PRINTED: 06/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X) A. BUILDING			X3) DATE SURVEY COMPLETED	
		345126	B. WING _			C 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 164 SS=E	The resident has the confidentiality of his records. Personal privacy incomedical treatment, communications, personal privacy incomedical treatment, communications, personal individual of the resident release of personal individual outside the the resident is transferr institution; or record the form or storage release is required the form or storage release is required the healthcare institution contract; or the resident resident resident is transferr institution; or record the form or storage release is required the healthcare institution contract; or the resident resid	e right to personal privacy and or her personal and clinical cludes accommodations, written and telephone ersonal care, visits, and and resident groups, but this efacility to provide a private ent. in paragraph (e)(3) of this t may approve or refuse the and clinical records to any refacility. to refuse release of personal does not apply when the ed to another health care if release is required by law. ep confidential all information ident's records, regardless of methods, except when by transfer to another n; law; third party payment dent. NT is not met as evidenced eview, resident and staff ty did not honor the resident's videnced by regularly belongings of 6 of 6 sampled #44, #79, #83, #105, #122,	F 16	,	Mount e nor	6/11/15
ABORATOR)	, ,	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	TITLE		(X6) DATE

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

06/01/2015

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	
			50.25				
		345126	B. WING				9/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT	OLIVE CENTER			2	28 SMITH CHAPEL ROAD BOX 569		
WICONT	OLIVE CENTER			N	OUNT OLIVE, NC 28365		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 164	Continued From pa	ae 1	' F 1	164			
	· ·	ONDENSATION OF NORTH	•		findings, facts, or conclusions that t	orm	
		OF RIGHTS FOR NURSING			the basis for the alleged deficiency.		
		S" that was included in the			Center reserves the right to challen		
		or all residents noted that the			legal and/or regulatory or administra		
	resident had the rig	ht to enjoy privacy in his/her			proceedings the deficiency, statement		
	room. It was also r	noted that residents had the			facts, and conclusions that form the	e basis	
	right to retain, to se	cure storage for, and to use			for the deficiency.¿		
		nd possessions where					
	reasonable.						
		ed bulletin was provided by the			F 164 E		
		taff on 05/07/15 at 4:00 PM.			PERSONAL		
		ntitled "IMPORTANT			PRIVACY/CONFIDENTIALITY OF		
		nd it noted that "due to			RECORDS	# 02	
		ns and for the safety of all of lowing items are not allowed in			Residents # 172, # 105, # 44, # 79, # 122 have had their personal items		
		ne list included, aerosol can			returned or replaced by Admission	5	
		der, petroleum jelly,			Coordinator on 5/12/15. These res	idents	
		ts, medicated creams, eye			were interviewed on 5/28/15 by	idonto	
		nter medications, alcohol,			Department Managers to ensure th	at their	
		hand sanitizer, air fresheners			personal items had been replaced a		
	and any product that	at was labeled "keep out of It also noted that "We			further room searches have occurre		
		remove and dispose of any			Other residents that may potentially	/ be	
		otentially harmful (in			affected were identified by interview		
		C and Federal regulations)."			residents or families of residents ur		
	1.Resident #44 was	re-admitted to the facility on			be interviewed. The interviews wer	e	
	11/07/14. Cumulati	ive diagnoses included			conducted by the Social Workers a	nd	
		ilure, hypertension, peripheral			Recreation Director on 5/28/15		
		nd diabetes mellitus.					
		arterly Minimum Data Set			Directed in-service education was		
		of 04/24/15 noted he was			provided to the center staff, including		
		nd was independent with			Licensed Nurses, nursing assistant	S,	
		Resident #44 was included in a			dietary staff, maintenance staff,	- al	
		lity which included alert,			housekeeping staff, therapy staff ar		
	oriented and reliabl				department heads, by Eastern Area		
		26 AM, Resident #44 was ated a while back he had been			Health Education Center (AHEC) o	[]	
		that he was not allowed to			6/10/15 and 6/11/15 that included Resident Rights, Dignity and Qualit	.,	
		He stated he couldn't			Assurance Program. The presental		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES	OMB NO. 093				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COMI	SURVEY PLETED
		345126	B. WING			05/0) 9/2015
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					28 SMITH CHAPEL ROAD BOX 569		
MOUNT	OLIVE CENTER				MOUNT OLIVE, NC 28365		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE
F 164	Continued From page 2			164			
	·	e items on the list. Resident			be videoed so that it can be presen	ted to	
		s staff #1 (AS #1) would come			newly hired employees and employ		
		daily basis and search through			that were unable to attend the live	000	
		elongings in all of his drawers			presentation. Staff will not be allow	ed to	
		reported that AS #1 would			work until after viewing the video.		
		powder, spray deodorant,					
		tem that was aerosol if he had			Center staff was in-serviced on the		
	it. He reported this	to be most upsetting as he felt			revised bulletin that lists the items t	hat the	
	that it was an invas	ion of his right to privacy.			residents are requested not to have	e in	
		ted this was his home and did			their rooms and that the staff is not		
		t for anyone to come and			allowed to search the residents; ro		
		belongings. He also reported			The education was provided on 6/1		
		uld refuse to allow them to go			and 6/2/15 by Admission Director a		
		ngs because it made him so			Director of Nursing. During the Re		
		ney could do this. He added			Council meeting of 5/12/14, the rev		
		y to live in this building and felt			list was reviewed with the members		
		ngings was wrong. He also does not leave the room with			Activity Director and Social Worker Administrator and Director of Nursi		
		and no one visits who would			attended the meeting to answer qu		
		isafe. Resident #44 reported			from the Council.	CSIIONS	
		hat he was not allowed to have			nom the council.		
		while back but he didn't have			The bulletin that listed the items that	at	
	it now.				resident were not allowed to have in		
		wed on 05/08/15 at 4:10 PM.			rooms was revised to include aeros		
		Partner Rounds on a daily			cans and over the counter medicat		
		staff members. She stated			and ointments by the Administrator	and	
	when she went into	the resident's room she was			Director of Nursing on 5/13/15. Ar		
	looking for several	things. She stated she was			to the residents; responsible party		
		y were hoarding linens. She			revised bulletin was completed on		
		o see if their personal			by the Admission Director. A copy		
		plastic bags. AS #1 stated			bulletin was posted on each reside	nt	
		open food items or meal trays			bulletin board in their rooms by the		
		the rooms. She stated she			Admission Director on 5/27/15. An		
		re were any ants and for any			interview will be completed on 14	,	
		closets. She stated if there			alert/oriented residents weekly for 6		
		ne room she would complete a			months, then monthly for 6 months		
		asked what items she was			determine if room searches are bei		
		rooms, she responded that baby powder, air fresheners,			conducted and if personal items are removed by staff. The interviews w		

