PRINTED: 01/02/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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		HAL056001	B. WING		12/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	TER 150 CRISP FRANKLIN	STREET , NC 28734			
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D 000	Initial Comments		D 000			
	County Department of a follow-up survey and on 12/16/24 through					
	The complaint investigation was initiated by the Macon County Department of Social Servicies (DSS) on 09/24/24, 11/22/24 and 12/11/24.					
D 273	D 273 10A NCAC 13F .0902(b) Health Care		D 273			
	10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.					
	interviews, the facility received appropriate residents (#2, #3 and who was not seen by physically assaulted by	ns, record reviews, and failed to ensure residents care for 3 of 5 sampled #4) related to a resident a physician when she was				
	The findings are:					
	07/01/24 revealed: -Diagnoses included disturbances, abnorm kidney disease, and a fracture (a type of spi-Resident #2's level o-The resident was set	nal fracture). if care was SCU.				
	revealed an admissio					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
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D 273	Continued From page	e 1	D 273			
	(SCC) on 12/16/24 at -Around the end of O supervisor reported to member physically as SCUShe and the MA day information to the Ma AdministratorIn this instance the A	ctober 2024, the MA shift of her that an unnamed staff is saulted Resident #2 in the shift supervisor reported the mager of the facility and the administrator was go the physicians' because of				
	Interview with the day shift MA supervisor on 12/16/24 at 12:36pm revealed: -Around the end of October 2024, a 3rd party staff informed her that one PCA witnessed a second PCA kick and slap Resident #2She informed the SCC and the facility Manager of the allegationWhen she found out it was Resident #2, she did not notify the physician because the Administrator would have.					
		24 at 12:10pm revealed: informed her of the incident Staff F kicked and hit aff F was trying to get ident to the SCC. as responsible for				
	1:20pm revealed: -She was notified by	ministrator on 12/16/24 at a MA supervisor around the 2024 about a staff member				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE S COMPL	
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	HAL056001	B. WING		12/1	8/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GRANDVIEW MANOR CARE CENTE	R 150 CRISF FRANKLII	STREET N, NC 28734			
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face and hit her and as kicked at and hit at Resphysical contactShe did not notify Resishe believed there was 2. Review of Resident # 08/23/24 revealed: -Diagnoses included dearthritis, morbid obesity general debilityResident #3's level of -The resident was semily revealed an admission Review of Resident #3' revealed an admission Review of Resident #3' 11/27/24 at 8:00pm revealed an admission Review of a male reswheelchairResident #3 was not wand wearing a top and Resident #3 was not a going onThere was potential for She would consider madifferent room.  Interview with Resident 8:07am revealed: -On 12/16/24 between notified him of the sexual Resident #3 and Resident #3 was last swere no concerns repo	esident #2 kicked her in the an instinct the Staff F sident #2 but did not make ident #2's PCP because in o injury or harm.  #3's current FL2 dated ementia, hearing loss, y, hypertension and care was SCU. i-ambulatory.  's Resident Register date of 11/30/17.  's charting note dated realed: umented Resident #3 ident's room, in her everaing a brief or pants, a blanket over her lap. able to state what was en sexual interaction. Inoving Resident #3 to a  It #3's PCP on 12/17/24 at 2:00pm and 5:00pm, a MA all interaction between ent #4 on 11/27/24. Seen on 12/03/24 and there arted by the facility staff. orientated and could not	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		, , ,	SURVEY PLETED	
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GRANDVIEW MANOR CARE CENTER FRANKLI			IN, NC 28734			
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D 273	Continued From page	e 3	D 273			
	, ,	h the Special Care n 12/16/24 at 12:28pm. h the Administrator on				
	3. Review of Resident #4's current FL2 dated 09/03/24 revealed: -Diagnoses included Alzheimer's dementia, hypertension, and osteoarthritisResident #4's level of care was SCUThe resident was ambulatory.					
	Review of Resident #4's Resident Register revealed an admission date of 11/07/22.					
	Review of Resident #4's charting note dated 11/27/24 at 8:00pm revealed: -The Administrator documented Resident #3 walked out of resident's room, nakedResident #4 was not able to state what was going onThere was potential for sexual interaction.					
	12/17/24 at 3:43pm related was not made avaincident which included. His concern was that happened, would have and Resident #4 see to determine if the suincidence, was really left he had he been into completed a sexually test and monitored Resymptoms of an STD left.	vare of the possible sexual ed Resident #4 on 11/27/24. It in order to really know what we been to have Resident #3 a medical provider in order bstance described in the semen. Formed, he would have transmitted disease (STD) esident #4 for and signs or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED
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Continued From pag	e 4	D 273			
Refer to interview with 12/16/24 at 1:20pm.	th the Administrator on				
(SCC) on 12/16/24 a -On 11/28/24, she re charting notes and th aware of an incident found coming out of wheelchair with no b and a blanketShe did not contact incidentThe Administrator w	at 12:28pm revealed: eviewed all the SCU resident's nat was how she was made where Resident #3 was Resident #4's room in her rief or pants on, only a top the provider about the vas responsible for				
1:20pm revealed: -On 11/27/24, a MA of that Resident #3 was Resident #4's room is brief and pants onResident #3 was we blanket over her lapResident #3's room #4's room in the SCU moved and she did reshe completed a chincidentIn the charting note incident was a poten	called her and informed her is seen coming out of in her wheelchair without a caring a top and had a was across from Resident J before Resident #3 was not know to which room. Farting note about the she documented that the tial "sexual interaction".				
