PRINTED: 03/03/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345225	B. WING				C <b>22/2015</b>
	PROVIDER OR SUPPLIER  JRE HEALTHCARE O	F CHAPEL HILL		1	TREET ADDRESS, CITY, STATE, ZIP CODE 602 E FRANKLIN STREET CHAPEL HILL, NC 27514		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
	INDIVIDUALITY  The facility must promanner and in an elenhances each result recognition of his second residents and staff, the call bells in a time needing assistance other assistance, to residents (Resident #1) reviewed for dig Finding included:  1. Resident #3 was 6/3/2013. Her diagr Bladder, Heart Murthemorrhoids.  The Minimum Data indicated she was contained and was able to be others. She was free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and frequently incorporate from staff. Resident was a free and free from staff. Resident was a free and free from staff. Resident was a free and free from staff. Resident was a free from staff.	admitted to the facility on noses included Neurogenic mur, Renal Stones and  Set (MDS) dated 1/14/2015 cognitively intact Resident #3 ng and vision, clear speech, understood and understand quently incontinent of bladder ntinent of her bowels requiring sident #3 had impairment on lower extremities of her left extensive assistance of one and two people for transfer	F 2	241	1. The actions taken for the resider affected by the alleged deficient pra was for the Director of Nursing (DO interview residents #1 and #3 to enside the resideth's needs are being met any concerns identified were addresses Resident #2 no longer resides in the facility. The DON identified that star assignments are divided so that one member is on a short hallway and a of high call bell usage that this staff member may be in a room and not available. Staffing assignments have been evaluated and changes made ensure we are able to meet the nee our residents.  2. The steps we took to assure no residents would be affected by the adeficient practice was to evaluate the process for assignments of the Cerl Nursing Assistants (CNA) and to pe an audit relating to answering call be a timely manner for residents needing assistance with their activities of dailiving and/or other assistance to madignity. The staff assignments have redistributed to better accommodate resident needs providing better response.	nts lectice N)to sure and ssed. e ffing e staff it times easily /e to ods of other alleged le tified efform ells in ng intain e been e conse	2/19/15 (X6) DATE

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

TITLE

02/13/2015

**Electronically Signed** 

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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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NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
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OIGNAIC	JIL HEALIHOAKE C	OTAL EL TILLE		CI	HAPEL HILL, NC 27514		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	manner. Resident (1/20/2015) she pu and it took about 4 come in her room. member cut off the she would check he revealed that she was be changed. Resident a little help. "wet on herself a lot to help her. Reside feeling when you at Observations of the at 11am revealed correct time was of view of the resident 43 again up to two hours or and revealed that the meeting and staff member just the because the staff worth of the resident 43 again up to two hours or and revealed that the meeting and staff member just the because the staff worth of 21 resident 43 resident 44 to 12 to 12 to 12 to 12 to 12 to 12 to 13 to 13 to 14 to 15 to 1	being answer in a timely # 3 indicated that today it her call bell on before lunch 5 minutes for someone to She also stated that a staff bell and told Resident #3 that er after lunch. Resident # 3 waits about 2 hours each day to lent #3 stated " only 2 or 3 the day and we all [residents] Resident #3 revealed that she t because it takes staff so long ent stated that " it's not a good are wet.  e resident rooms on 1/21/2015 digital clocks on the walls. The bserved. The clock was within ats' bed and wheelchair.  I am Resident #3 indicated the e knew how long it took for staff bell and provide care for her. revealed that she had waited longer to be changed before, this has been going on for  sident Council Meeting minutes revealed that Resident# 1 was a sked if the facility could get a to float to answer the call bell was not answering the bell. A s were present at the meeting e request for a floating staff	F 2	241	times to resident call bell requests assistance.  3. The systematic process and chawe have instituted was to have the Development Coordinator (SDC) to re-educate all staff on timely responsed bells and providing timely care/assistance for our residents. DON, ADON, SDC, and Unit Superhave begun audits of call bell audits per week for 1 month, then 6 call be audits weekly for 2 months, then 6 audits twice monthly for 3 months. will have the Quality of Life Service Director to follow up during the mor Resident Council Committee Meeti obtain feedback on improvement of timeliness of call bell responses.  4. The results of the findings of the will be reviewed by the DON and Administrator on a weekly basis for compliance. The results of the audit be brought to our monthly QA/PI meto be reviewed for compliance. And issues or concerns that were identificated in the process of the surface of the surface of the surface of the surface of the audit be brought to our monthly QA/PI meto be reviewed for compliance. And issues or concerns that were identificated in the process of the surface of the su	anges Staff The Tise of The Tvisors The Tv	