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MOONI	OLIVE CENTER			M	OUNT OLIVE, NC 28365		
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F 164	alcohol rubs, over to any aerosol spray of was all that she council She stated the item the family or kept in stated some of the and would refuse to search their belong admissions office he families advising the were not allowed to was unable to name When questioned it invasion of the resist that it probably was responsibility. She Partner rounds that performed. The Administrator of 12:00 PM. He state items yesterday and stated he was a bit on the list as they we stated staff should belongings. The Administrative staff for their Partner pronew residents daily to see how things of they also visit the low monthly basis to see them as well. The strived to maintain stated he would be Administrator commercial the would be Administrator commercial the items of the ite	he counter medications, and can product. AS #1 stated that alld think of at the moment. It is were usually sent home with a the social work office. AS #1 residents disagreed with this of allow her in the room to ings. She stated the ad sent out the list to all of the em of items the residents of have in this building. She effect that this was an ident's privacy, she responded to but it was part of her stated it was part of the surprised at some of the items were personal use items. He not be searching resident's diministrator stated that were assigned a set of rooms or an interview of them. He stated onger term resident on a see how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the vere still in the facility they at the residents and if not	F1	64	completed by the Social Workers a Activity Staff. The results and any trends of the winterviews will be presented to the Assurance Committee monthly for months by the Social Worker and a need in change of plan will be adju	veekly Quality 12 any	

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F 164	11/18/14. Cumulat diabetes mellitus, a depression. The most recent Q (MDS) assessment #79 was cognitively decision making skidentified by the fact and reliable. During an interview 05/07/15 at 2:30 PI her room on a regupersonal belonging upsetting that staff She stated her famthe facility staff per allowed to have the stated they took he freshener and baby remarked that som overwhelming and to endure the odors she didn't have mu wanted to keep. Sino rights at all and AS #1 was interview She stated she did basis as did other swhen she went into looking for several looking to see if the	uld be replaced. s admitted to the facility on ive diagnoses included inemia, arthritis and uarterly Minimum Data Set to 6 04/14/15 noted Resident intact with independent ills. Resident #79 was also bility as being alert, oriented with Resident #79, on M, she stated staff come into illar basis and search her s. Resident #79 stated it was go through her belongings, illy brought in baby wipes and son told her she was not em so they took them. She remouth wash, her air powder. Resident #79 etimes odors were she didn't want visitors to have so. Resident #79 added that ch but what she had she he stated she felt like she had	F 16	54		
	she looked for any that had been left in	plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated she re were any ants and for any				

