PRINTED: 02/03/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
		345233	B. WNG	B. WING			22/2015
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				31	06 DEER PARK ROAD		
SUNRISE	REHABILITATION & CAF	RE		N	EBO, NC 28761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 203 SS=D	BEFORE TRANSFER Before a facility transferesident, the facility mif known, a family mer of the resident of the reasons for the manguage and manner the reasons in the resinclude in the notice the paragraph (a)(6) of the Except as specified in (8) of this section, the discharge required unsection must be made days before the reside discharged. Notice may be made before transfer or discharged. Notice may be made before transfer or discharged. Notice may be made before transfer or discharged in the facility and the facility and the facility and the facility of this section discharge is required medical needs, under section; or a resident facility for 30 days. The written notice spetthis section must incluor discharge; the effect discharge; the effect discharge; the office discharges and the right State; the name, addressed in the facility for a feet of the facility state; the name, addressed in the facility state.	iers or discharges a ust notify the resident and, mber or legal representative transfer or discharge and ove in writing and in a they understand; record ident's clinical record; and ne items described in is section. paragraph (a)(5)(ii) and (a) notice of transfer or der paragraph (a)(4) of this by the facility at least 30 ent is transferred or as soon as practicable charge when the health of ity would be endangered section; the resident's ciently to allow a more discharge, under paragraph or an immediate transfer or by the resident's urgent paragraph (a)(2)(ii) of this	F	203	This Plan of Correction is the center's cred compliance. Preparation and/or execution of this plan of co constitute admission or agreement by the provisions set forth in the deficiencies. The plan of correction is prepare solely because it is required by the provisions of law. F- 203 1.) How corrective action will be accomplished for the residents affect Resident #4 discharged from Sunris Rehab in August 2014, and has not returned to this facility. An unsigned completed Notice of Transfer/Dischafor Resident #4 was recovered from Social Worker shred box on 1/23/15. 2.) How corrective action will be accomplished for those residents has the potential to be affected: All residents are identified as potential to be interviewed or not. An acconducted by the Administrator, So Worker or designee to ensure all reconcerns and choices are being met. In the properties outcomes identified and/or resolved to resident satisfaction. Documents relative to resident choice transfer, discharge or grievance/corcompleted and filed appropriately. Of resident rights again provided to resident. Updated care plans documents relative to proper Transfer and Concern /Grievance deducated as it pertains to proper Transfer and Concern /Grievance deducated as it pertains to proper Transfer and Concern /Grievance deducated as it pertains to proper Transfer /Grievance deducated as it pertains	ted: e d but arge the tially eing udit is cial sident No ce, acern Copy the mented er and staff ansfer	loes not truth of tof executed and state
ARORATORY I	DIRECTOR'S OR PROVIDERIS	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	,	(X6) DATE

ABORATORY DIRECTOR'S OR PROVIDENSOFFLIER REPRESENTATIVES SIGNATURE

Administrator

Facility ID: 923334

2/12/2015

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 disclosurable to discover the 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 disclosurable to days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continue the program participation.

If continuation she

If continuation sheet Page 1 of 7

by:

PRINTED: 02/03/2015 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		
			no resultad			(
		345233	B. WNG			01/2	22/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				30	06 DEER PARK ROAD		
SUNRISE REHABILITATION & CARE			N	EBO, NC 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X5) COMPLETION DATE		
F 203	nursing facility resided disabilities, the mailin number of the agency protection and advocadisabled individuals ethe Developmental Diof Rights Act; and for who are mentally ill, titelephone number of the protection and ad individuals establishe Advocacy for Mentally This REQUIREMENT by: Based on record revinterviews the facility discharge notice to 1 reviewed for discharge The findings included Resident #4 was admidiagnose of parapleg muscle spasm and hy quarterly Minimum Da 07/15/14 revealed Reintact, he could understood. The MDS #4 had no behaviors. Review of the Social Wesident #4 about be not exposing other rethe pornographic postold him she would ge posters so he could k revealed she discuss movies he watched we care for him. The note became upset and the	nts with developmental g address and telephone or responsible for the acy of developmentally stablished under Part C of isabilities Assistance and Bill nursing facility residents the mailing address and the agency responsible for vocacy of mentally ill d under the Protection and y Ill Individuals Act. The is not met as evidenced sew and staff and family failed to issue a 30 day of 3 sampled residents tes (Resident #4). The initial to the on 10/15/07 with failed Set (MDS) dated tesident #4 was cognitively	F	203	policy, procedure, documentation, a forms. 3.) What measures will be put in pla systemic changes made to ensure correction: Facility policy for Concerns /Grieva well as Transfer /Discharge reviewe adjusted as appropriate to ensure completed documents are filed alon backed up copies properly ensuring are retrievable. Specifically, a 30-D Notice of Transfer/Discharge is filed resident chart and their business file Concerns/Grievance documentation managed by the Social Worker with oversight by the Administrator to e the resident's rights and choices are New Social Worker and Department Heads are re-educated for properly following facility grievance policy a procedures to ensure timely communication with the resident or grievance has been initiated. The Staff Development Coordinator Social Worker or designee re-educated direct care staff on honoring a residence to the proper documenting of residence as the proper documenting of residence and to ensure residence concerns/grievances which might have been destroyed are understood and resolved due to missing documentate from the Social Worker. This involutes the proper documentate from the Social Worker. This involutes and to ensure the social worker. This involutes and to ensure the social worker. This involutes and to ensure the social worker.	ace or ance as ed and g with g they bay d in the e. n is n nsure e met. nt nd nce a r, new ates the lent's as well ent bruary lent ave	2/18/15

