·	• · · · • ·
	-There was a total of 3.25 Supervisor hours			
	provided on the third shift with a shortage of 0.75		· · · ·	
	Supervisor hours.			
· · .	Doutout of the anithment			
	Review of the employee time punch detail report			
	and the OM's work calendar dated 12/31/23			
	revealed:		· ·	
	-There was a total of 6 Supervisor hours provided			
	on the first shift with a shortage of 2 Supervisor			• • • • • •
	hours.			
	-There was a total of 6.5 Supervisor hours			·. · ·
	provided on the second shift with a shortage of		1. A A A A A A A A A A A A A A A A A A A	

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ATEMEN ID PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		(X3) DATE	
	0.001	IDENTIFICATION NUMBER:	A. BUILDING:				LETED
		HAL059021	B. WING			01/	25/2024
ME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE			
DARB	ROOK RESIDENTIAL CEN		NNACLE CHURC	HROAD			
X4) ID REFIX TAG	(EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORPERING IVE ACTION SHOULD B SED TO THE APPROPRIA	E	(X5 COMPL DAT
				DE	FICIENCY)		
D 212	Continued From page	18	D 212				1
	1.5 Supervisor hours.			· · · ·		•	
	-There was a total of 1	Supervisor hour provided					
	on the third shift with a	shortage of 3 Supervisor	-				1
	hours:						
		on 01/11/24 at 9:22am, on			· · · · · · · · ·		а. а.
	01/12/24 at 4:02pm an	d on 01/19/24 at 11:30am		-			
	and at 3:00pm reveale	d:					
	-She was responsible I	for completing the staffing			<i>x</i>		
	schedule.					•••	
	the facility.	our Supervisors working at			•	•	
ė		es (MAs) were Supervisors					
	or had 12 hours of con	tinuing education related to					
•	the care of aged or disa	abled persons.					
	-Sne would work as the no Supervisor coverage	e Supervisor if there was					
	-She knew there were i	e issues on the third shift			· · · · ·		
	with Supervisor and sta	aff coverage.					
	-She did not realize sho	e had to be in the building					• • •
	for 4 of the 8 hours on the Supervisor within 5	third shift when she was 00 feet of the facility.					
[Interview with the Admi	nistrator on 01/11/24 at					
1	3:49pm revealed she th	ought there would be	.				
	enough staff coverage of	on third shift if two staff		• •			
	were in the building on	and there was a					
	Supervisor within 500 fe	eet of the facility.			يتوافق والمراجع		· · ·
•	The facility failed to ens	ure a personal care aide					
	Supervisor was on duty	in the facility and					
	available on 1st shift for	11 of 13 days, 2nd shift		:	:		
	for 9 of 13 days, and 3rd	d shift for 10 of 13 days		• •	-	•	
	from 12/19/23 through 1 were providing care and	12/31/23 to ensure staff					
	secure manner. This fail	i services in a sate and		•			
	the health and safety of	all the residents and			· •. •		
	constitutes a Type B Vid	lation.				.	
				· · · · ·		1	
	The facility provided a p	lan of protection in		· · · · .			

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PRINTED: 02/16/2024
FORM APPROVED

TATEMENT	f Health Service Regulation OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA F CORRECTION.		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P CONSECTION	A. BUILDING:	· · ·	COMPLETED
•	HAL059021	B. WING		01/26/2024
	ROVIDER OR SUPPLIER	ADDRESS, CITY, ST.	ATE, ZIP CODE	<u></u> ~~
EDARBR	OOK RESIDENTIAL CENTER	INNACLE CHURC	CHROAD	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPL
D 212	Continued From page 19	D 212		
	accordance with G.S. 131D-34 on 01/19/24 for this violation.			
	THE CORRECTION DATE FOR THIS TYPE B			
an a	2024			
D 456	10A NCAC 13F .1212(g) Reporting of Accidents	D 456		· · · · · ·
	and Incidents	· ·	· · · · · · ·	
	10A NCAC 13F .1212 Reporting of Accidents and Incidents (g) In the case of physical assault by a resident			
	or whenever there is a risk that death or physical harm will occur due to the actions or behavior of a resident, the facility shall immediately:			
	(1) seek the assistance of the local law enforcement authority;			
	 (2) provide additional supervision of the threatening resident to protect others from harm; (3) seek any needed emergency medical treatment; 			
- , '	(4) make a referral to the Local Management Entity for Mental Health Services or mental health provider for emergency treatment of the			
	threatening resident; and (5) cooperate with assessment personnel assigned to the case by the Local Management			
	Entity for Mental Health Services or mental health provider to enable them to provide their earliest possible assessment.			
	This Rule is not met as evidenced by: A1 VIOLATION			
	Basec on interviews and record reviews, the facility failed to seek the assistance of local law enforcement (LLE) for 4 residents related to a physical assault with injury (Resident #2 & #4), a			
sion of Hea	aftin Service Regulation		<u></u>	·
TE FORM		5899	5GS011	If continuation sheet