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F 164	clutter on top of the were any pests in the work order. When removing from their she took Vaseline, alcohol rubs, over the any aerosol spray of was all that she council She stated the item the family or kept in stated some of the and would refuse to search their belong admissions office he families advising the were not allowed to was unable to name When questioned in invasion of the resist that it probably was responsibility. She Partner rounds that performed. The Administrator was a bit on the list as they we stated staff should belongings. The Administrative staff for their Partner pronew residents daily to see how things we they also visit the lomonthly basis to see them as well. The strived to maintain	ge 5 closets. She stated if there he room she would complete a asked what items she was rooms, she responded that baby powder, air fresheners, he counter medications, and can product. AS #1 stated that alld think of at the moment. Is were usually sent home with in the social work office. AS #1 residents disagreed with this of allow her in the room to ings. She stated the ad sent out the list to all of the em of items the residents have in this building. She ef all of the items on that list. If she felt that this was an dent's privacy, she responded but it was part of her stated it was part of the all administrative staff was interviewed on 05/08/15 at ed he had seen the list of d had looked over it. He surprised at some of the items were personal use items. He not be searching resident's dministrator stated that were assigned a set of rooms orgram. He stated they visit for a few days after admission were going for them. He stated onger term resident on a e how things were going for Administrator stated the facility a homelike environment. He revising the list. The	F 1	64		

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F 164	residents were very maybe staff weren's stated if the items would be given back the items taken wo 3. Resident #83 wa 01/06/11. Cumulat congestive heart fadepression. The most recent Quert noted the resident Resident #83 was the facility for alert, residents. During an interview 05/05/15 at 10:26 into her room on a of her belongings. invasion of her privious he did not like the staff had told howould allow them to commented that the allowed to go throubelongings looking deodorants. She comuch but it was he going through it. Sitems when she live here. AS #1 was intervied She stated she did basis as did other swhen she went into looking for several looking to see if the	mented that some of the y protective of their "junk" and it using the right approach. He were still in the facility they ck to the residents and if not	F 164			

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 164	belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, alcohol rubs, over the any aerosol spray of was all that she county as a stated some of the and would refuse to search their belong admissions office he families advising the was unable to name when questioned if invasion of the residual to the state of the	plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated she re were any ants and for any closets. She stated if there he room she would complete a asked what items she was rooms, she responded that baby powder, air fresheners, the counter medications, and can product. AS #1 stated that all think of at the moment. It is were usually sent home with in the social work office. AS #1 residents disagreed with this of allow her in the room to ings. She stated the ad sent out the list to all of the em of items the residents in have in this building. She ef all of the items on that list. If she felt that this was an ident's privacy, she responded to but it was part of her stated it was part of the items were personal use items. He not be searching resident's diministrator stated that were assigned a set of rooms of the stated of th	F 1	64		

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(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 164	them as well. The strived to maintain stated he would be Administrator com residents were ver maybe staff weren stated if the items would be given bat the items taken would be given bat the work of the stated he was the stated he was the work of the work	ee how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the y protective of their "junk" and 't using the right approach. He were still in the facility they ck to the residents and if not	F 16			

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F 164	stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, alcohol rubs, over the any aerosol spray of was all that she county of the stated the item the family or kept in stated some of the and would refuse to search their belong admissions office he families advising the were not allowed to was unable to nam When questioned in invasion of the resist that it probably was responsibility. She Partner rounds that performed. The Administrator was a bit on the list as they we stated staff should belongings. The Adadministrative staff for their Partner pronew residents daily	o see if their personal plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated she re were any ants and for any closets. She stated if there he room she would complete a asked what items she was rooms, she responded that baby powder, air fresheners, he counter medications, and can product. AS #1 stated that all think of at the moment. It is were usually sent home with in the social work office. AS #1 residents disagreed with this of allow her in the room to ings. She stated the add sent out the list to all of the em of items the residents of have in this building. She have in the items on that list. If she felt that this was an dent's privacy, she responded to but it was part of her stated it was part of the stated it was interviewed on 05/08/15 at he had seen the list of the dhad looked over it. He surprised at some of the items were personal use items. He not be searching resident's diministrator stated that were assigned a set of rooms of the stated they visit for a few days after admission were going for them. He stated	F1	164			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 164	monthly basis to se them as well. The astrived to maintain a stated he would be Administrator common residents were very maybe staff weren't stated if the items would be given bacthe items taken would hypertension, diaber obstructive pulmona. The most recent Signod/12/15 indicated intact and independent and	enger term resident on a se how things were going for Administrator stated the facility a homelike environment. He revising the list. The nented that some of the protective of their "junk" and a using the right approach. He were still in the facility they k to the residents and if not all be replaced. As admitted to the facility on we diagnoses included the mellitus, chronic ary disease and quadriplegia. In the facility on a land reliable residents. Interviewed on 05/06/15 at lest. He stated staff would regularly and search through ings and closet. He stated and of his drawers and closet e room. Resident #122 ght" that they did this. He mad and it was very upsetting was okay to search his ted he didn't have anything in a be dangerous unless erous. He stated when he out this, he was told it was his belongings. Resident #122 ge he was in prison here and acy at all. He also remarked	F 1	54		