	During an interview	v with the Unit Manger on					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 241	#2 had informed he that staff was not a manner and she [F assistance she need Manager indicated in-service with staft to answer the call I She indicated that 15 minutes of the F on. The Unit Manabeen brought to he An interview with the revealed that she he 1/12/2015. Her expells were answere	Im she indicated that Resident for several times during her stay answering call bells in a timely Resident #2] was not getting the feded for toileting. The Unit that she did not have a formal four she reminded them daily bells within a timely manner. It timely manner to her was 7 to Resident placing the call bell ger also indicated that this had for attention more than one time.  The DON on 1/22/2015 at 11am and only been the DON since bectation of staff was the call fed within a time manner and the provided care to residents	F 24	1		
	1/22/2015 at 11:30 expectations of stawithin a time mannicare to residents expectations of stawithin a time mannicare to residents expectation and the state of t	with the Administrator on am he indicated his off was to answer the call bell are and the staff should provide very two hours as needed. The ed a resident call him last but the issues presented at the neeting about call bells not he resident [name not provided or] indicated that no one bell issues and we [residents] blems with the call bell not dministrator also indicated that person who was in charge of concerns and that person was e the problems were not being d. It was stated that he had just and indicated the call bell put it in a plan of correction.				

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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F 241	11/6/2014. Her diag Renal Disease, Ost Hypertension.  The Minimum Data indicated she was cadequate hearing a able to be understo Resident #2 was continent of bowel. assistance of one person for transfer wheelchair.  Review of a Progre Resident #2 includ has been frustrated they don't listen ar Staff did enter the rand attended to Remember left the roadditional favor in a was not heard by the [nurse aid walked a said that no one he Review of a complational favor in a was not heard by the said that no one he Review of a complational favor in a was not heard by the said that no one he Review of a complational favor in a was not heard by the found	admitted to the facility on moses included End Stage eoarthritis, Gout and  Set (MDS) dated 11/12/2014 cognitively intact, had and vision, clear speech, was od and understand others. Intinent of bladder and She required extensive erson for toileting and one from bed and to the  ss Note dated 12/16/2014 for the least of the least	F 2	41			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 241	1/22/2015 at 9:30a #2 had informed he that staff was not a manner and she [F assistance she need Manage indicated in-service with staff to answer the call It is minutes of the F on. The Unit Manabeen brought to he and Resident #2 retreating her with rereported she did diconcern Resident #3 Manger indicated to apologize to Resident with a manager indicated to apologize to Resident with R incident with R information relayed appointment.  An interview with the revealed that she incident with the staff should have every two hours as During an interview 1/22/2015 at 11:30 expectations of staff should for the staff should have expectations of staff should should be supposed to the staff should have every two hours as During an interview 1/22/2015 at 11:30 expectations of staff should should be supposed to the staff should have every two hours as During an interview 1/22/2015 at 11:30 expectations of staff should have the staff should have	w with Unit Manger on am she indicated that Resident er several times during her stay answering call bells in a timely Resident #2] was not getting the eded for toileting. The Unit that she did not have a formal of but she reminded them daily bells within a timely manner. It timely manner to her was 7 to Resident placing the call bell ger also indicated that this had er attention more than one time exported that the staff was not exported that the staff was not exported and the Unit hat Nurse #1 was encouraged sident #2.  If you have a formal was encouraged sident #2 on 12/15/2014. The had informed Resident #2 on 12/15/2014. The had informed Resident #2 on 1/22/2015 at 11am and only been the DON since bectation of staff was the call ed within a time manner and we provided care to residents	F 24				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 241	Administrator state month concern aborders answered. To being answered. To by the Administrate addressed the call are still having probeing answered. A he talked with the Resident Council of terminated becaus address or handler hired a new DON a concern would be 3. Resident #1 was 6/11/2013. Her dia Congestive Heart Failure and chronic Disease.  