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If continuation sheet 20 of 34

	f Health Service Regu OF DEFIGIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
		IDENSITION NOW DEN.	A. BUILDING:		COMPLETED
			B. WING		
. •		HAL059021			01/26/2024
IAME OF PR	OVIDER OR SUPPLIER		DDRESS, CITY, ST		· · ·
EDARBR	OOK RESIDENTIAL CEN	NIER .	INACLE CHURC	CH ROAD	• •
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION (XE
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	
D 456	Continued From page	20	D 456		
1	physical assault witho	out injury (Resident #1 & #3),			
	and an incidence that	put a resident at risk of			
-	physical harm (Reside	ent #3).			
	The findings are				
	The findings are:				
	Review of the facility i	policy on Management of		Operations Manc	ager
	Physical Aggression c	or Assault revealed:		will reach out .	The last
		appropriate behaviors.			
		naladaptive behaviors	-	Local Law Enforce	_1 •
	immediately to the su	pervisor. situations as needed.		for review of f	-aulitys
		erous behaviors to the		current policy o	ní
	resident's physician a			Management of	• • • •
. : .		ent any physician orders.			
		erous behaviors to the		Aggression or A.	
		sponsible person and seek		so that in add	
	intervention.	iate law enforcement if all		to abiding by a	11
	interventions fail.			rules and regula	ations
				set forth by N	CDHHQ
		assault with injury between		Sea turin by in	
	Resident #2 and Resi	dent #4.		Adult care Lice	ISURO
				section, we are	, also
	12/09/23 revealed dia	#2's current FL2 dated		following what Law enforcement	local
		and acute schizoaffective		10110 the Gyrcebach	+ feels
	disorder.			Law enforcement	
	e Roman (n. 1997). 1997 - Alexandre Alexandre, and an	le de la companya de La companya de la comp		is appropriate.	
		report for Resident #2			
	dated 12/13/23 reveal				
	-The report was comp Administrative Assista				
-	(A) a set of the state of the set of the	lived in an altercation with			
		; both residents were hitting			
		was hit in the face and legs.	· .		
· E		ation ice was applied and			
	the residents were rec	lirected without further			
	-There was no docum	entation local law			
	th Service Regulation				
te form			6899	5GS011	If continuation sheet 2
					:

AND PLAN	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		(X3) DATE SURVEY COMPLETED
			AC DOLEDING		
		HAL059021	B. WING		01/26/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S		
	ROCK RESIDENTIAL CEN	ITER 1267 P	INNACLE CHUR NC 28761	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 456	Continued From page	21	D 456		
	enforcement (LLE) wa	• • • • •			
	medical services on 0 -He responded to a ca facility on 12/23/23 be reported to be having -An employee at the fa Resident #2 had been enother resident serve -He assessed Residen transported to the hos -Resident #2 had an a left side of his face bel be a reall g area that turning cellow in color.	cause Resident #2 was a seizure. acility reported to him that in an altercation with ral days prior. at #2 prior to him being bital on 12/23/23. rea on his face under the ow that appeared to him to he observed to be purple t #2's Primary Care D9/23 at 1:06pm revealed: ant on 12/21/23. resident had a bruised her resident who punched a physical altercation on report from the local county 911 was not called at the		Operations Man or designed will provide training Supervisors in a related to rules regulations for adult care hom in Reporting of Incidents and Ac Log book will be maintained in me Room to log all to emergency serv	harge 2/25/2 and nes adonts. d calls iccs.
	b. Review of Resident 08/25/23 revealed diag mechanical complication generalized muscle we	noses included in of internal left knee and		Audit of Log bo and Incident and Accident reports	to be 2/25/24
	surgery.			Completed by Ope Manager or desident no less than bi weekly.	gnee
	h Service Regulation				