	ROVIDER OR SUPPLIER  EW MANOR CARE CEN  SUMMARY S' (EACH DEFICIENCY REGULATORY OR  Continued From pags sexual encounter be capable of giving continued from pags sexual encounter with the special continued for interview with 12/16/24 at 1:20pm.  Interview with the Special continued for incident found coming out of wheelchair with no be and a blanket.  She did not contact incident, on 11/28/24, a Mare of an incident found coming out of wheelchair with no be and a blanket.  She did not contact incident.  The Administrator we notification to whoeved incident.  The Administrator we notification to whoeved incident #3 was resident #3 was resident #4's room in brief and pants on.  Resident #3 was we blanket over her lap.  Resident #3's room in the SCU moved and she did resident.  In the charting note incident was a potenticident was a potenticident was a potenticident was a potenticident.	TOP CORRECTION  HAL056001  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  sexual encounter because Resident #4 was not capable of giving consent.  Refer to interview with the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm.  Refer to interview with the Administrator on 12/16/24 at 1:20pm.  Interview with the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm revealed:  -On 11/28/24, she reviewed all the SCU resident's charting notes and that was how she was made aware of an incident where Resident #3 was found coming out of Resident #4's room in her wheelchair with no brief or pants on, only a top and a blanket.  -She did not contact the provider about the incident.  -The Administrator was responsible for notification to whoever needed to be notified.  Interview with the Administrator on 12/16/24 at 1:20pm revealed:  -On 11/27/24, a MA called her and informed her that Resident #3 was seen coming out of Resident #4's room in her wheelchair without a brief and pants on.  -Resident #3 was wearing a top and had a blanket over her lap.  -Resident #3's room was across from Resident #4's room in the SCU before Resident #3 was moved and she did not know to which room.  -She completed a charting note about the	ROVIDER OR SUPPLIER  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  sexual encounter because Resident #4 was not capable of giving consent.  Refer to interview with the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm.  Refer to interview with the Administrator on 12/16/24 at 1:20pm.  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ROVIDER OR SUPPLIER  THALOS6001  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  150 CRISP STREET FRANKLIN, NC 28734  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 4  SEXUAL ENCOUNTER SERVING TO DEFICIENCY  SEXUAL ENCOUNTER WIth the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm.  Refer to interview with the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm.  Refer to interview with the Administrator on 12/16/24 at 1:20pm.  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TO COMPOSE OR SUPPLIER  THAT STREET ADDRESS, CITY, STATE, ZIP CODE  10 CRISP STREET  FRANKLIN, NC 28734  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPOISENCY MUST BE PRECEDED BY PULL  REQUILATION OR IS DEMITTING MECHANICAL  (EACH DEPOISENCY MUST BE PRECEDED BY PULL  REQUILATION OR IS DEMITTING MECHANICAL  (EACH DEPOISENCY MUST BE PRECEDED BY PULL  REQUILATION OR IS DEMITTING MECHANICAL  (EACH DEPOISENCY MUST BE PRECEDED BY PULL  REQUILATION OR IS DEMITTING MECHANICAL  (EACH DEPOISENCY MUST BE PRECEDED BY PULL  REQUILATION OR IS DEMITTING MECHANICAL  (EACH DEPOISENCY MUST BE PRECEDED BY PULL  REPOISENCE OF THE PROPERTIES  (EACH DEPOISENCE OF THE PROPERTIES  (EACH DEPOISEN

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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D 338	all residents guaranted Declaration of Resider and may be exercised.  This Rule is not metal TYPE A1 VIOLATION.  Based on interviews a facility failed to ensure from physical abuse in physically assaulted the Special Care United advances (Resident #2) and neglect related the Special Care United advances (Resident #4).  The findings are:  Review of the facility's handbook revealed: -Residents were to be abuse, neglect and existed the special abuse was abused.  1. Review of Residen 07/01/24 revealed: -Diagnoses included of	Resident Rights hall assure that the rights of red under G.S. 131D-21, rist' Rights, are maintained d without hindrance.  as evidenced by:  and record reviews, the re all residents were free related to a resident being residents in residen	D 338		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S COMPLI		
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D 338	Continued From page	e 6	D 338			
		2's Resident Register				
	revealed Resident #2	2's care plan dated 04/30/24 was verbally abusive, esisted care, and displayed				
	Review of the facility's Health Care Personnel Registry (HCPR) Initial Allegation Report revealed:  -On 10/25/24 at 8:00am the facility became aware of the incident.  -The allegation details were documented as the witness arrived at work at 6:00am, heard Resident #2 yelling and she went to Resident #2's room.  -The witness saw a personal care aide (PCA) trying to put Resident #2's pants on.  -Resident #2 got angry and kicked Staff F, in turn Staff F kicked Resident #2 back.  -At that point the witness told the PCA she would finish helping Resident #2.  -As the PCA was leaving, Resident #2 swung at					
	the PCA and then the Resident #2 on the sl -There was no docun were being protected -There was documen	PCA reacted by smacking houlder. nentation on how residents				
	mental harmThe notifications to a blankThe facility Manager	another agency were left prepared the report.				
	Review of the facility' revealed: -The employee inform -The allegation/incide Resident Abuse.	s HCPR Investigation Report nation section was left blank. ent type was documented as s were documented as an				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  150 CRISP STREET FRANKLIN, NC. 287314  [XA4] ID PREERIX TAG  CAGNIDERING HIGH DEPICIENCY MIST BE PRECEDED BY FULL TAG  COMPLETE TAG  CONTINUED FROM 150 CRISP STREET FRANKLIN, NC. 287314  D PREFIX TAG  CONTINUED FROM 150 CRISP STREET FRANKLIN, NC. 287314  D PREFIX TAG  CONTINUED FROM 150 CRISP STREET FRANKLIN, NC. 287314  D PREFIX TAG  CONSS-REFERENCED TO THE APPROPRIATE DEPICIENCY)  D 338  Continued From page 7  update after speaking to who reported a different version of the original reportIt was unclear what actually happenedThe PCA was given a written warning and informed that if "another incident" with a resident ever occurred again, she would be terminated and reported to the HCPRThe allegations were not substantiated.  Review of Employee Disciplinary Action Form dated 11/21/24 for Staff F revealed: -After Resident #2 became aggressive and kicked her, she, in turn, kicked Resident #2She continued to assist Resident #2There was documentation the accused PCA interacted with a resident in an inappropriate way."  -There was documentation the accused PCA was reported to HCPRHer improvement plan included she would never touch a resident again in an inappropriate way or she would be terminated immediately and reported to the HCPR. Review of Resident #2's record revealed there was no incident report dated 10/25/24.  Interview with the Special Care Coordinator	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
SUMMARY STATEMENT OF DEFICIENCES   PRANKLIN, NC 28734			HAL056001	B. WING		12	2/18/2024
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PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 338  Continued From page 7  update after speaking to who reported a different version of the original report.  -It was unclear what actually happened.  -The PCA was given a written warning and informed that if "another incident" with a resident ever occurred again, she would be terminated and reported to the HCPR.  -The allegations were not substantiated.  Review of Employee Disciplinary Action Form dated 11/21/24 for Staff F revealed:  -After Resident #2 became aggressive and kicked her, she, in turn, kicked Resident #2.  -She continued to assist Resident #2 with activities of daily living (ADL's) and after Resident #2.  -There was documentation the accused PCA interacted with a resident "in an inappropriate way."  -There was no documentation the accused PCA was reported to HCPR.  -Her improvement plan included she would never touch a resident again in an inappropriate way or she would be terminated immediately and reported to the HCPR.  Review of Resident #2's record revealed there was no incident report dated 10/25/24.	GRANDVI	EW MANOR CARE CENT	TER The state of t	_			