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F 164	basis as did other some when she went into looking for several looking to see if the stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, alcohol rubs, over the and are some of the and would refuse to search their belong admissions office he families advising the were not allowed to was unable to nam When questioned in invasion of the resist that it probably was responsibility. She Partner rounds that performed. The Administrator was a bit on the list as they was a stated he was a bit on the list as they was responsibility and stated he was a bit on the list as they was responsibility.	Partner Rounds on a daily staff members. She stated of the resident's room she was things. She stated she was ey were hoarding linens. She of see if their personal plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated she re were any ants and for any eclosets. She stated if there he room she would complete a asked what items she was rooms, she responded that baby powder, air fresheners, the counter medications, and can product. AS #1 stated that all did think of at the moment. It is were usually sent home with in the social work office. AS #1 residents disagreed with this of allow her in the room to sings. She stated the lead sent out the list to all of the lead sent out the list to all of the lead sent out the suiding. She effect that this was an dent's privacy, she responded to but it was part of her stated it was part of the stated it was part of the lated and looked over it. He surprised at some of the items were personal use items. He not be searching resident's	F	164			

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		345126	B. WING			C / 09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	.	103/2010
(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 S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 164	belongings. The Adadministrative staff for their Partner pronew residents daily to see how things withey also visit the lomonthly basis to se them as well. The strived to maintain a stated he would be Administrator common residents were very maybe staff weren't stated if the items with would be given bact the items taken would hypertension and don't and independent of the work of the wor	dministrator stated that were assigned a set of rooms ogram. He stated they visit for a few days after admission were going for them. He stated onger term resident on a ee how things were going for Administrator stated the facility a homelike environment. He revising the list. The nented that some of the protective of their "junk" and a using the right approach. He were still in the facility they k to the residents and if not all did be replaced. as admitted to the facility on ive diagnoses included	F 1	64		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345126	B. WING	B. WING		C 05/09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			22	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 164	salt restricted diet. AS #1 was interview. She stated she did basis as did other swhen she went into looking for several looking to see if the stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, alcohol rubs, over the and would refuse to she stated the item the family or kept in stated some of the and would refuse to search their belong admissions office he families advising the were not allowed to was unable to name When questioned in invasion of the residual to the performed. The Administrator was gesterday and items yesterday and items yesterday and items yesterday and items in the state items in the sta	wed on 05/08/15 at 4:10 PM. Partner Rounds on a daily staff members. She stated the resident's room she was things. She stated she was ey were hoarding linens. She o see if their personal plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated she re were any ants and for any eclosets. She stated if there he room she would complete a asked what items she was rooms, she responded that baby powder, air fresheners, he counter medications, and can product. AS #1 stated that all did think of at the moment. It is were usually sent home with in the social work office. AS #1 residents disagreed with this of allow her in the room to ings. She stated the ad sent out the list to all of the em of items the residents on that list. If she felt that this was an ident's privacy, she responded to but it was part of her stated it was part of the stated it		164			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345126	B. WING		C 05/09/2015	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION	
F 164	stated staff should belongings. The Adadministrative staff for their Partner pronew residents daily to see how things withey also visit the lomonthly basis to se them as well. The strived to maintain stated he would be Administrator commersidents were very maybe staff weren't stated if the items would be given bact the items taken would be given bact the items to be a state of t	vere personal use items. He not be searching resident's dministrator stated that were assigned a set of rooms ogram. He stated they visit for a few days after admission vere going for them. He stated onger term resident on a e how things were going for Administrator stated the facility a homelike environment. He revising the list. The nented that some of the protective of their "junk" and a using the right approach. He were still in the facility they k to the residents and if not all did be replaced.	F 16		5/27/15.	