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Wielon d	of Health Service Regulation		·	FORM	APPROVE
	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
	DE CORRECTION	A. BUILDING:		(X3) DATE SU COMPLE	
	HAL059021	B. WING		01/26	5/2024
ME OF PI	ROVIDER OR SUPPLIER STREET A	ADDRESS, CITY, STAT		,	
· .	1267 DI			i -	
EDARBF	COK RESIDENTIAL CENTER NEBO, I				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE
D 456	Continued From page 22	D 456		<u> </u>	
	at the same time propelling himself toward				
	Resident #4.				
	- Resident #2 did not stop propelling himself				
	directly at him and crashed his wheelchair into				
.	Resident #4's wheelchair.				
•	-Resident #4 hit Resident #2 in the face with his fist				
	HCC second				
	Review of the Resident Life Enrichment				
	Coordinator's progress notes dated 12/13/23		· · · · · · · · · · · · · · · · · · ·		•
	revealed:				
	Staff reported Resident #2 was in his wheelchair				
. [and ran in to Resident #4 who was in his wheelchair and the two wheelchairs got stuck				
	together.				
•	-Resident #4 then punched Resident #2 because				
	Resident #2 would not stop talking loudly when				
	Resident #4 asked him to.				
	Review of an incident report for Resident #2			•	<i></i>
	dated 12/13/23 revealed:				
	-At 12:20pm in the hallway, Resident #4 and				
	Resident #2 were involved in an altercation.			1	
	-Resident #4 reported Resident #2 was coming				
	toward him in his wheelchair and would not stop running into him.			ł	
	-Both residents were "swinging fists."	· ·			• • • •
	-Resident #4 was not injured.		· · · ·		
	-Resident #4 was alert and oriented and had no		· · · · ·		
	injury from the altercation with Resident #2.				
	-There was no documentation local law enforcement (LLE) was called.				
••••	anorogingit (LEL) and galley.		аны Аларанан аларын алар	· · · · · · · ·	
	Review of Resident #4's most recent Mental				
	Health Provider (MHP) notes dated 02/03/23				
	revealed:				
	-Resident #4 had been displaying anger and				
	aggression towards others in the facility over a two-week period.			•	
	-On 02/03/23 Resident #4's behavior escalated,				

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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION UMBER:	1		(X3) DATE SURV COMPLETED	
HAL059021		B. WING		01/26/20)24
AME OF PI	ROVIDER OR SUPPLIER STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EDARBF	ROUK RESIDEN HAL CENTER	INACLE CHUR IC 28761	CH ROAD	4 3 194 1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE O	(X5) OMPLETI DATE
D 456	Continued From page 23	D 456			
· ·	and he threatened to assault another resident with a plastic knife.				
:	-Resident #4 refused to comply with completing a mental health crisis assessment.				
	-Resident #4 slammed the door in a staff member's face and said, "[racial slurs]."				1.
	-Resident #4 was involuntarily comitted to the hospital for psychiatric evaluation and treatment.				
	Interview with the Administrative Assistant on 01/08/24 at 3:24pm revealed:				
	-She completed the Incident Report for the altercation that occurred between Resident #4		: 		
	and Resident #2 on 12/13/23. -The incident was witnessed by and reported to				·
	her by a medication aide (MA) who no longer worked at the facility.				
	-Resigents #4 and #2 were intertwined in their wneelchairs in the hallway and they were "swinging fists."				
	-She spoke to Resident #4 who stated Resident #2 "just kept coming at me and coming at me." -Resident #4 was not injured to her knowledge.				
· .	Interview with the Resident Care Coordinator (RCC) on 01/05/24 at 10:32am revealed:				
	-Resident #4 hit Resident #2 in the eye because Resident #2 was cursing and told Resident #4				• • • •
	that he was going to run into him with his wheelchair. -She was not present during the incident.				
	Interview with the Operations Manager (OM) on 01/05/24 at 11:42am and 2:53pm revealed:				
	- Resident #2 ran into Resident #4 in his wheelchair.				
e ange e se	-There were fists thrown. -Resident #4 was uninjured, but Resident #2's eye was blackened.				
ion of Hes	-She was not sure if the involved residents were				
E FORM		6899	5GS011	If continuation sh	eet 24 c
	- 美国教授的教育,1997年,1997年 1997年1月1日 - 新聞教育和学校				