update after speaking to who reported a different version of the original report.  -It was unclear what actually happenedThe PCA was given a written warning and informed that if "another incident" with a resident ever occurred again, she would be terminated and reported to the HCPRThe allegations were not substantiated.  Review of Employee Disciplinary Action Form dated 11/21/24 for Staff F revealed: -After Resident #2 became aggressive and kicked her, she, in turn, kicked Resident #2She continued to assist Resident #2 with activities of daily living (ADL's) and after Resident #2There was documentation the accused PCA interacted with a resident "in an inappropriate way." -There was no documentation the accused PCA was reported to HCPRHer improvement plan included she would never touch a resident again in an inappropriate way or she would be terminated immediately and reported to the HCPR.  Review of Resident #2's record revealed there was no incident report dated 10/25/24.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	COMPLETE
(SCC) on 12/16/24 at 12:28pm revealed: -Around the end of October 2024, the day shift MA supervisor reported to her that an unnamed staff member physically assaulted Resident #2 in the SCUShe and the day shift MA supervisor reported the information to the Manager of the facility and the AdministratorThey did not have the name of the staff member at that time.	D 338	update after speaking version of the original -It was unclear what a -The PCA was given informed that if "anoth ever occurred again, and reported to the H -The allegations were Review of Employee dated 11/21/24 for StAfter Resident #2 be kicked her, she, in tur -She continued to ass activities of daily living #2 "smacked" her, sh -There was documen interacted with a resid way."  -There was no docum was reported to HCPI -Her improvement platouch a resident again she would be terminar reported to the HCPI Review of Resident # was no incident reported to the HCPI Review with the Spe (SCC) on 12/16/24 at -Around the end of OMA supervisor reportes staff member physical the SCU.  -She and the day shift information to the Ma Administrator.  -They did not have the	to who reported a different report. actually happened. a written warning and her incident" with a resident she would be terminated CPR. a not substantiated.  Disciplinary Action Form aff F revealed: came aggressive and in, kicked Resident #2. sist Resident #2 with g (ADL's) and after Resident e smacked Resident #2. tation the accused PCA dent "in an inappropriate mentation the accused PCA R. In included she would never in an inappropriate way or ted immediately and dent.  2's record revealed there in the accused PCA record revealed there is dated 10/25/24.  Becial Care Coordinator 12:28pm revealed: ctober 2024, the day shift end to her that an unnamed ally assaulted Resident #2 in the MA supervisor reported the mager of the facility and the	D 338			

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2024
2024
(X5) COMPLETE DATE

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D 338	Continued From page	e 9	D 338			
D 338	-Staff F was very frus Resident #2She reported the inc supervisor after she of followed up with the swhen she returned to -She spoke to the facilater and gave her very was instructed to give facility Manager for a Telephone interview was instructed to give facility Manager for a Telephone interview was agained to the face multiple time dress or change cloth -On 10/25/24, Resident #2 was agained the face multiple time dress Resident #2Resident #2 hit her streaction she kicked a make contact and she hand and said, "no, the -Staff B came in to get the incidentThe Administrator catasked her about the itup for the slap to Restruction of the slap to Restruct	ident to the MA shift dressed Resident #2 and same MA shift supervisor work the next day. dility Manager a few days erbal statement and then she e her verbal statement to the report.  with Staff F on 12/17/24 at gressive when she tried to hing or briefs. ent #2 started kicking her in es and she attempted to deveral times and as a reflex at Resident #2 but did not esteveral times and as a reflex at Resident #2 but did not esteveral times and as a reflex at Resident #2 but did not esteveral times and as a reflex at Resident #2 but did not deveral times and as a reflex at #2 but did not deveral times and as a reflex at #2 but did not deveral times and as a reflex at #2 but did not deveral times and as a reflex at #2 but did not deveral times and as a reflex at #2 but did not deveral times and as a reflex at #2 but did not deveral times and	D 338			
	Resident #2 dressed.					
		ident to the SCC. ould be responsible for the paperwork that was to be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE S		
AND FEAT OF CONTRESTION		A. BUILDING:		COMPL	EIED	
		HAL056001	B. WING		12/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	150 CRISP	STREET			
OKANDVI	EW MANOR CARE CENT	FRANKLIN	I, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 338	Continued From page	e 10	D 338			
	completed.					
	completed.					
	10:30am revealed: -The Administrator ins PCA and Staff F, and complete the 24 hour -On 10/29/24, she sp on 10/25/24, when sh she heard Resident # Resident #2's roomWhen the PCA arrive she saw Staff F tried on when Resident #2 kicked Resident #2, ti Resident #2 and Staff the shoulderWhen she talked to S kicked at Resident #2 Resident #2 and then #2's handShe did not feel then -She did give Staff F on 11/21/24 stating S Resident #2 and if St again in an inappropr terminatedThe Administrator tol last year where the P but later found out that that the PCA lost cred Interview with the Adr 1:20pm revealed:	structed her to speak to the then on 10/29/24 she report and sent it to HCPR. oke to the PCA and was told the arrived at work at 6:00am, to yelling, so she went to the Resident #2's room to put Resident #2's pants kicked Staff F and Staff F and Staff F the Resident #2 swung at the F smacked Resident #2 on Staff F, she was told she to the the Resident #2 on Staff F smacked Resident #2 on Staff F smacked Resident #2 on Staff F smacked Resident #2 on Staff F sward at the Resident was an incident to the there was an incident CA witnessed the incident at the PCA did not and from ditability in this incident.  The MA shift supervisor around the total the tatter was an incident to the PCA and the there was an incident the PCA did not and from ditability in this incident.				
	-	a MA shift supervisor around				
	the last week of Octo member who laid han	ber 2024 about a staff				
		not know the name of the				
	staff or the resident.					
	-She instructed the M	anager of the facility to				

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Division of	of Health Service Regu	ilation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED	
			7 50.25 10.			
HAL056001			B. WING		12/1	18/2024
NAME OF D		OTDEET AS	DDEOG OITV OTA	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	AIE, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	TER 150 CRIS	P STREET			
0.0		FRANKLI	N, NC 28734			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 338	Continued From page	2 11	D 338			
D 330	Continued From page	5 11	D 550			
	complete a 24 hour re	eport which was the initial				
	investigation.	·				
	_	who witnessed the alleged				
	abuse and was told S					
	Resident #2.	nair i , kicked and mit				
		that Resident #2 kicked her				
		r and as an instinct the Staff				
		Resident #2 but did not				
	make physical contac					
		to figure out and Staff F was				
	not suspended and co	ontinued to work.				
	-Staff F was written u	p for abuse on a resident				
	and would be termina	ated if the abuse ever				
	happened again.					
		rminate staff if they displayed				
	_	abuse towards a resident.				
		e Staff F because she				
		reditability over something				
	_	reditability over something				
	from last year.					
	0.0 . (0					
		it #3's current FL2 dated				
	08/23/24 revealed:					
	_	dementia, hearing loss,				
	arthritis, morbid obes	ity, hypertension and				
	general debility.					
	-Resident #3's level of	of care was SCU.				
	-The resident was se	mi-ambulatory.				
	Review of Resident #	<sup>‡</sup> 3's Resident Register				
	revealed an admissio					
	Review of Resident #	<sup>‡</sup> 3's care plan dated 08/23/24				
	revealed:	or tare plan dated coreorer				
		behaviors and was always				[
	disoriented.	Deliaviors and was always				
		mamanulass andid				
	_	memory loss and required				
	direction.					