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BWTE11

Facility ID: 923334

If continuation sheet Page 2 of 7



PRINTED: 02/03/2015 FORM APPROVED OMB NO. 0938-0391

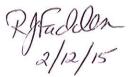
IDENTIFICATION NUMBER: 345233 STREET ADDRESS, CITY, STATE, 2P CODE 36 DEER PARK ROAD NEBO, NC 28781 SUNRISE REHABILITATION & CARE SUNRISE REHABILITATION SUNCE AND SUNC	OLIVILIV	OT OIL MEDIONILE &	MEDIO/ NO OLIVIOLO		_			
SURRISE REHABILITATION & CARE CA 10	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			180 330				
SUNRISE REHABILITATION & CARE SUNRISE REHABILITATION & CARE				A. BOILDIN		*	C	
SUNRISE REHABILITATION & CARE COLUMN COLUMN CARE COLUMN CARE CARE			345233	B. WNG			-07	
NEBO, NC 28761 NEBO, NC 28761	NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
F 203 Continued From page 2 Review of the nurse's note dated 07/30/14 revealed the Administrator and the SW informed Resident #4 the pornographic posters in his room had to be taken down. The note revealed Resident #4 then proceeded to throw his full lunch tray across the room. The note further revealed Resident #4 was stid his behavior was inappropriate. An interview was conducted on 01/22/14 at 9:10 AM with Resident #4 was his own responsible party and told her he did not want to leave the facility. She stated Resident #4 felt like he had to leave because the facility would not let him keep his posters and watch his movies. She further stated he told her he was not issued a discharge notice and she had gone through all of his belongings from his room at the facility and there was no discharge notice in his things. An interview was conducted on 01/22/15 at 11:19 AM with the SW. She stated she issued a 30 day notice of discharge to Resident #4 after the resident became upset when he was asked to remove the pornographic posters from his walls and pause pornographic posters from his walls and pause pornographic posters from his walls and pause pornographic movies when staff came in to provide care. The SW stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated she had not received any complaints from r					36	06 DEER PARK ROAD		
F 203 Continued From page 2 Review of the nurse's note dated 07/30/14 revealed the Administrator and the SW informed Resident #4 the pornographic posters in his room had to be taken down. The note revealed Resident #4 the proceeded to throw his full lunch tray across the room. The note further revealed Resident #4 was told his behavior was inappropriate. An interview was conducted on 01/22/14 at 9:10 AM with Resident #4 se family member. She stated Resident #4 told revealed resident became upset when he ald to leave because the facility would not let him keep his posters and watch his movies. She further stated he told her he was not issued a discharge notice and she had gone through all of his belongings from his room at the facility and there was no discharge notice in his things. An interview was conducted on 01/22/15 at 11:19 AMI with the SW. She stated she issued a 30 day notice of discharge to Resident #4 affer the resident became upset when he was asked to remove the pornographic movies when staff came in to provide care. The SW stated she was unable to find the copy of the 30 day discharge notice that was issued to Resident #4. She stated Resident #4 to low he was asked to remove the pornographic movies when staff came in to provide care. The SW stated she was unable to find the copy of the 30 day discharge notice that was issued to Resident #4. She stated Resident #4 to flow he was asked to remove the pornographic movies when staff came in to provide care. The SW stated she was unable to find the copy of the 30 day discharge notice that was issued to Resident #4. She stated Resident #4 to do not not not not not not not not not no	SUNRISE	SUNRISE REHABILITATION & CARE			N	EBO, NC 28761		
Review of the nurse's note dated 07/30/14 revealed the Administrator and the SW informed Resident #4 the pornographic posters in his room had to be taken down. The note revealed Resident #4 to lot staff to take everything down, even his family pictures, and throw them all away. Resident #4 then proceeded to throw his full lunch tray across the room. The note further revealed Resident #4 was told his behavior was inappropriate. An interview was conducted on 01/22/14 at 9:10 AM with Resident #4's family member. She stated Resident #4 felt like he had to leave because the facility would not let him keep his posters and watch his movies. She further stated he told her he was not issued a discharge notice and she had gone through all of his belongings from his room at the facility and there was no discharge notice in his things. An interview was conducted on 01/22/15 at 11:19 AM with the SW. She stated she issued a 30 day notice of discharge to Resident #4 after the resident became upset when he was asked to remove the pornographic posters from his walls and pause pornographic movies when staff came in to provide care. The SW stated she was unable to find the copy of the 30 day discharge notice that was issued to Resident #4. She stated Resident #4 to 30 day discharge notice that was issued to Resident #4. She stated Resident #4 to lot her he wanted to move but she did not document. The SW stated she had not received any complaints from residents or families regarding the pornographic posters and movies. She further stated Resident #4 had	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