	of riealth Service Regulation					i Approv
		(X2) MULTIPLE	E CONSTRUCTION		(X3) DATE S	URVEY
AND PLAN	OF CORRECTION	A. BUILDINĠ:			COMPL	ETED
÷ .		1 · · · · · · · · · · · · · · · · · · ·		·		ī
	HAL059021	B. WING		<u></u>		
					01/2	6/2024
		DDRESS, CITY, STA		· · · ·		
	NEBO, N	IC 28761				
.(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COF	ER'S PLAN OF CORRECTI RRECTIVE ACTION SHOUL ERENCED TO THE APPRO! DEFICIENCY)	D BE	(X5) COMPLET DATE
D 456	Continued From page 24	D 456			···	
÷.						
	placed on 15-minute checks after the incident.					l
	-When there was a physical altercation between					
	residents, staff were trained to redirect the residents or call mobile crisis if they could not be					
1.	redirected or calmed down					
	-She was not aware LLE needed to be contacted					
·, .	if the guardians and the residents involved in an					
	assault did not want to press charges.					
	-LLE would be contacted if the resident requested					
• •	LLE become involved.			÷		
	-She did not think LLE was contacted after the					
	12/13/23 assault.					
	Review of the 911 can report revealed 911 was		· · ·	et el composito de la composito Composito de la composito de la		· · · · ·
	not called at the time of the incident on 12/13/23.					
	Refer to Telephone interview with a Detective			·		
	from LLE on 01/12/224 at 2:51pm.					
	Refer to interview with the Administrator on					•
	01/11/24 at 4:16pm.					
	2. Review of a physical altercation between					
	Resident #3 and Resident #1.					
	a Revisour of Register #21 ELO date d					
	a. Review of Resident #3's current FL2 dated 02/07/23 revealed:					
	-Diagnoses included dementia with behavior					
	disturbances and history of traumatic brain injury.		•	·		1. A.
•	-Resident #3 used a wheelchair for ambulation.					• *
· .					•	
	Interview with Resident #3 on 01/04/24 at					
•••	10:24am and 01/09/24 at 10:06am revealed:			• • • • •		
· :.	-He was partially paralyzed and propelled himself		•			
	in a wheelchair.					
. 1	-Abou, a week ago, Resident #1 threatened to					
	turn him over in his wheelchair, when they were in			e de la companya de Recordo de la companya	• • • • •	•-• • •
. 1	the hall, outside the dining room.		:		, esterna 🕴	
	-He started to swing a sock around that had a				· · · · · · · · · · · · · · · · · · ·	
	rock in it.					

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<u>Division</u>	of Health Service Regulation			1011	APPROVE
TATEMEN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (DE CORRECTION	A. BUILDING:		COMPL	ETED
					:
	HAL059021	B. WING		01/2	26/2024
				1 0112	,0/ LVL-1
		RESS, CITY, STAT			
EDARB		ACLE CHURCH	ROAD		•
04.0.10	SUMMARY STATEMENT OF DEFICIENCIES				· .
(X4) ID PREFIX	(EAGH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETI
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
			DEFICIENCY)		L_
D 456	Continued From page 25	D 456			
				İ	1
	-It took 4 people to take the sock away from him. -He made the sock with the rock in it about a year				1
	ago for protection because he did not trust				
	ago loi protesson becadse ne did hot trust		· · · · · · · · · · · · · · · · · · ·		
1. 1. p. p. p.	-No one at the facility ever knew he had the sock				
	with a rock in it; he kept it on the seat of his			1. S. S. S.	•
	wheelchair behind him where it could not be				
	seen.			İ	
	-The first time he ever used it was on 12/28/23			<u> </u>	
	when he swong it at Resident #1.		· · · · · ·		
	He would make snother one, if necessary, as			1	
	there were pienty of rocks outside and he had plenty of socks.				
	Diejity of Souths.				
	Interview with the Dietary Supervisor on 01/04/24				
1. 1.	at 10:42am re-saled:			1	
	-He was in the kitchen when an altercation				
	csourced sutside the dining room.		• • • • •		
	-Sesident #3 and Resident #1 were having a			· · · ·	•
	verba. altercation.				
	-He requested Resident #1 go down the hall so				
	the two of them could separate and simmer down.				
	-A few minutes later Resident #1 returned and by			1 1	
	then Resident #3 had a sock with something in it				
]	and he was swinging around, but it did not hit			;	
[Resident #1.				1
	-Someone yelled for him to grab the sock, so he				
	did, because he realized it was a weapon.		· .	· · · · .	
	-He took the sock to the medication room, and he		• •		
, ,	put it on the counter.			.	
	-The Resident Care Coordinator (RCC) was informed about the incident.		· · · · · · · · · · · · · · · · · · ·		ter en en en en en en en en en en en en en
	-He had never seen the sock before.				
	TO THE HERE SCOTTING SOUNDEDIE.				
· . •	Interview with the RCC on 01/05/24 at 10:32am				
· · ·	revealed:		· · · · · · · · · · · · · · · · · · ·	
	-Resident #3 and Resident #1 were arguing in the				
•.	hallway near the dining room about 7-10 days				·.
	ago when Resident #3 pulled out a sock with a			Ĩ	