	-She required limited					
	ambulation/locomotio					
	-She required extensi	ive assistance with bathing,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			74. BOILBING.		
		HAL056001	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
GRANDVI	EW MANOR CARE CENT	[ER	STREET		
		FRANKLII	N, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
D 338	Continued From page	e 12	D 338		
	grooming and person	al hygiene.			
	11/27/24 at 8:00pm re -The Administrator do came out of a male re wheelchairResident #3 was not wearing a top and a b -Resident #3 was not going onThere was potential	esident #3 esident's room, in her wearing a brief or pants and blanket over her lap. able to state what was for sexual interaction.			
	-She would consider moving Resident #3 to a different room.  Review of Resident #3's 30-minute Wellness Checks revealed:  -The every 30-minutes wellness checks was initiated on 12/02/24 at 4:30pm.  -There was no documentation the 30-minute wellness checks were completed from, 11/27/24 at 8:00pm to 12/02/24 at 4:30pm.  -There was no documentation the 30-minute wellness checks were completed from 10:30am to 3:00pm on 12/04/24.  -There was no documentation the 30-minute wellness checks were completed from 6:00am to 7:00am on 12/05/24.  -There was no documentation the 30-minute wellness checks were completed from 12:00am to 7:00am on 12/06/24.  -There was no documentation the 30-minute wellness checks were completed from 2:00pm to 3:00pm on 12/07/24.  -There was no documentation the 30-minute wellness checks were completed from 12:00am to 12/11/24 at 9:42am on 12/08/24.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL056001	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
GRANDVI	EW MANOR CARE CENT	TER 150 CRIS	P STREET		
		FRANKLI	N, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 13	D 338		
	wellness checks were to 3:15pm on 12/12/2 -There was no docum wellness checks were 12/23/24 at 3:00pm of -There was no more of 30-minute wellness of 12/13/24 at 7:30pm.  Interview with Reside 8:07am revealed: -On 12/26/24 betwee notified him of the sex Resident #3 and Resident #3's PCP Is there were no concernstaffResident #3 was not	nentation the 30-minute e completed from 8:15pm to on 12/12/24. documentation of the hecks available after ent #3's PCP on 12/17/24 at on 2:00pm and 5:00pm, a MA exual interaction between			
	Refer to interview wit Coordinator (SCC) or	h the Special Care n 12/16/24 at 12:28pm.			
	Refer to interview wit 4:06pm.	h a MA on 12/16/24 at			
	Refer to telephone in 12/17/24 at 4:13pm.	terview with a PCA on			
	Refer to interview wit 12/16/24 at 1:20pm.	h the Administrator on			
	09/03/24 revealed:	of care was SCU.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		, ,	(X3) DATE SURVEY COMPLETED	
, and I LAIN	S. SOMEONOM	.SERTI IO, MISIN MONIBER.	A. BUILDING: _				
		HAL056001	B. WING		12	/18/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
		150 CRIS	P STREET				
GRANDVI	EW MANOR CARE CENT	ΓER	IN, NC 28734				
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE	
D 338	Continued From page	e 14	D 338				
	Review of Resident # revealed an admission	4's Resident Register on date of 11/07/22.					
	Review of Resident # revealed:	4's care plan dated 08/29/24					
	-He had wandering be disoriented.	ehaviors and was always					
	-He had significant m direction.	emory loss and required					
	-He required limited a	assistance with grooming					
	and personal hygiene						
	-He was totally deper	ndent with bathing,					
	Review of Resident # 11/27/24 at 8:00pm re	4's charting note dated					
	-The Administrator do	ocumented Resident #3					
	walked out of residen	t's room, naked.					
		able to state what was					
	going on.						
	-There was potential	for sexual interaction.					
	Review of Resident # Checks revealed:	4's 30-minute Wellness					
		es wellness checks was at 5:00pm					
		nentation the 30-minute					
		e completed from 11/27/24					
	at 8:00pm to 12/02/24						
	-There was no docum	nentation the 30-minute					
		e completed from 10:00am					
	to 3:00pm on 12/02/2						
		nentation the 30-minute					
		e completed from 6:00am to					
	7:00am on 12/05/24.						
		nentation the 30-minute					
		e completed from 12/05/24					
	at 10:00pm to 12/06/2	24 at 7:00am. nentation the 30-minute					
		e completed from 12/06/24					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED
		HAL056001	B. WING		12	2/18/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			SP STREET	,		
GRANDV	IEW MANOR CARE CEN	TER	IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	-There was no docur wellness checks wer 3:00pm on 12/07/24There was no docur wellness checks wer 12/02/24 at 5:00pm of 12/02/24 at 5:00pm of 12:00am to 12/09/24There was no docur wellness checks wer 7:30pm on 12/09/24There was no docur wellness checks wer at 12:00am to 7:00ar 11:00pmThere was no docur wellness checks wer to 12/13/24 at 3:00pr -There was no docur wellness checks wer to 12/13/24 at 3:00pr -There was no docur wellness checks wer 7:00pm on 12/14/24There was no more 30-minute wellness of 12/14/24 at 11:30pm  Telephone interview 12/17/24 at 3:43pm r -He was not made as incident which includent which includent which includent with the second of the second	mentation the 30-minute e completed from 2:00pm to mentation the 30-minute e completed from 8:00pm to on 11/27/24. mentation the 30-minute e completed from 12/08/24 24 at 7:00am. mentation the 30-minute e completed from 2:30pm to mentation the 30-minute e completed from 12/11/24 m and from 3:00pm to mentation the 30-minute e completed from 11:30pm m on 12/12/24. mentation the 30-minute e completed from 7:30am to documentation of the checks available after .  with Resident #4's PCP on revealed: ware of the possible sexual ed Resident #4 on 11/27/24. at in order to really know what we been to have Resident #3 a medical provider in order ubstance described in the semen. e alleged incident, he would exually transmitted disease tored Resident #4 for and	D 338			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		HAL056001	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		150 CRISI	P STREET		
GRANDVI	EW MANOR CARE CENT	FRANKLII	N, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE
D 338	Continued From page	e 16	D 338		
	monitoring Resident #	#4 to decrease another cause Resident #4 was not sent, it was an action.			
	Refer to interview with Coordinator (SCC) or	h the Special Care n 12/16/24 at 12:28pm.			