The Minimum Data indicated she was adequate hearing able to be understed She was frequently inconting required extensive toileting and one put to the wheelchair.  An interview with F8:15pm revealed to Council President answering the call and cut the call be 45min to 1 hr to continue to the continue to the call and cut the call be 45min to 1 hr to continue to the continue to the call and cut the call be 45min to 1 hr to continue to the continue to the call and cut the call be 45min to 1 hr to continue to the continue to the call and cut the call be 45min to 1 hr to continue to the continue to the continue to the call and cut the call be 45min to 1 hr to continue to the continue to t	age 5 two hours as needed. The ed a resident call him last out the issues presented at the neeting about call bells not he resident [name not provided or] indicated that no one bell issues and we [residents] blems with the call bell not dministrator also indicated that person who was in charge of concerns and that person was e the problems were not being d. It was stated that he had just and indicated the call bell put it in a plan of correction.  a admitted to the facility on gnoses included Hypertension, allure, Chronic Respiratory c Obstructive Pulmonary  a Set (MDS) dated 12/12/2014 cognitively intact, had and vision, clear speech, was not and understand others. If in continent of bladder and ent of her bowels. Resident #1 assistance of one person for eople for transfer from bed and  Resident #1 on 1/20/2015 at hat she was the Resident and her concern with the staff bells was the staff comes in ll off and then takes about one back and provide the care Resident #1 revealed that this	F 2	241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	COM	(X3) DATE SURVEY COMPLETED	
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F 241	on several occasion about the concern. asked the facility be member just to ansign concern had not be indicated that this mand the other resident and the other resident and the other resident. A review of the Resident at the meeting and again the call bell because the bell. A total of 2 the meeting and again and the staff was not a manner and she [Finassistance she need Manage indicated that 15minutes of the Resident answer the call to She indicated that 15minutes of the Resident answer the call to the Unit Manager been brought to he An interview with the revealed that she indicated that she indicated that she indicated that 15minutes of the Resident answer the call to the Unit Manager been brought to he An interview with the revealed that she indicated that she	d in Resident Council Meeting n and nothing had been done Resident # 1 revealed she ack in November to hire a staff swer the call bell and the een address. Resident # 1 made her feel bad for herself ents in worst condition. Indicated that she had waited are to be provided to her by sident Council Meeting minutes revealed that Resident# 1 was sting and asked if the facility ember just to float to answer see the staff was not answering and asked if the facility ember just to float to answer see the staff was not answering are to answer call bells.  With the Unit Manger on make indicated that Resident er several times during her stay answering call bells in a timely are seeded for toileting. The Unit she did not have a formal four she reminded them daily bells within a timely manner. It is the did not have a formal four she reminded that this had are attention more than one time.  The DON on 1/22/2015 at 11am and only been the DON since bectation of staff was the call and within a time manner and end within a time manner and	F 24			

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F 241 F 312 SS=D	every two hours as  During an interview 1/22/2015 at 11:30a expectations of star a time manner and to residents every t Administrator state month concern abo Resident Council m being answered. Th by the Administrato addressed the call are still having prob being answered. Ac he talked with the p Resident Council or terminated because address or handled hired a new DON a concern would be p 483.25(a)(3) ADL O DEPENDENT RES  A resident who is u daily living receives maintain good nutri and oral hygiene.	we provided care to residents needed.  with the Administrator on am he indicated his ff answering the call bell within the staff should provide care wo hours as needed. The da resident call him last but the issues presented at the neeting about call bells not ne resident [name not provided or] indicated that no one bell issues and we [residents] belems with the call bell not diministrator also indicated that person who was in charge of concerns and that person was at the problems were not being the transition of the call bell out it in a plan of correction. CARE PROVIDED FOR	F 241		2/19/15
	facility failed to prov requested from 1 o	eview and staff interview, the vide incontinent care, when f 3 residents (Resident # 3) sive assisted with toileting;		Resident #1 and #3 were intervie by the DON on 02/05/15 to ensure th resident' needs were being met and a concerns identified were addressed.	e

NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF CHAPEL HILL  (X4) ID PREFIX (EACH DEPCISION MUSTS BE PRECEDED BY FULL PARE)  IF 312 Continued From page 8 and failed to attend to the needs of a resident and provide assistance to 1 of 3 residents (Resident# 2) who requested assistance going to the bathroom.  Finding included:  1. Resident #3 was admitted to the facility on 6/3/2013. Her diagnoses included Neurogenic Bladder, Heart Murmur, Renal Stones Pressure Ulcer and Hemorrhoids.  The Minimum Data Set (MDS) dated 1/14/2015 indicated she was cognitively intact Resident #3 had adequate hearing and vision, clear speech, and was able to be understood and understand others. She was frequently incontinent of her bowels requiring care from staff. Resident #3 care plan dated 1/2/1/2015 revealed that Resident had a stage 2 ulcer to the sacrum and staff needed to provide incontinence care after incontinence episodes and apply barrier cream. Resident #3 had the potential for complications associated with incontinence care after each incontinent episode.  During an interview with Resident #3 on	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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SIGNATURE HEALTHCARE OF CHAPEL HILL    (A3) ID   REEFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   TAGK   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAGK   TA	NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS CITY STATE ZIP CODE	1 01/2	22/2013
CHAPEL HILL, NC 27514   CHAPEL HILL   CHAPEL HILL   CHAPEL HILL, NC 27514	TO TWIL OF T	NOVIDEN ON OUT FEIEN	•					
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY	SIGNATU	JRE HEALTHCARE C	OF CHAPEL HILL					
FREETIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 312  Continued From page 8 and failed to attend to the needs of a resident and provide assistance to 1 of 3 residents (Resident# 2) who requested assistance going to the bathroom.  Finding included:  1. Resident #3 was admitted to the facility on 6/3/2013. Her diagnoses included Neurogenic Bladder, Heart Murmur, Renal Stones Pressure Ulcer and Hemorrhoids.  The Minimum Data Set (MDS) dated 1/14/2015 indicated she was cognitively intact Resident #3 had adequate hearing and vision, clear speech, and was able to be understood and understand others. She was frequently incontinent of her bowels requiring care from staff. Resident #3 had mpairment on both the upper and lower extremities of her left side. She required extensive assistance of one person for toileting and two people for transfer from bed and to the wheelchair.  A Review of Resident #3 's care plan dated 1/12/1/2015 revealed that Resident had a stage 2 ulcer to the sacrum and staff needed to provide incontinence care after incontinence episodes and apply barrier cream. Resident #3 had the potential for complications associated with incontinence of bowel and/or bladder. The staff was to provide peri care after each incontinent episode.  PREFIX TAG  Continued From page 8 and failed to attend to the needs of a resident and provide assistance and provide perior of 3 resident #2 no longer resides in the facility.  2. An audit was completed on alert and oriented residents by the DON, SDC and ADON to ensure that the residents Activity of Dally Living needs were being met.  Any issues identified were addressed and corrected by either the DON, SDC or ADON at that time.  3. The systematic process and changes we have instituted was to have the SDC to re-educate all staff on timely response of call bell responses and response for to timel responses of call bell responses of to all bell responses of to the sacrum and staff needed to provide incontinence care after incontinence episodes and apply barrier cream					C	CHAPEL HILL, NC 27514		
and failed to attend to the needs of a resident and provide assistance to 1 of 3 residents (Resident#2) who requested assistance going to the bathroom.  Finding included:  1. Resident #3 was admitted to the facility on 6/3/2013. Her diagnoses included Neurogenic Bladder, Heart Murmur, Renal Stones Pressure Ulcer and Hemorrhoids.  The Minimum Data Set (MDS) dated 1/14/2015 indicated she was cognitively intact Resident #3 had adequate hearing and vision, clear speech, and was able to be understood and understand others. She was frequently incontinent of bladder and frequently incontinent of bladder and frequently incontinent of bladder and frequently incontinent of her bowels requiring care from staff. Resident #3 had impairment on both the upper and lower extremities of her left side. She required extensive assistance of one person for toileting and two people for transfer from bed and to the wheelchair.  A Review of Resident #3 's care plan dated 1/21/2015 revealed that Resident had a stage 2 ulcer to the sacrum and staff needed to provide incontinence care after incontinence episodes and apply barrier cream. Resident # 3 had the potential for complications associated with incontinence of bowel and/or bladder. The staff was to provide peri care after each incontinent episode.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETION
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Administrator on a weekly basis. The		-	i care atter each incontinent				e audits	
		episoae.					[ho	