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:		COMPLETED	
		HAL059021	B. WING		01/26/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI		01/20/2024
000400		4007 01	NNACLE CHURCH		:
	ROOK RESIDENTIAL CEN		NC 28761	· · · · · · · · · · · · · · · · · · ·	A second s
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	D	PROVIDER'S PLAN OF CORRECTIO	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP	DBE COMPLETE RIATE DATE
				DEFICIENCY)	
D 456	Continued From page	26	D 456		
	rock in it and started to	o swing it at Resident #1.			
	-She did not personal!	y see the incident, but she		in an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar an ar	4.1 x
	was present in the bui	lding.			
	-She was told Resider	nt #1 was not hit.			
	-She thought another i	resident took the sock away			
	from Resident #3.				
	-Whoever took the soc	k away from Resident #3		· · · · ·	
	put it in the medication	ι room up on a shelf and			
	the last she heard son to the OM.	neone was going to take it		· · · · · · · · · · · · · · · · · · ·	
·	-She had never score	Resident #3 with a sock or			
	a rock before.	WILL A SUCK OF			1 •
		Resident #3 and Resident		· · ·	
	#1 argue before				
		ent #3 angry or lash out at			
	anyona ever before.			· · · ·	
	-She did not take the s	ock off the shelf and			
	inspect the rock and st	ne did not know if any other		· · · · · · · · · · · · · · · · · · ·	• • • • •
	staff looked at it either.			• •	the strength of the strength o
	Attempted review of Re				
		8/23 revealed no report			
	was completed.	orzo revealed no report		· · · ·	
	Interview with the OM a	on 01/05/24 at 11:39am			
	and 1/09/24 at 6:58am	revealed:			
	-She was not present v	vhen Resident #3 had an			
	altercation with Reside	nt #1 outside the dining		· · · · · · · · · · · · · · · · · · ·	
	room on 12/28/23.			•	
	-one was informed Res	sident #3 started swinging		· · ·	
	a sock with a rock in it i intimidate him.	at Resident #1, trying to			
		ook the sock away and the			
	two were redirected.	on are over away driv the			
		e swung the sock with the			
.	rock in it was because I	he was in a wheelchair			
	and needed to defend I	nimself.			
	Staff reported to her th	at they suspected			s
-	Resident #3 had a rock	or was collecting rocks,			
		een seen on him before		······································	• • • • • • • • •
ION OT HEAT	h Service Regulation		6200		· · · · · · · · · · · · · · · · · · ·
		an an an an an an an an an an an an an a	6899 5GS	D11	If continuation sheet 27 of 3
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	of Health Service Regulation			FORM APPROV
STATEMEN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF GORRECTION UMBER:			(X3) DATE SURVEY COMPLETED
		A BOILDING	·	
	HAL059021	B. WING		01/26/2024
NAME OF P	ROVIDER OR SUPPLIER STREET	ADDRESS, CITY, S		1 0112012024
CEDARBI	ROOK RESIDENTIAL CENTER 1267 PII	NNACLE CHUR		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J (X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET
D 456	Continued From page 27	D 456		
	that day.			
	-When there was a physical altercation between			
	residents, staff were trained to redirect the			
	residents or call mobile crisis if they can't be			· · ·
	redirected or calmed down.			
·	-LLE was called if the resident was unable to calm down or if the resident requested LLE			
	become involved.			
	LEE was not contacted very frequently at the			
	facility, usually just for an involuntary	ļ		
	commitment Staff had been trained in the policy regarding			
	how to handle challenging behaviors.			
1 ¹¹	Telephone interview with Resident #3's Primary			
	Care Provider (PCP) on 01/09/24 at 12:48pm revealed:		10	
	-He was informed about the 12/28/23 incident		·····	
· · · · ·	between Resident #3 and #1 on 01/04/24 when			,
	he was at the facility.			
	-Resident #3 was not known to be violent. -He did not provide psychiatric care for residents			
	at the facility.			
	Telephone interview with Resident #3's guardian		· · · · · · · · · · · · · · · · · · ·	
	on 01/05/24 at 2:08pm revealed: -He came to the facility monthly.			
	-He was not informed of any aggressive			
	behaviors that Resident #3 displayed.			
			· · · · ·	
	Review of the 911 call report revealed 911 was			
	not called at the time of the incident on 12/28/23.			
	Review of the pictures of the sock and a rock revealed:			
	The rock was rectangular shaped, about the size			
·	of an adult hand.			· • • • · · · · · · · · · · · · · · · ·
	-The sock was a long, thick athletic sock.			
	Refer to Telephone interview with a Detective			
on of Heal	th Service Regulation .	<u> </u>		
E FORM		6899	5GS011	If continuation sheet 28 of
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Division (of Health Service Regulation				APPROVE
STATEMEN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
		A. BUILDING:	<u> </u>	COMPL	ETED
· .	HAL059021	B. WING	·	01/	26/2024
AME OF P	ROVIDER OR SUPPLIER STREET A	DDRESS, CITY, STATE			0/2024
	ROOK RESIDENTIAL CENTER 1267 PIN	NACLE CHURCH			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
D 456	Continued From page 28	D 456	······································		
	from LLE on 01/12/224 at 2:51pm.				
	Refer to interview with the Administrator on 01/11/24 at 4:16pm.				
			an an an an an an an an an an an an an a	·	i l
	b. Review of Resident #1's current FL2 dated				•
	04/06/23 revealed: -Diagnoses included epilepsy and history of				
	alcohol abuse				
	-Resident #1 was oriented and ambulatory with no assistive device.				
	Interview with Resident #1 on 01/04/24 at				l
	10:03am revealed:				• •
	-About one week ago Resident #3 was leaving the dining room and he pulled out a sock that had			• .	
	something in it and started swinging it.				
	-He bipcked it, so he was never hit or hurt.				
	-An employee from the kitchen intervened and took the sock away from Resident #3. -He had never seen the sock before that day.				••
	Interview with the Dietary Supervisor on 01/04/24				
	et 10:41am revealed: -He heard two residents "exchanging words" in				
	the hallway.			- · · ·	
	-He saw Resident #1 slinging a sock with an unidentified object inside.				· ·
	-He was able to grab the sock and take it from Resident #3.				••• • • •
	-Resident #3 was "upset" that he took the sock				
	away from him.				
	Review of Resident #1's accident report dated 12/28/23 revealed:				
-	-Resident #3 and Resident #1 were "involved in				
	verbal altercation."			· · · ·	· •.•
	-The incident occurred in the hallway at 1:00pm on 12/28/23.			•	
	-The two residents were "redirected without				