had to take down his posters and then he threw a full lunch tray across his room. An interview was conducted on 01/22/15 at 1:42	F 203	Review of the nurse's revealed the Adminis Resident #4 the pornhad to be taken down Resident #4 told staff even his family pictur Resident #4 then prolunch tray across the revealed Resident #4 inappropriate. An interview was con AM with Resident #4 was his told her he did not wastated Resident #4 fe because the facility with posters and watch his he told her he was not and she had gone the from his room at the discharge notice in his An interview was con AM with the SW. She notice of discharge to resident became upsing the pornographing to provide care. The unable to find the connotice that was issue stated Resident #4 to but she did not docur had not received any or families regarding and movies. She furt not exhibited any behad to take down his full lunch tray across	s note dated 07/30/14 trator and the SW informed ographic posters in his room n. The note revealed if to take everything down, es, and throw them all away. ceeded to throw his full room. The note further was told his behavior was ducted on 01/22/14 at 9:10 is family member. She stated own responsible party and ent to leave the facility. She selt like he had to leave vould not let him keep his is movies. She further stated out issued a discharge notice rough all of his belongings facility and there was no is things. Inducted on 01/22/15 at 11:19 is stated she issued a 30 day of Resident #4 after the let when he was asked to liphic posters from his walls one SW stated she was one of the 30 day discharge did to Resident #4. She let he wanted to move ment it. The SW stated she occumplaints from residents the pornographic posters her stated Resident #4 had maviors until he was told he posters and then he threw a his room.	F	203	This process will be documented on Audit Tool titled "Resident Intervier Concern and Choices". Administrator, new Social Worker of designees will conduct documented Audits using the "Resident Intervier Concerns and Choices" audit tool to monitor resident choices and grieva through direct random observation interview audits for five residents wfor 4 weeks, then one resident weeks four weeks and then two residents monthly x3 months for compliance. necessary, employees will be reeduc assure compliance with the facility grievance policy and procedure. The will include provisions for resident choices and grievances during orien of new facility personnel. 4.) How the facility plans to monitor performance to make that solutions ensured: Audit results will be reviewed and analyzed monthly by the Administr designee for three months, and then quarterly at the Quality Assurance Process Improvement (QAPI) Commeeting with subsequent plans of adeveloped and implemented as indiby the QAPI Committee. The Administrator is responsible for over	a QA w - or QA w - onces and eekly y for As ated to rights, tation rits are ator or	2/18/15

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BWTE11

Facility ID: 923334

If continuation sheet Page 3 of 7



PRINTED: 02/03/2015 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		
		12 - 1070-1-1-1-1-1-1-1			С		
		345233	B. WING			01/	22/2015
NAME OF PROVIDER OR SUPPLIER SUNRISE REHABILITATION & CARE			30	TREET ADDRESS, CITY, STATE, ZIP CODE 06 DEER PARK ROAD IEBO, NC 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 203	PM with the Administry was asked to remove pause pornographic recomplainants from nuthem. He stated the pause pornographic recomplainants from nuthem. He stated the pause pornographic recomplainants from nuthem. He stated the pause in closer to his posters in closer to his posters in closer to his bed but this room, he was pay what he wanted to wastated he informed Redischarged and the faplacement and he was 30 day notice of discharged and the faplacement and he was given to him. An interview was con PM with Nurse #1. Shwith Resident #4 and stated as long as you you entered he would watching one. She stoffensive to her and secomplaints about the visitors. She further seand had never acting An interview was con PM with Nurse #2. He received any complaints members or visitors are or movies. He stated closed and if you know was watching a movie was watching a movie.	rator. He stated Resident #4 pornographic posters and novies during care due to rses being offended by osters could be seen from	F	203			2/10/15