During an interview with resident #3 on Tesuts of the addits will be brought to our		During an intension	wwith Posidont #2 on					
1/20/2015 at 8pm, Resident #3 stated that her call bells were not being answer in a timely monthly QA/PI meeting to be reviewed for compliance. Any issues identified form								
manner. Resident # 3 indicated that today the audits will be discussed to ensure they								
(1/20/2015) she put her call bell on before lunch have been addressed and corrected.								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345225	B. WING _			C / <b>22/2015</b>	
	PROVIDER OR SUPPLIER  JRE HEALTHCARE O	F CHAPEL HILL		STREET ADDRESS, CITY, STATE, ZIP C 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514	•		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 312	and it took about 4 come in her room. member cut off the she would check herevealed that she was come in her room. Member cut off the she would check herevealed that she was clearly a core of the at 12 come it takes stored that she was considered that she was of the at 11 come was of the at 11 come was of the at 11 come was of the resident when you are wet.  Observations of the at 11 clock was how she to answer her call to two hours or and revealed that the months.  An interview with the revealed that she here 1/12/2015. Her expells were answere the staff should have every two hours as 2. Resident #2 was 11/6/2014. Her diag Renal Disease, Os Hypertension.	5 minutes for someone to She also stated that a staff bell and told Resident #3 that er after lunch. Resident # 3 vaits about 2 hours each day to ent #3 stated there were "only during the day and we all little help. "Resident #3 urinates on herself a lot aff so long to help her. at "it's not a good feeling "" eresident rooms on 1/21/2015 ligital clocks on the walls. The oserved. The clock was within the start was an and wheelchair.  am Resident #3 indicated the knew how long it took for staff bell and provide care for her. The revealed that she had waited longer to be changed before, this has been going on for the DON on 1/22/2015 at 11am and only been the DON since bectation of staff was the call and within a time manner and we provided care to residents	F 31	2			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		345225	B. WING				C <b>22/2015</b>
	PROVIDER OR SUPPLIER	F CHAPEL HILL		STREET ADDRESS, CITY, STATE, ZIP COI 1602 E FRANKLIN STREET CHAPEL HILL, NC 27514	DE	01/2	22010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 312	indicated she was cadequate hearing a able to be understo Resident #2 was continent of bowel. assistance of one person for transfer wheelchair.  Review of Resident 11/14/2014 reveale care deficit with act was at risk for comprovide assistance/#2's need for all A Review of a Progre Resident #2 includ has been frustrated they don't listen ar Staff did enter the rand attended to Remember left the roadditional favor in a was not heard by the [nurse aid walked a said that no one he Review of a complate 12/15/2014 reveale that Nurse #1 was a grievance included #1 would not help he she [Resident #2] syou're capable. If you're capable if you'	cognitively intact, had and vision, clear speech, was od and understand others. Intinent of bladder and she required extensive erson for toileting and one from bed and to the "#2's care plan dated d that Resident #2 had a self ivity of daily living (ADL) and olication. The staff was to supervision to meet Resident DL.  SS Note dated 12/16/2014 for ed [Resident #2] "stated she with the staff here, stating and don't attend to her needs. Soom shortly after the interview sident's needs. As the staff or an every soft tone of voice, which we [nurse aid], When the way, she started crying and lips her. "  Intit/grievance report dated d that Resident #2 reported opeing mean to her. The Resident #2 reported Nurse er to the bathroom saying "hould do it on her own and you got out of bed you can get also told Resident #2 "this is	F3	12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345225	B. WING			C <b>22/2015</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C  1602 E FRANKLIN STREET  CHAPEL HILL, NC 27514		22/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 312	1/22/2015 at 9:30 ar #2 had informed he that staff was not ar manner and she [R assistance she nee Manage indicated the in-service with staff to answer the call be She indicated that the 15 minutes of the Roon. The Unit Manage been brought to her and Resident #2 reported she did disconcern Resident # Manger indicated the to apologize to Res An interview with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015. Her expections are sident with the revealed that she had 1/12/2015.	with Unit Manger on me she indicated that Resident or several times during her stay as newering call bells in a timely esident #2] was not getting the ded for toileting. The Unit hat she did not have a formal but she reminded them daily ells within a timely manner. imely manner to her was 7 to desident placing the call bell ger also indicated that this had a attention more than one time ported that the staff was not spect. The Unit Manager scuss with Nurse #1 the decrease with Nurse #1 was encouraged decrease with a staff was the call decrease within a time manner and the provided care to residents	F3	12		