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	of Health Service Regu					FOR	MAPPRC
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE	SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:				LETED
						Ì	;
		HAL059021	B. WING		<u> </u>	1	-
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STA			017	26/2024
· · · · ·	ROOK RESIDENTIAL CEN	NEBO, I	NACLE CHURCH	HROAD	•		
(X4) ID PREFIX	SUMMARY STA (EACH DEFICIENCY	TEMENT OF DEFICIENCIES	מו	PROVIDER	R'S PLAN OF CORRECT	10N	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION	PREFIX	(EACH CORR	RECTIVE ACTION SHOU	I D BE	COMPLE
			149	ONO33-REFER	RENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
D 456	Continued From page	20					<u>+</u>
,	serie of the series of the ser	29	D 456				
-	further incident."				a *.		
	-Resident #1 said Res	ident #4 was "running his					ļ
	mouth."						
-	There was no injury p	resent to Resident #1.					· .
<u> </u>	Devices	la de la companya de				÷ .	
• • •	Review of the charting	notes for Resident #1				t di	· .
	dated 12/28/23 reveale	ed "resident involved in	Į.				
	verbal altercation with redirected without furth	another resident, both					
	regrected without full	ier incloent.					phi s
· · ·	Infeitiew with the RCC	on 01/05/24 at 10:32am		· .		ĺ	1
	revealed.	on 01/05/24 at 10:32am			-		l.
	-Resident #3 and Resi	dent #1 were erquing					
	outside the dining roon	about 7-10 days ago			е		
	when Resident #3 pulle	ed out a sock with a rock in		۰.			
ĺ	it and started to swing	it around.		· · · ·	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l		
	-She did not personally	see the incident.			•		
	-She was told Residen	t #1 was not hit.	· · ·	1	· · ·		
•	-She thought another r	esident took the sock away					
	from Resident #3.						
	-Wheever took the soc	k away from Resident #3	6				
	put it in the medication	room up on a shelf.				.	
.	-She had never seen th	ne sock before.				ļ	
· · · ·	-She had never seen R	esident #3 angry before.					
	-She did not look at or i	nspect the rock.				*	
	-Site was unaware of a	ny incident prior to er resident had a rock in a					
	sock threatening reside	er resident nad a rock in a					
	an an ease mining tooluge	11 		· .			.*
	Interview with the OM c	n 01/05/24 at 11·42am					· ·
	revealed:						
	She was not present in	the facility when the					
	incident occurred on 12	/28/23.		يە. 1 م د	•		- 1
	She heard there was a	verbal altercation		· · ·			
	between Resident #1 a						
	12/28/23.						
		dent #1 had a sock with a		· -	· · · · · · · · · · · · · · · · · · ·		· ·
	rock in it.						
-	Staff intervened and to	ok the sock with the rock	· · ·	· · · · · ·			
i	in it from Resident #1.					1	