PRINTED: 06/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		E SURVEY IPLETED	
					С	
	345126	B. WING	B. WING		09/2015	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
MOUNT OLIVE CENTER			228 SMITH CHAPEL ROAD BOX 569			
MOONT CLIVE CENTER			MOUNT OLIVE, NC 28365			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE ACTION SH	CROSS-REFERENCED TO THE APPROPRIATE		
#168. The following provided: . Reach out to to assistance with alteral contact the low with him about his beautiful and the continue to see appropriate placemed a "GRIEVANCE/COMITTE WITTE WI	in reference to Resident grecommendations were the Ombudsman for emative placement cal police to have them speak behaviors earch for alternative and ent ONCERN FORM" of 04/13/15 orker #1 (SW #1) from sident #105 and Resident #68 in wrote up a long list of a having with the resident Attached to the grievance form dated 04/10/15 from 4 is #172, #105 and #68 and one harged). Resident #172 had is on paper and a copy was evance/concern forms. The owing concerns: large (cursing, swearing and lay for staff rather than using tents' rooms at night and	F 1	,	fected by resident esident and sial Workers 5. Any ferred to rn form for was cluding stants, f, aff and Area C) on eed cuality entation will essented to aployees live allowed to eo. ation on the by the sialist via ed nurses, f, aff and ucation es by the sis by the		