	Refer to interview with 4:06pm.	h a MA on 12/16/24 at			
	Refer to telephone int 12/17/24 at 4:13pm.	terview with a PCA on			
	Refer to interview with 12/16/24 at 1:20pm.	h the Administrator on			
	(SCC) on 12/16/24 at -On 11/28/24, she reversharting notes and the aware of an incident of found coming out of F wheelchair with no broand a blanket.  -She and the day shift moving Resident #3 to directly across from F-Resident #3 was moroom, away from Resident #3 was moroom, away from Resident the incident in 12-On 11/27/24 or 11/28 supervision just to ker Resident #3 was as thall.  -She did not contact to incident.	viewed all the SCU resident's at was how she was made where Resident #3 was Resident #4's room in her ief or pants on, only a top  It MA supervisor discussed or another room that was not Resident #4.  It wed on 11/19/24 to another ident #4.  It was done immediately 1/27/24.  B/24, there was no increased ep an eye out on where the staff walked down the was made with the staff walked down the staff walked about the			
	-The Administrator wan notification to whoever	as responsible for er needed to be notified.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL056001	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
0541151		150 CRISP	STREET		
GRANDVI	EW MANOR CARE CENT	FRANKLIN	, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 338	Continued From page	÷ 17	D 338		
	-She questioned the I incident and was told Resident #4's room, son the floor which the semenOther than that inforrother details and she furtherThe only way to dete sexual encounter wook Resident #3 out but the call.	MA on duty at the time of the that when the MA went into she slipped on a substance MA's understanding was mation, that MA knows the did not investigate any ermine if there was actually a uld have been to send nat was the Administrators'			
	Interview with a MA on 12/16/24 at 4:06pm revealed:  On 11/27/24 around 7:00pm, a PCA informed her that she found Resident #3 leaving Resident #4's room in her wheelchair.  She told her that Resident #3 was without pants and a brief, and did have a top on and a blanket around her upper body.  She instructed the PCA to take Resident #3 back to her room and get her dressed.  She also instructed the PCA to check Resident #3 for any signs of redness or bleeding.  She went to Resident #4's room, and she slipped on a slippery substance on the floor near his bed.  She described the substance as wet, slippery, slightly sticky, gelled, and she believed it to smell like "semen".  She questioned both Resident #3 and #4, both were not able to say what had happened.  She notified the Administrator about the incident and was also responsible for notification to the family, PCP's, and documentation related to this incident.  She was not sure of the policy for this type of				
	incidentShe did not move Re -She did not impleme				

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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			
		HAL056001	B. WING		12	2/18/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE			
CDANDV	EW MANOR CARE CENT	150 CRIS	P STREET				
GRANDVI	EW MANOR CARE CENT	FRANKLI	N, NC 28734				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 338	Continued From page	e 18	D 338				
	supervision because	it was at the end of her shift.					
	4:13pm revealed: -On 11/27/24, she wo -She was completing and 7:00pmOn 11/27/24, Reside which was next door -She and another PC room, took both resid got them ready for be -She put a new brief, Resident #3 and plac -She and the other PC room and went diagon #145 which was direct #4's roomThey were in room # -Around 7:00pm, whe exited room #145, sho Resident #4's room in across the hall, room -Resident #3 was we blanket around her sh -When she looked in Resident #4 was in the roommateResident #4 walked of Resident #3 and she have on shoes which Resident #4She took Resident #8 Resident #3 in her be -She did not see ResiShe went and report on duty.	I last rounds around 6:00pm  Int #3 resided in room #146, to Resident #4's room.  A went into Resident #3's ents to the bathroom, and id.  I sweat pants and a top on ed Resident #3 in the bed.  I can exited Resident #3's nally across the hall to room etly across from Resident  I can she and the other PCA esaw Resident #3 roll out of in her wheelchair, which was #144.  I wearing a brief or pants.  I aring a top and had a noulders.  I resident #4's room, here but not Resident #4's  I out of his room behind noticed Resident #4 did not was very unusual for  I to her room and put id.  I dent #3's pants anywhere.  I ded what she saw to the MA  I resident #4's room and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			_			
		HAL056001	B. WING		12/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	150 CRISP	STREET			
OIGHIDVI	EW MANOR CARE CENT	FRANKLIN	, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 338	Continued From page	<del>2</del> 19	D 338			
D 338	because Resident #3 room  -After getting Resider bed, Resident #3 wall not allow them to get them put him in bedAbout the same time the room the MA brock Resident #3 and slipp floorWhen she and the M was a clearish/whitish-The MA instructed he for any signs of bleed Resident #3's vaginal-When she looked at she saw what she be clearish/whitish "glob' coming out of Reside-She called for the M/-She and the MA aske happened and was sl Resident #3 just talke related to the question-Resident #3 looked seyes were wide open around the room to se flinched when she cleane areaThe MA reported it to -Resident #3 was not two laterThere was no increa until later because sh safety checks.	had not gone back to his  at #4's roommate ready for ked into the room and would him ready for bed but let  as Resident #3 walked into light medication in for led on something in the  A looked at the floor there a gel on the floor.  For to go check Resident #3 ing, bruising or redness to area.  Resident #3's vaginal area lieved to be the same  ', about a tablespoonful ant #3's vagina.  A to come and look.  For the dealer that the in any kind of pain and and about other things not ans.  For accred to her because her and she was looking the who was there and alched Resident #3's legs d up Resident #3's vaginal	D 338			
	December 2024.  Interview with the Adr	ministrator on 12/16/24 at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.			
	HAL056001	B. WING		12/18/2024	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	150 CRISE	STREET			
GRANDVIEW MANOR CARE CENTE	FRANKLII	N, NC 28734			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
D 338 Continued From page	20	D 338			
1:20pm revealed: -On 11/27/24, a MA ca that Resident #3 was se Resident #4's room in brief and pants onResident #3 was wear blanket over her lapResident #3's room w #4's room in the SCU to moved and she did not -She completed a char incidentIn the charting note sh incident was a potential -The MA believed it to because the MA found the floor that was stick slightly gelled and accolor like semenThe MA also reported bruising or bleeding on areaShe instructed the MA Resident #3 every 30 r Resident #3 did not wa rooms except her ownShe did not call Resid believed that it was not -The MA did step in so Resident #4's room wh possibility of it being a -The policy on sexual i that there were resider girlfriend and intimate a encourage it or discount- Resident #3 does hav and that was the room because of her demen	lled her and informed her seen coming out of her wheelchair without a ring a top and had a as across from Resident before Resident #3 was t know to which room. Ting note about the ne documented that the al "sexual interaction". be a sexual interaction a clearish substance on y around the edges and ording to the MA smelled that there were no signs of a Resident #3's vaginal to keep an eye out on minutes, and make sure ander into any of the other that "intense" of a issue, mething slippery in hich increased the sexual interaction. Interactions in the SCU was not show were boyfriend and and the staff do not rage it. The around the sculpture of Resident #4 and tia, it was possible that apable of determining who	D 338			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
		HAL056001	B. WING		12/1	8/2024
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		5/2021
GRANDVI	EW MANOR CARE CENT	TER 150 CRISP FRANKLIN	STREET I, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Continued From page	21	D 338			
		interview with Resident #3's on 12/17/24 at 2:00pm was				
	physical harm and ne the SCU was physica allowing Staff F to con the investigation into when staff neglected Special Care Unit from other SCU residents.	rotect the residents from aglect when Resident #2 in assaulted by Staff Fintinue to work 17 shifts while the assault was active, and to protect residents in the m sexual advances from This failure resulted in a constitutes a Type A1				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 12/16/24 for				
		DATE FOR THE TYPE A1 IOT EXCEED JANUARY 16,				
D 438	10A NCAC 13F .1205 Registry	5 Health Care Personnel	D 438			
	Registry The facility shall com	5 Health Care Personnel ply with G.S. 131E-256 and NCAC 13O .0101 and				
	This Rule is not met Based on interviews a facility failed to compl	and record reviews, the				

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STATE FORM 6899 7IAI11 If continuation sheet 22 of 34

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		HAL056001	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
GRANDVI	EW MANOR CARE CENT	ER 150 CRISI			
		FRANKLI	N, NC 28734		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 438	Continued From page	22	D 438		
	of knowledge of an al	HCPR) report within 24 hours legation of physical abuse of y investigative report for 1 of			
	The findings are:				
	disturbances, abnorm kidney disease, and a fracture (a type of spin-Resident #2's level or -The resident was ser Review of Resident # revealed an admission Review of the facility's revealed: -On 10/25/24 at 8:00a	dementia with behavioral last weight loss, chronic a wedge compression and fracture). If care was SCU. Initial Allegation Report arm the facility became			
	witness arrived at wor Resident #2 yelling ar room.  -The witness saw Sta #2's pants on.  -Resident #2 got angr Staff F kicked Resider -At that point another told Staff F she would -As Staff F was leaving Staff F and then Staff the shoulder.  -There was document mental harm.	s were documented as the rk at 6:00am, heard and she went to Resident #2's ff F trying to put Resident ry and kicked Staff F, in turn			

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STATE FORM 6899 7IAI11 If continuation sheet 23 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		HAL056001	B. WING		12	/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
GRANDVI	EW MANOR CARE CEN	TER 150 CRI	SP STREET			
GRANDVI	EW MANOR CARE CEN	FRANKI	LIN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From pag	e 23	D 438			
	-The facility Manager	prepared the report.				