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Division	of Health Service Regulation			PRINTED: 02/16/20 FORM APPROV
STATEMEN	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	
AND PLAN OF CORRECTION		A. BUILDING		(X3) DATE SURVEY COMPLETED
	HAL059021	B. WING		01/26/2024
	PROVIDER OR SUPPLIER STREE	ET ADDRESS, CITY, S		01/20/2024
	4007	PINNACLE CHUR		:
LEDARB		D, NC 28761		· .
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	NI
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD) BE COMPLET
		TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
D 456	Continued From page 30			
		D 456		
÷.,	-Resident #3 was "not typically violent in any	1		
÷.,	way. -The two residents were easily redirected so law			
	enforcement was not contacted.	-		
	Telephone interview with Resident #1's Primary			
	Care Provider (PCP) on 01/09/24 at 12:48pm			•
	revealed			
	-He was informed about the 12/28/23 incident			an that the
	involving Resident #1 on 01/04/24 when he was at the facility.			
	-Resident #3 was not known to be violent.			
	-He did not provide psychiatric care for residents			
	at the facility.			
ļ	Review of the 911 call report revealed 911 was			
	not called at the time of the incident on 12/28/23.			· · · · · · · · · · · ·
1.1	Refer to interview with the Administrator on			
ļ	01/11/24 at 4:16pm.			• • •
				1
1	Refer to Telephone interview with a Detective			
÷	from LLE on 01/12/224 at 2:51pm.			
	3. Review of Resident #3's current FL2 dated			
	02/07/23 revealed:			
	-Diagnoses included dementia with behavior			
	disturbances and history of traumatic brain injury.			
· · : : • •	-Resident #3 used a wheelchair for ambulation.			
[Interview with a medication aide (MA) on			
•	01/09/24 at 6:26am revealed:			
-	-Resident #3 came outside onto the smoking			
•	patio after breakfast on 12/23/23 where she and a			
	personal care aide (PCA) were smoking, and			ľ
	Resident #3 was being verbally aggressive,		·.	
	cursing and yelling. -Resident #3 started swinging a sock around that			
	contained a large rock and threatened to hit his			
	roommate and anyone that was getting on his			1

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STATEMEN	of Health Service Regu	ation (X1) PROVIDER/SUPPLIER/CLIA	- <u> </u>						I \	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIP		RUCTION					TE SURVEY
			A. BUILDING	- <u></u>					0 0	MPLETED
						•				
		HAL059021	B. WING							01/26/2024
NAME OF P	ROVIDET OR SUPPLIER	STREET	ADDRESS, CITY, S							J 1/20/2024
	ROCK RESIDENTIAL CEN		NACLE CHUR							:
			NC 28761							
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		DROVIE				<u> </u>	
PREFIX TAG	EAC: FICIENCY	MUST BE PRECEDED BY FULL	PREFIX		(EACH CO	RRECT	JAN OF (VE ACTI	ORRECTI	ON DE	(X) COMP
IAG	REGULATURY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REF	ERENCE	D TO TI	IE APPRO	PRIATE	
i						DEF		()		
D 456	Continued From page	31	D 456		,		\$			
	ne wes and running the	eir mouth								
	-The moleves inst wa	as working with her on the								
ĺ	morning of 12/23/23 in	ok the sock with a rock in it								
	away om Resident #	B and placed it in a plastic								}
	icing container where d	only that employee could				· .				
	find it.						•			
	-She refused to identify	the name of the	2							
· · · · · · · · · · · · · · · · · · ·	employee who took the	e sock away from Resident	l l							
.	#3.									
	-If a resider it hit anothe	r resident she would	i i							
	complete an incident re	eport, a shift report and								
	verbally report the incid	tent to the OM and the								
	RCC.									
14	-She reported the incid	ent to the 2nd shift MA at						•	• • •	
	the end of her shift.									
. [-She did not complete a	an incident report because						• •	• •	ł
	she "I had to keep the 6	67 residents safe" and "I'm								. I
	only one person".								•	- 10
· · · ·									· • ·	
,	Interview with a PCA or	n 01/11/24 at 2:53pm								
	revealed:		F							
	-She was working on th	e morning of 12/23/23.	i							
	- The MA told her about	the rock in a sock incident								
	in the smoking area a fe	ew weeks ago with								
	was told it bornoned ==	tot occur on 12/23/23; she	ļ							
	date.	everal weeks prior to that								
	uale.									
	Interview with the OM -	n 01/09/24 at 6:58am and						¥ 1 + 1		1.
	01/10/24 at 9:30am reve	n o nosize at 0.56am and							-	
		to report to management								
	any incidents that occur	at the facility								
· · .	-She was the 2nd shift N	MA that worked on		· •		•				·
• .	12/23/23 and the incide	nt with Resident #3 in the						• •		
	smoking area on 12/23/	23 was never reported to	!							
	her.									
· [-										
ſ	Refer to Telephone inter	view with a Detective					•			· ·
f	from LLE on 01/12/224	at 2:51pm.						a set a set set	ал 1.	
			1 1							1