Facility ID: 923344

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED		
		345126	B. WING _			C 05/09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 166	tears and these res 11. Rides the halls saying he can smol 12. Calls residents threatens them 13. Demands food 14. Talks dirty to th 15. Residents feel actions The investigation mindicated that the agrievance/concernincidents and has behaviors with no precommended corr services had teleph for guidance on the was doing as advis noted in the resolut section that the grie 04/13/15 due to so suggestions made contacting the local were no statements who brought the codepartment nor we staff regarding any handwritten grievar Resident #172 was 01/02/15. Cumulat hypertension and d The most recent Si 04/01/15 noted Resintact and independing an interview 05/07/15 at 2:40 PM	idents are afraid of him with a cigarette in his mouth a cigarette in his mouth are and do as he pleases extremely ugly names and in the lunch room e young girls who help him threatened by his talk and oted on this grievance ction taken to investigate was "Staff was aware of een working on correcting ositive changes." The ective action was that social oned the corporate attorney situation and social services ed by the attorney. It was ion of grievance/concern evance was resolved on cial services was following the by the attorney and would be police department. There is from any of the residents incern to the social services admitted to the facility on ive diagnoses included iabetes mellitus. In grificant Change MDS of sident #172 was cognitively lent in decision making. She as being alert, oriented and	F 16	14 residents weekly for 6 m monthly for 6 months, questave any grievance/concer have expressed any has the with a resolution. Any grievathat are expressed will be morning Stand up meeting grievance/concern is resolvance/concern is resulting in a grievance/conreviewed for any trends and the Quality Assurance Comfor 12 months by the Social	tioning if they ans and if they e staff returned rance/concerns eviewed in daily until the red and closed. Interviews acern will be d presented to amittee monthly		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		345126	B. WING		C 05/09/2015		
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP C 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	ODE		
(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 166	constantly bothered residents. She stare everyone up all nig shouting and yelling #172 stated she has staff members about anything about it. So finct getting any significant was yelling and about a month ago (Resident #105 and several things in a #168. She stated social services dep social workers were would speak with stated no one had grievance and the was that they were when she complain was told that he had did she and she fel rights because noth #172 stated no one and Resident #168 he wanted. She stahim when he was a Resident #168 "bo other residents and names. Resident # residents felt that if concerns in a griev done. She stated to fithe way he was to couldn't defend the shouldn' 't have to because of him and commented she was commented she was commented she was the stated to because of him and commented she was the stated to because of him and commented she was the stated to because of him and commented she was the stated to because of him and commented she was the stated to because of him and commented she was the stated to be stated	d and harassed the other ted Resident #168 kept th using "awful" language, g down the halls. Resident at complained to numerous ut his behaviors but no one did She commented she was tired leep because of Resident cursing. Resident #172 stated she and 2 other residents at #68) sat down and wrote out grievance about Resident she hand delivered it to the artment. She stated both in the room and told her they desident #168. Resident #172 followed-up with her about the only thing that had been said talking to him. She stated hed about Resident #168 she drights. She commented so that no one cared about her ning had changed. Resident at listened to her complaints was allowed to do whatever at staff didn't say anything to acting out. She reported that thered" and "tormented" was constantly calling them 172 stated she and the other 2 they wrote down their ance something might be hey did the grievance because treating the residents who mselves. She stated she "be shut up in her room" this behaviors. Resident #172 as tired and frustrated with not at a good night's sleep because	F 16				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED C	
		345126	B. WING			09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 166	that no one had fol things were going of she filed the grieval there had been no behaviors. Resident #68 was 03/02/15. Cumular disorder, depression most recent Admis assessment of 03/was cognitively into making. He was a oriented and reliab During an interview 05/07/15 at 9:50 Al the Administrator asome issues he was (Resident #168). From the would ask them the volume down or responded it would would just turn it back changed and he could be so loud that he could resident #168 and tied". He commen complained to the several occasions had rights and there do about his behave the situation and resome of the other in some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions and rights and there are some of the other in the several occasions are several occasions.	orted on 05/08/15 at 11:45 AM lowed up with her to see how or to ask more questions since ince last month. She stated change in Resident #168's admitted to the facility on tive diagnoses included thyroid on and seizure disorder. The sion Minimum Data Set (MDS) 05/15 indicated Resident #68 act and independent in decision lso identified as being alert,					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 0 5/09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE	(X5) COMPLETION DATE	
F 166	given it to Social Wreported no one had back to gather more issue was not resold there had been no disruptive behaviors A "GRIEVANCE/CO 05/05/15 which was Administrator (providescribed a concerreported. The desoff was a concerreported. The desoff was made and asked to previous grievance on 04/13/15. He state (Resident #168) durbours was keeping needed and enjoyin was noted in the investigate included locating an alternate (Resident #105 was 08/01/14. Cumulated depression. The modata Set (MDS) assindicated Resident in Resident #105 was 10:30 AM. He state worker #1 (SW #1) members in the past regarding another restated Resident #105 was 10:30 AM. He state worker #1 (SW #1) members in the past regarding another restated Resident #105 was 10:30 AM. He stated worker #1 (SW #1) members in the past regarding another restated Resident #105 was 10:30 AM. He stated worker #1 (SW #1) members in the past regarding another restated Resident #105 was 10:30 AM. He stated worker #1 (SW #1) members in the past regarding another restated Resident #105 was 10:30 AM. He stated Resident #105 Was 10:3	orker #1 (SW #1). He d followed up with him or been e information and he felt the ved. Resident #68 stated change in Resident #168's s. DNCERN FORM" dated ded on 05/09/15 at 10:00 AM) in that Resident #68 had cription A noted that Resident visit with me to discuss a filed against Resident #168 ated that's behavior ring the early to late evening him from getting the rest he g his television programs." It vestigation section of the form that action taken to I " Continuing to work toward e placement for admitted to the facility on the diagnoses included ost recent quarterly Minimum sessment of 02/21/15 #105 was cognitively intact	F 1	66			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		345126	B. WING			C 05/09/2015	
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 166	nothing she could of commented SW #1 had rights. Resider an issue with Resider an issue with Resider an issue with Resider an issue with Resider and stated no one him or ask him any they presented to Stresident #105 rem grievance was unrestant and not changed an aremarked that obvious #168 was not work with Resider and their rights. Should not contract that she had a daily basis in regard unacceptable behard a daily basis in regard unacceptable behard reported that she had a daily basis in regard unacceptable behard residents in the police had been our Resident #168 and She commented the SW #1 stated he had but there were no contract. She repowas a 30 day notice had not been able to Resident #168. She the facility could do	lo about them. He also stated Resident #168 at #105 stated he had reported ent #168 demanding his reeks ago to SW #1 but had her regarding the issue. He had been in to follow-up with questions about the concerns aw #1 a few weeks back. arked that he felt their esolved because the issues and were on-going. He also busly talking with Resident	F 1	66			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G		COMPLETED	