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BWTE11

Facility ID: 923334

If continuation sheet Page 4 of 7



PRINTED: 02/03/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Sec. 32		CONSTRUCTION	(X3) DATE S COMPLE	
			A. BOILD	_		С	
		345233	B. WNG				22/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CHARGE	SUNRISE REHABILITATION & CARE			30	06 DEER PARK ROAD		
SUNRISE REHABILITATION & CARE			N	EBO, NC 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
F 242 F 242 SS=D	483.15(b) SELF-DET MAKE CHOICES The resident has the schedules, and healther interests, assess interact with member inside and outside the about aspects of his are significant to the. This REQUIREMENT by: Based on record revinterviews the facility have his preferred pomovies of his choice for choices (Resident The findings included Resident #4 was addiagnose of parapleg muscle spasm and hequarterly Minimum DO7/15/14 revealed Resident #4 about be intact, he could under understood. The MD #4 had no behaviors. Review of the Social revealed the Social versident #4 about be not exposing other resident	right to choose activities, in care consistent with his or ments, and plans of care; sof the community both a facility; and make choices or her life in the facility that resident. T is not met as evidenced liew and staff and family failed to allow a resident to esters in his room and watch for 1 of 3 residents reviewed at #4). It in the facility that resident to esters in his room and watch for 1 of 3 residents reviewed at #4). It in the facility that resident to esters in his room and watch for 1 of 3 residents reviewed at #4). It in the facility that resident to esters in his room and watch for 1 of 3 residents reviewed at #40.		1	This Plan of Correction is the center's credic compliance. Preparation and/or execution of this plan of coconstitute admission or agreement by the provision the facts alleged or conclusions set forth in the deficiencies. The plan of correction is prepared solely because it is required by the provisions of law. F- 242 1.) How corrective action will be accomplished for the residents affect Resident #4 discharged from Sunris Rehab in August 2014, and has not returned to this facility. Multiple Grievance forms from 2014 recover from the Social Worker shred box of 1/23/15. None related to Resident #4 2.) How corrective action will be accomplished for those residents has the potential to be affected: All residents are identified as poten being affected, those identified as be able to be interviewed or not. An acconducted by the Administrator, So Worker or designee to ensure all reconcerns and choices are being met negative outcomes identified and/or resolved to resident satisfaction. Documents relative to resident choi transfer, discharge or grievance/corcompleted and filed appropriately, of resident rights again provided to resident. Updated care plans documented to the plans and concern sand concern sand counce to plans a gain provided to resident rights again provided to resident as it pertains to proper Tayloischarge and Concern /Grievance deducated as it pertains to proper Tayloischarge and Concern /Grievance / Grievance / Grieva	ted: e ed intel tially eing udit is ocial sident No ce, ncern Copy the mented extaff ransfer	oes not ruth of of secuted