	revealed: -The employee inforr	's Investigation Report mation section was left blank.				
	Resident Abuse.	ent type was documented as				
	update after speaking different story than w	ills were documented as an g to Staff F and getting a hat was reported, it was				
	unclear what actually -There was no fax co	happened. Information sheet attached.				
	the HCPR on 12/17/2	with a representative from 24 at 9:52am revealed:				
		eport was received at their 1:07pm for an incident that 24.				
	hour and 5 day repor	e required to submit a 24 t to the HCPR for allegations ing alleged physical abuse.				
	Telephone interview 8:32am revealed:	with a PCA on 12/17/24 at				
		me in to work at about lent ready for surgery at				
		to the SCU she heard stop" and she went to see about.				
	-She saw Resident # and hitting Staff F as	2 fighting Staff F by kicking Staff F was trying to put				
	her hands to push ba	on. ng very aggressive by using ack Resident #2 as Resident nile trying to get Resident				
	Staff F stood up and	she needed help and as said yes, Staff F kicked gs and slapped Resident #2				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONNECTION IDENTIFICATION NOWIDER.		A. BUILDING: _		COMPL	EIED	
		HAL056001	B. WING		12/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CD AND\/	EW MANOR CARE CENT	150 CRISP	STREET			
GRANDVI	EW MANOR CARE CENT	FRANKLIN	, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
D 438	after she dressed Rewith the same MA shi returned to work the reshe spoke to the fact later and gave her stainstructed to give her facility Manager for a Telephone interview volume 11:53am revealed: Resident #2 was agg dress or change clother accession of the face multiple time dress Resident #2. Resident #2 even hit reflex reaction she kid not make contact and hand and said, "no, the Staff B came in to get the incident.  Interview with the fact 10:30am revealed: The Administrator ins PCA and Staff F. On 10/29/24, she spoon 10/25/24, when she	and then hand. ed out in pain. trated and mad with  ident to the MA supervisor sident #2 and followed up ft supervisor when she next day. iility Manager a few days atement and then she was verbal statement to the report.  with Staff F on 12/17/24 at gressive when she tried to sing or briefs. ent #2 started kicking her in s and she attempted to  ther several times and as a cked at Resident #2 but did I she slapped Resident #2's nat's not nice". et Resident #2 dressed after  iility Manager on 12/18/24 at structed her to speak to a oke to the PCA and was told le arrived at work at 6:00am,	D 438	DELIGITION ()		
	she heard Resident #2 yelling, so she went to Resident #2's room.  -When the PCA arrived at Resident #2's room she saw Staff F tried to put Resident #2's pants on when Resident #2 kicked Staff F and Staff F kicked Resident #2, the Resident #2 sung at Resident #2 and Staff F smacked Resident #2 on					

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AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
HAL056001		B. WING	B. WING		/18/2024	
OVIDER OR SUPPLIER			FE, ZIP CODE			
W MANOR CARE CENT	TER .					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
the shoulderWhen she talked to Skicked "at" Resident #2 and then #2's handShe did not know she HCPR within 24 hours was to finish the investo to send the report to send the report to send the report to the last week of Octol member who laid hand -She spoke to the, a Falleged abuse and was Staff F, kicked and hit -The Staff F told her to the face and hit her F kicked at and hit at make physical contact -She thought she was first and then report it	Staff F, she was told she #2, but did not actually kick Staff F smacked Resident e was to submit the report to see because she thought she stigation first so she waited to HCPR.  ministrator on 12/16/24 at a MA shift supervisor around ther 2024 about a staff and so a resident.  PCA who witnessed the as told that a second PCA, at Resident #2.  hat Resident #2 kicked her and as an instinct the Staff Resident #2 but did not set.  set to finish the investigation to the HCPR.	D 438				
and Incidents  10A NCAC 13F .1212 Incidents (d) The facility shall indepartment of social section of the sectio	Reporting of Accidents and mmediately notify the county services in accordance with ne local law enforcement by law of any mental or	D 453				
	Continued From page the shoulderWhen she talked to skicked "at" Resident #2 and then #2's handShe did not know she HCPR within 24 hours was to finish the investo to send the report to to send the report to to send the report to the last week of Octol member who laid handshe she spoke to the, a lalleged abuse and was staff F, kicked and hit -The Staff F told her to the face and hit her F kicked at and hit at make physical contact she thought she was first and then report it 10A NCAC 13F .1212 and Incidents  10A NCAC 13F .1212 and Incidents	HAL056001  OVIDER OR SUPPLIER  W MANOR CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 25  the shoulder.  -When she talked to Staff F, she was told she kicked "at" Resident #2, but did not actually kick Resident #2 and then Staff F smacked Resident #2's hand.  -She did not know she was to submit the report to HCPR within 24 hours because she thought she was to finish the investigation first so she waited to to send the report to HCPR.  Interview with the Administrator on 12/16/24 at 1:20pm revealed:  -She was notified by a MA shift supervisor around the last week of October 2024 about a staff member who laid hands on a resident.  -She spoke to the, a PCA who witnessed the alleged abuse and was told that a second PCA, Staff F, kicked and hit Resident #2.  -The Staff F told her that Resident #2 kicked her in the face and hit her and as an instinct the Staff F kicked at and hit at Resident #2 but did not make physical contact.  -She thought she was to finish the investigation first and then report it to the HCPR.  10A NCAC 13F .1212(d) Reporting of Accidents and Incidents  (d) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a	TOURDER OR SUPPLIER  W MANOR CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 25  the shoulder.  -When she talked to Staff F, she was told she kicked "at" Resident #2, but did not actually kick Resident #2 and then Staff F smacked Resident #2's hand.  -She did not know she was to submit the report to HCPR within 24 hours because she thought she was to finish the investigation first so she waited to to send the report to HCPR.  Interview with the Administrator on 12/16/24 at 1:20pm revealed:  -She was notified by a MA shift supervisor around the last week of October 2024 about a staff member who laid hands on a resident.  -She spoke to the, a PCA who witnessed the alleged abuse and was told that a second PCA, Staff F, kicked and hit Resident #2.  -The Staff F told her that Resident #2 kicked her in the face and hit her and as an instinct the Staff F kicked at and hit at Resident #2 but did not make physical contact.  -She thought she was to finish the investigation first and then report it to the HCPR.  10A NCAC 13F .1212 Reporting of Accidents and Incidents  (d) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a	DIDENTIFICATION NUMBER:  HAL056001  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  150 CRISP STREET FRANKLIN, NC 28734  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 25  the shoulder.  -When she talked to Staff F, she was told she kicked "at" Resident #2, but did not actually kick Resident #2 and then Staff F smacked Resident #2's hand.  -She did not know she was to submit the report to HCPR within 24 hours because she thought she was to finish the investigation first so she waited to to send the report to HCPR.  Interview with the Administrator on 12/16/24 at 1:20pm revealed: -She was notified by a MA shift supervisor around the last week of October 2024 about a staff member who laid hands on a residentShe spoke to the, a PCA who witnessed the alleged abuse and was told that a second PCA, Staff F, kicked and hit Resident #2 but did not make physical contactShe thought she was to finish the investigation first and then report it to the HCPR.  10A NCAC 13F .1212(d) Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents and Incidents  10A NCAC 13F .1212 Reporting of Accidents a	TOURS TO THE PROPERTY OF DEPTICE AND NUMBER:  HALDS6001  B. WING  12  DOUDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  150 CRISP STREET FRANKLIN, NC 28734  SUMMARY STATEMENT OF DEPTICENCIES (EACH DEPTICENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 25  the shoulder.  "When she talked to Staff F, she was told she kicked "at" Resident #2, but did not actually kick Resident #2 and then Staff F smacked Resident #2"s hand.  She did not know she was to submit the report to HCPR within 24 hours because she thought she was to finish the investigation first so she waited to to send the report to HCPR.  The last five do do to be an a resident.  She was notified by a MA shift supervisor around the last week of October 2024 about a staff member who laid hands on a resident.  She spoke to the, a PCA who witnessed the alleged abuse and was told that a second PCA, Staff F, kicked and hit Resident #2 kicked her in the face and hit her and as an instinct the Staff F kicked at and hit at Resident #2 kicked her in the face and hit her and as an instinct the Staff F kicked at and hit at Resident #2 kicked her in the face and hit her and as an instinct the Staff F kicked at and hit at PCR.  10A NCAC 13F .1212(d) Reporting of Accidents and Incidents  (d) The facility shall immediately notify the county department of social services in accordance with G.S. 108A-102 and the local law enforcement authority as required by law of any mental or physical abuse, neglect or exploitation of a	

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PRINTED: 01/02/2025 FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL056001	B. WING		12	/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	ER	SP STREET			
	Г		IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 453	Continued From page	26	D 453			
	facility failed to immed Department of Social law enforcement abou sampled residents (#2 Staff F and notification residents (#3 and #4) (SCU) residents invol- interaction.	as evidenced by: nd record reviews, the diately notify the county Services (DSS) and local ut potential abuse of 1 of 1 2) who was smacked by n to DSS for 2 of 2 sampled who were Special Care Unit ved in a potential sexual				
	The findings are:  1. Review of Resident #2's current FL2 dated 07/01/24 revealed: -Diagnoses included dementia with behavioral disturbances, abnormal weight loss, chronic kidney disease, and a wedge compression fracture (a type of spinal fracture)Resident #2's level of care was SCUThe resident was semi-ambulatory.					
	revealed: -The incident occurred: -On 10/25/24 at 8:00a aware of the incidentThe allegation details witness arrived at wor Resident #2 yelling arroom.	n date of 06/27/23.  s Initial Allegation Report  d on 10/25/24.  am the facility became  s were documented as the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	HAL056001	B. WING		12	2/18/2024
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
GRANDVIEW MANOR CARE CEN	TER	SP STREET IN, NC 28734			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Staff F kicked Reside -At that point the perstaff F she would fine -As Staff F was leavi Staff F and then Staff the shoulderThere was no docume were being protectedThere was documer mental harmThe notifications to a blankThe facility Manager  Review of the facility revealed: -The employee informand leading the sident AbuseThe Allegation Informand update after speed ifferent story than wounclear what actually staff F was given a sthat if another incide occurred again, she reported to the HCPF. The allegations were employee was not televalue.  Review of Resident for was no accident/incided occumentation DSS notified.  Interview with the loce Services Adult Homes.	ary and kicked Staff F, in turn ent #2 back.  sonal care aide (PCA) told ish helping Resident #2.  Ing, Resident #2 swung at a f F smacked Resident #2 on mentation on how residents in tation of no physical or another agency were left are prepared the report.  It's Investigation Report mation section was left blank, ent type was documented as mation section documented aking to Staff F and getting a shat was reported, it was a happened.  Written warning and informed in with a resident ever would be terminated and R.  It's record revealed there dent report completed and no or local law enforcement was all Department of Social is Specialist (AHS) on revealed there was no	D 453			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLE	ETED	
		HAL056001	B. WING		12/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CDANDV	EW MANOD CADE CENT	150 CRISP	STREET			
GRANDVI	EW MANOR CARE CENT	FRANKLIN	I, NC 28734			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
D 453	Continued From page	e 28	D 453			
	(SCC) on 12/16/24 at -Around the end of O supervisor reported to member physically as SCUShe and the MA day information to the Ma AdministratorThey did not have th at that timeWhen there was an a from staff, it was to be Administrator and the	ctober 2024, the MA o her that an unnamed staff escaulted Resident #2 in the shift supervisor reported the nager of the facility and the e name of the staff member accusation of resident abuse e reported to the				
	Interview with the day shift MA supervisor on 12/16/24 at 12:36pm revealed: -Around the end of October 2024, a 3rd party staff informed her that one PCA witnessed a second PCA kick and slap Resident #2She informed the SCC and the facility Manager of the allegationThe facility Manager informed her that she and the Administrator were aware of the allegation and that it was being addressedShe did not know at the time of the alleged abuse that it was Resident #2 or she would have checked on Resident #2She did not notify DSS or local law enforcement because the Administrator was responsible since the incident was reported to her to investigate.  Interview with the facility Manager on 12/18/24 at 10:30am revealed:					
	-She did not notify DS -The Administrator wanotification to whoever					

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	B WING		B. WING			
NAME OF F		HAL056001	DRESS, CITY, STA	TE 710 CODE	12/18/2024	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA P STREET	TE, ZIP CODE		