		345126	B. WING _		05	C / 09/2015
	MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP C 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	ODE	700/2010
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 166	to be there until sh placement. When okay for him to corbehaviors, she rest the facility couldn't orderly discharge. A telephone intervious ombudsman on of the facility telephore asking if she could them on some issuitable pacement with SW #1. Stelephone the polic with Resident #168 SW #1 that she has uitable placement ombudsman state imposed any consinappropriate behaviorsed any consinappropriate behaviore he wanted one had done any the Administrator Resident #168 on reported being away behaviors since Feservices had been regarding Resident seeking alternate put the previous social the behavior issue SW #1. He stated issues with Resided dealing with those were unable to cor	scharge so he would continue e found an appropriate questioned if she felt it was attinue with his unacceptable ponded yes I guess so since provide him with a safe and ew was conducted with the 5/07/15 at 3:03 PM. She stated and her about a month ago come out and brainstorm with ues at the facility. She stated urgency with the request. The d she came out last week and she stated she advised them to be each time incidents occurred a. She stated she was told by d not been able to locate a at for Resident #168. The d that the facility had not equences for Resident #168's viors and he was doing at whenever he wanted and no		6		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	СОМ	(X3) DATE SURVEY COMPLETED C	
		345126	B. WING			09/2015	
	NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 166	so he did whatever also reported that I manipulator and kr The Administrator the police to come Resident #168 about the police told him residents here. He attorney had been that he didn't reme to him until this we they investigated a altercation that was anyone could voice social services depursing department.	r he pleased. The Administrator Resident #168 was a master new exactly what he was doing. reported they had telephoned to the facility and talk with out his behaviors. He stated he couldn't touch any of the exported the corporate consulted as well. He stated imber any resident complaining ek. The Administrator stated in resident to resident so brought to their attention and exact a grievance through the partment as well as through the out. He stated as soon as an uld be located Resident #168	F 16	6			
	stated that one on implemented yeste #168. The Administration completed a grievar also stated he sporeported it had been since the one on one of the previous and the state of acility for a few made been an issue. Shoprevious social would be be a social work between the social work and the social work	00 AM, the Administrator one supervision had been erday evening for Resident strator stated he had ance and provided a copy. He ke with Resident #68 and he en much quieter last evening ne supervision started. If with SW #1, on 05/09/15 at ed she had been working in the ponths and Resident #168 had lee did not know what the rker had done to control his e the previous social worker f notes in his record. She also sees were not documenting any his record. SW #1 added that film and thought that was why					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		LIDENTIEICATIONI NILIMPED:		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		345126	B. WING	B. WING		C 05/09/2015	
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	•	109/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 167 SS=C	behaviors. When of and talking with the issues/concerns, she they could come to #1 stated she felt the oher by the 3 resident #168 information she conconfidentiality conconfidentiality. The facility must make a substitution and make a substitutio	menting anything about his questioned as to daily rounds residents and following up on the stated the residents knew ther if they had concerns. SW the grievance that was brought dents (Resident #172, #105 wed because she had spoken and she was limited as to the all provide to them due to the erns. SW #1 also stated she sues before the grievance and she was actively arge him. She agreed that his congoing issue and tentative for next week. She also did been placed on one on one ening. If TO SURVEY RESULTS - IBLE Tight to examine the results of every of the facility conducted by riveyors and any plan of with respect to the facility. Take the results available for ust post in a place readily ents and must post a notice of	F 16	57		6/11/15	
	facility did not post	eview and staff interview, the survey results from 8 of the 8 s conducted in the facility in		F-167 C POSTING SURVEY RESULTS	}		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	FIPLE CONSTRUCTION NG	COMI	E SURVEY PLETED
		345126	B. WING			C 0 9/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, Z 228 SMITH CHAPEL ROAD BOX MOUNT OLIVE, NC 28365	IP CODE	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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) COMPLETION DATE
F 167	residents. Findings On 05/04/2015 at 3 's Survey Results or pocket beside the or most recent survey were from a complation of the administrator of survey Results noted that the administrator of survey Results noted that the administrator of survey Results noted that the administrator of survey Results noted to the administrator of survey Results in the noted follow-up survey previous recertificated available to resident notebook with the administrator of surveys which were follow-up survey data facility was deficient surveys which were following dates: Event ID # EZPE11 Event ID # BETOE11	notebook available to included: :00 PM, a review of the facility notebook located in a wall eception desk revealed the results available for review aint survey dated 05/12/2014. the administrator on PM, he stated that he was the onsible for maintaining the ebook with up-to-date surveys. tated he agreed all complaint by results, along with the tion survey, should be ts for review. A review of the administrator at the time of the deministrator at the time of the hat the most recent survey ook were from a complaint ted 05/12/2014 in which the cy-free. The complaint e not available were the on 08/13/2014 on 10/02/2014 on 10/02/2014 on 10/02/2014 on 10/22/2014 on 10/22/2014 on 10/22/2014 on 10/22/2014 on 10/22/2014 on 01/30/2015	F 10	There were not any spectaffected by this deficient This deficient practice hat affect all residents of the survey book has been brown as evidenced by survey for 5/9/15. The Admission Ditask of auditing the survey completeness on a week. The facility administrator responsibility for maintain containing the results of activity. a. Survey documentatic staff meetings and any not survey materials will when received from the	d the potential to facility. The ought up to date indings on Director has the ey book for ally basis. will retain ning the book facility survey on is discussed at ew be promptly filed State ctor has been it the survey sis to assure that the remain peen inadvertently dits will be QAA meetings for	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	COM	E SURVEY PLETED
		345126	B. WING			C 09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 167 F 223 SS=G	would review his file the eight most rece the Survey Results review. A review of the Sur 05/09/2015 at 4:00 eight most recent s notebook, and that the wall pocket bes 483.13(b), 483.13(c) ABUSE/INVOLUNT The resident has the sexual, physical, ar punishment, and in The facility must not the sexual of the sexua	The administrator stated he es to locate the results from ant surveys and place them in notebook for residents to every Results notebook on PM revealed the results of the urveys were present in the the notebook was located in ide the reception desk. Exp(1)(i) FREE FROM FARY SECLUSION The right to be free from verbal, and mental abuse, corporal voluntary seclusion.	F 16			6/11/15
	by: Based on record reinterviews, the facil (Resident #168) to of 1 sampled reside facility also allowed abuse 1 of 1 sampl Findings included: Resident #131 was 09/06/11. Cumulati unspecified psycho vascular dementia. Minimum Data Set	eview, resident and staff ity allowed a resident everbally harass and torment 1 ents (Resident #131). The Resident #168 to physically ed residents (Resident #131). admitted to the facility on ve diagnoses included sis, depression, aphasia and The most recent Quarterly (MDS) assessment of inted Resident #131 had poor		F 223 G FREE FROM ABUSE/INVOLUNTAI SECLUSION Resident # 168 was placed on one- on 5/8/15 until his discharge on 5/2. The responsible party of resident # was notified on 5/27/15 by Social W that resident # 168 was no longer a resident in the center. The Social V informed residents # 105, # 43, # 79 # 172 that resident # 168 no longer resided in the center on 5/27/15. Res	on-one 1/15. 131 /orker Vorker 9, and	