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BWTE11

Facility ID: 923334

If continuation sheet Page 5 of 7



PRINTED: 02/03/2015 FORM APPROVED OMB NO. 0938-0391

OLIVILIV	STON WEDICANE &	VILDIOAID OLIVVIOLO			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		345233	B. WING		01/22/2015
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	
AND THE PERSON AS A PE			3	06 DEER PARK ROAD	
SUNRISE REHABILITATION & CARE			1	NEBO, NC 28761	
(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 COMPLETION
F 242	would have the Admin Review of the nurse's revealed the Adminis' Resident #4 the pornhad to be taken down Resident #4 told staff even his family pictur Resident #4 then prolunch tray across the revealed Resident #4 inappropriate. An interview was con AM with Resident #4' Resident #4 was his told her he did not wastated Resident #4 fe because the facility with posters and watch his An interview was con AM with the SW. She discussion with Resident provide care. She state to respect others by the posters. The SW state complaints from resident provide care was con PM with the Administ was asked to remove pause pornographic recomplainants from nuthem. He stated the pattern to get the hallway and he have television very loud a staff, residents and vistated he offered to get the stated the stated the offered to get the stated the offered to get the stated the stated the offered to get the stated the offered to get the stated the stated the offered to get the stated the offered to get the stated the stated the stated the offered to get the stated the stated the stated the offered to get the stated	nistrator speak to him. In note dated 07/30/14 Itrator and the SW informed ographic posters in his room in. The note revealed It to take everything down, es, and throw them all away. It ceeded to throw his full room. The note further was told his behavior was ducted on 01/22/14 at 9:10 is family member. She stated own responsible party and ant to leave the facility. She stated how his estated on 01/22/15 at 11:19 is stated she had a dent #4 about taking down ters from his walls and movies when staff came in to other stated own the offensive ed she had not received any dents or families regarding	F 242	policy, procedure, documentation, forms. 3.) What measures will be put in p systemic changes made to ensure correction: Facility policy for Concerns /Griewall as Transfer /Discharge reviewal disted as appropriate to ensure completed documents are filed alobacked up copies properly ensuring are retrievable. Concerns/Griewaldocumentation is managed by the Worker with oversight by the Administrator to ensure the residerights and choices are met. New Social Worker and Department Heads are re-educated for properfollowing facility grievance policy procedures to ensure timely communication with the resident grievance has been initiated. The Staff Development Coordinat Social Worker or designee re-educated direct care staff on honoring a resights and of their rights for choice as the proper documenting of resignievances/concerns. Facility initiates a formal Process Improvement (PI) Plan effective Facility initiates and capture lost resident choices and to ensure resconcerns which might have been destroyed are understood and residue to missing documentation from Social Worker. This involves a 16 sweep of new resident interviews, process will be documented on a Control of the propersident choices and to ensure resconcerns which might have been destroyed are understood and residue to missing documentation from Social Worker. This involves a 16 sweep of new resident interviews, process will be documented on a Control of the propersident choices and to ensure resconcerns will be documented on a Control of the propersident choices and to ensure resconcerns will be documented on a Control of the propersident choices and to ensure resconcers will be documented on a Control of the propersident choices and to ensure resconcers will be documented on a Control of the propersident choices and to ensure the propersident choices and to ensure resconcers which might have been destroyed are understood and residuent choices and to ensure the propersident choices and to ensure the propersident choices and the propersident choices and	vance as yed and ang with ag they noce Social ent's ent ly and once a cor, new cates the cident's ee as well dent Tebruary st ident olved m the 00% This

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BWTE11

Facility ID: 923334

If continuation sheet Page 6 of 7

R Jadlon 2/12/15

PRINTED: 02/03/2015 FORM APPROVED OMB NO. 0938-0391

CLIVILIN	STOR WEDICARE &	WILDIOAID OLIVIOLO	_			011110	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	24 10 THE RESERVE	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMPI	
						С	
	345233		B. WNG			01/2	22/2015
NAME OF P	NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
SUNRISE REHABILITATION & CARE		RE			DE DEER PARK ROAD EBO, NC 28761		i
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 242	his room, he was pay what he wanted to wa An interview was con PM with Nurse #1. Sh with Resident #4 and stated as long as you you entered he would watching one. She stroffensive to her and so complaints about their visitors. She further so and had never acting An interview was con PM with Nurse #2. He received any complaint members or visitors are or movies. He stated closed and if you know would pause the movement was watching a movie.	ne refused and said it was ing for it and he could watch	F	242	Audit Tool titled "Resident Interviee Concern and Choices". Administrator, new Social Worker of designees will conduct documented Audits using the "Resident Interviee Concerns and Choices" audit tool to monitor resident choices and grieva through direct random observation interview audits for five residents wfor 4 weeks, then one resident week four weeks and then two residents monthly x3 months for compliance, necessary, employees will be reeduc assure compliance with the facility grievance policy and procedure. The will include provisions for resident choices and grievances during orien of new facility personnel. 4.) How the facility plans to monitor performance to make that solutions ensured: Audit results will be reviewed and analyzed monthly by the Administr designee for three months, and ther quarterly at the Quality Assurance Process Improvement (QAPI) Commeeting with subsequent plans of a developed and implemented as indiby the QAPI Committee. The Administrator is responsible for ov compliance.	or QA w - o nces and eekly ly for As ated to ne SDC rights, itation r its are ator or i mittee ction cated	2-16-15

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BWTE11

Facility ID: 923334

If continuation sheet Page 7 of 7

R | Faddon 2/12/15