GRANDV	IEW MANOR CARE CENT	rer -	N, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 453	Continued From page	e 29	D 453			
	1:20pm revealed: -She was notified by supervisor around the about a staff member residentAt that time she did is staff or of the residentShe instructed the Micomplete a 24 hour residentShe spoke to a PCA abuse and was told the hit Resident #2The Staff F told her to in the face and hit her F kicked at and hit at make physical contacts. She did not notify Lodd DSS because she did 2. Review of Resident 08/23/24 revealed: -Diagnoses included arthritis, morbid obes general debilityResident #3's level of the resident was seen Review of Resident #1/27/24 at 8:00pm resident #1	not know the name of the t. lanager of the facility to eport which was the initial who witnessed an alleged nat a se Staff F, kicked and that Resident #2 kicked her r and as an instinct the Staff Resident #2 but did not be. local Law Enforcement or d not know she needed to. It #3's current FL2 dated dementia, hearing loss, ity, hypertension and of care was SCU. mi-ambulatory.  13's Resident Register on date of 11/30/17.  13's charting note dated evealed: becumented Resident #3				

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wearing a top and a blanket over her lap.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
		HAL056001	B. WING		12	2/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	TER .	SP STREET			
	Г		IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 453	Continued From page	e 30	D 453			
	-Resident #3 was not going onThere was potential	able to state what was				
	Review of Resident #3's record revealed there was no accident/incident report completed and no documentation DSS or local law enforcement was notified.  Refer to interview with the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm.  Refer to interview with a MA on 12/16/24 at 4:06pm.					
	Refer to telephone into 12/17/24 at 4:13pm.	terview with a PCA on				
	Refer to interview witl 12/16/24 at 1:20pm.	n the Administrator on				
	3. Review of Resident #4's current FL2 dated 09/03/24 revealed: -Diagnoses included Alzheimer's dementia, hypertension, and osteoarthritisResident #4's level of care was SCUThe resident was ambulatory.  Review of Resident #4's Resident Register revealed an admission date of 11/07/22.					
	11/27/24 at 8:00pm re -The Administrator do walked out of residen -Resident #4 was not going onThere was potential	cumented Resident #3 t's room, naked. able to state what was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			D WING			
		HAL056001	B. WING		12	2/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
GRANDVI	EW MANOR CARE CEN	TER 150 CRIS	P STREET			
OIGHID I	EW MARKOR GARE GER	FRANKL	IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 453	Continued From page	e 31	D 453			
		dent report completed and no or local law enforcement was				
	Refer to interview wit Coordinator (SCC) or	th the Special Care n 12/16/24 at 12:28pm.				
	Refer to interview wit 4:06pm.	th a MA on 12/16/24 at				
	Refer to telephone interview with a PCA on 12/17/24 at 4:13pm.					
	Refer to interview wit 12/16/24 at 1:20pm.	th the Administrator on				
	Interview with the Special Care Coordinator (SCC) on 12/16/24 at 12:28pm revealed: -On 11/28/24, she reviewed all the SCU resident's charting notes and that was how she was made aware of an incident where Resident #3 was found coming out of Resident #4's room in her wheelchair with no brief or pants on, only a top and a blanketShe did not know what was done immediatelyThe Administrator was responsible for notification to whoever needed to be notified.					
	revealed: -On 11/27/24 around that she found Resid room in her wheelcha-She told her that Re and a brief, and did haround her upper bor-She instructed the Pto her room and get her she instructed the Pto her room and get her she instructed the Pto her room and get her she instructed the Pto her room and get her she instructed the Pto her room and get her she instructed the pto her room and get her she instructed the pto her	sident #3 was without pants nave a top on and a blanket dy. PCA to take Resident #3 back				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL056001	B. WING			2/18/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CDANDY	VIEW MANOR CARE CENT	150 CRIS	SP STREET			
GRANDV	IEW MANOR CARE CENT	FRANKL	IN, NC 28734			
(X4) ID PREFIX TAG	(EACH DEFICIENC	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
D 453	#3 for any signs of recashe questioned both were not able to say value -She notified the Adm Administrator was responsed and local law enterprised with the same of the same o	dness or bleeding. Resident #3 and #4, both what had happened. Inistrator and the sponsible for notification to forcement.  With a PCA on 12/17/24 at which are sponsible for notification to forcement.  With a PCA on 12/17/24 at which are sponsible for notification to forcement.  With a PCA on 12/17/24 at which are sponsible for notification to forcement.  With a PCA on 12/17/24 at which are sponsible for notification to force for the series of the series of the sponsible for pants.  A went into Resident #3's ents to the bathroom, and end.  Sweat pants and a top on the end of the period for the sponsible for many sponsible for pants.  End and the other PCA the saw Resident #3 roll out of the wheelchair, which was the sponsible for pants.  End and the other period for pants.  End a top and had a blanket where but not Resident #4's room, there but not Resident #4's the part of this room behind noticed Resident #4 did not was very unusual for the proom and put the part of the proom and put the part of the proof of the proom and put the proof of the proom and put the proof of the proof of the proom and put the proof of the	D 453			

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		URVEY ETED	
		HAL056001	B. WING		12/1	8/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
GRANDVI	EW MANOR CARE CENT	ER 150 CRISE				
	0.000000		N, NC 28734	DD0//DDD0 D/ AV 05 00DD507/0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 453	Continued From page	÷ 33	D 453			
	-She went and report on dutyShe did not inform D because the Administ Interview with the Adr 1:20pm revealed: -On 11/27/24, a MA c that Resident #3 was Resident #4's room in brief and pants onResident #3's room was blanket over her lapResident #3's room was blanket over her lapShe completed a chaincidentIn the charting note incidentIn the charting note incidentThe MA believed it to because the MA foun the floor that was stic slightly gelled and accilike semenShe MA also reporte bruising or bleeding of area.	SS or local law enforcement rator was supposed to.  ministrator on 12/16/24 at alled her and informed her seen coming out of her wheelchair without a aring a top and had a was across from Resident before Resident #3 was ot know to which room. arting note about the she documented that the ial "sexual interaction". To be a sexual interaction d a clearish substance on ky around the edges and cording to the MA smelled d that there were no signs of an Resident #3's vaginal e was to report the incident				

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