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<u>Division</u>	of Health Service Regulation	÷		FOR	D: 02/16/202 M APPROVI
TATEMEN	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(V2) D 475	·2-
NU PLAN	OF CORRECTION : IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE COMP	SURVEY LETED
	HAL059021	B. WING			
		DDRESS, CITY, ST		1 01/	26/2024
		INACLE CHURC		. ·. ·	
EUARB		IC 28761			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE
		TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
D 456	Continued From page 32	D 456			<u> </u>
		D 456			
	Refer to interview with the Administrator on				
	01/11/24 at 4:16pm,				ł
	Telephone interview with a Detective from LLE on				
	01/12/224 at 2:51pm revealed:	j			
• •	-The facility should contact LLE any time there			а. А. А.	- N
	was an assault:				
	-Assaults could be classified as either physical or				
	verbal.				
	-if someone verbally threatened another person it				
	may be considered an assault.				
	-LLE should definitely be contacted if a physical				
1	assault resulted in injury.				
••	-If a resident informed the staff at the facility that			14.4 C 1	
·	they did not want to press charges, it should be				
	documented but staff should still contact LLE so				
	the incident could be documented, and LLE could determine if it needed to be investigated.		• · · · · · · · · · · · · · · · · · · ·		2
· · · ·,	coeffinite in theeded to be investigated.				
	Interview with the Administrator on 01/11/24 at				. · ·
	4:16pm revealed:				•
	-All staff were trained to report any accident or	1			
	incident to their shift Supervisor.			1	
Í	-She expected the Supervisor to write an				
	accident/incident report for all reported accidents				
	and incidents and give it to the Operations				
	Manager.			. • .	1999 - C.
	-Staff were trained to call LLE if a resident				
* [.	refused to calm down after an incident or if a resident requested LLE be called.				• •
	-Staff did not call LLE unless there was a serious		1	10 A	1
	injury				
					· · · ·
	The facility failed to report an incident involving a			· · · ·	
	physical assault to Local Law Enforcement after				
	Resident #4 assaulted Resident #2, resulting in a				
]]	black eye; an attempted assault when Resident				· .
	#3 was swinging a sock around that contained a			. · · · · · ·	
I	arge rock and attempted to hit Resident #1; and			· :	
	verbal aggressions with threats of physical harm	1			

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If continuation sheet 33 of 34

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION. IDENTIFICATION NUMBER:			1	CONSTRUCTION	(X3) DATE S COMPL	URVEY ETED
·		HAL059021	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT		01/2	6/2024
CEDARBF	ROOK RESIDENTIAL CEI	1267 PI	INNACLE CHURCH			
(X4) ID PREFIX TAG		NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULDEE	(X5) COMPLETE DATE
D 456	Continued From page	33	D 456			<u> </u>
	when Resident #3 wa containing a large rocl	s swinging a sock < threatening to hit anyone him. This failure resulted in				
	The facility provided a accordance with G.S. this violation.	131D-34 on 01/05/24 for				
1 ·	THE CORRECTION D VIOLATION SHALL NO 25, 2024.	ATE FOR THIS TYPE A1 OT EXCEED FEBRUARY				
				• • • •		
						•
	- 书子经》:"大学的文字 - 新生命:"大学的子子" - 李 教文:"李亮"					•
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n of Health	Service Regulation		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

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