MOUNT OLIVE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE				A. BOILD				?
MOUNT OLIVE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			345126	B. WING				
CAJ ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	NAME OF	PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 00/0	70.2010
CAJ D SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG TAG	MOLINIT	OLIVE CENTED			22	28 SMITH CHAPEL ROAD BOX 569		
F 223 Continued From page 26 decision making skills with moderately impaired cognition. A "GRIEVANCE/CONCERN FORM" dated 04/10/15 noted that Resident #131. The family reported to SW #1 that she did not want Resident #168 anywhere around Resident #131. The family reported being worried about her safety and what Resident #168 was doing when she wasn't sitting with Resident #131 and the family tod him not to give it to her but he gave it to her anyway. When Resident #131 and the family tod with the sident #131 started loving on the stuffed animal, Resident #131 started loving on the stuffed animal, Resident #131 to the gave it to her anyway. When Resident #131 to the family told Name you that, why don't you give me some sugar like that?" and leaned into Resident #131. It was documented that the family told Resident #131 didn't give kisses to anyone. It was noted that Resident #131 that Resident #168 disregarded the family's wishes. A note from SW #1 of 05/04/15 at 4:52 PM indicated that a grievance had been received F 223 # 68 was discharged on 5/27/15. All residents in the center had the potential to be affected by this practice. Social Workers and Recreation Director conducted interviews with the interviewable residents and with family members using the family interview tool regarding possible abuse on 5/11/15 thru 5/20/15. No family member or resident related any concern regarding abuse that had occurred. Directed in-service education was provided to the center staff, including Licensed Nurses, nursing assistants, dietary staff, maintenance staff, housekeeping staff, therapy staff and department heads, by Eastern Area Health Education Center (AHEC) on 6/10/15 and 6/11/15 that included Resident Rights, Dignity and Quality Assurance Program. The presentation will	MOONI	OLIVE CENTER			M	OUNT OLIVE, NC 28365		
decision making skills with moderately impaired cognition. A "GRIEVANCE/CONCERN FORM" dated 04/10/15 noted that Resident #131's family reported to SW #1 that she did not want Resident #168 anywhere around Resident #131. The family reported being worried about her safety and what Resident #168 was doing when she wasn't sitting with Resident #131. The family reported that Resident #131. The family reported that Resident #131 and the family told him not to give it to her but he gave it to her anyway. When Resident #131 started loving on the stuffed animal, Resident #138 remarked "Hey, I gave you that, why don't you give me some sugar like that?" and leaned into Resident #131. It was documented that the family told Resident #168 Resident #131 didn't give kisses to anyone. It was noted that Resident #131 was extremely demented and the family's wishes. A note from SW #1 of 05/04/15 at 4:52 PM indicated that a grievance had been received # 68 was discharged on 5/27/15. All residents in the center had the potential to be affected by this practice. Social Workers and Recreation Director conducted interviews with the interviewable residents and with family members using the family interview tool regarding possible abuse on 5/11/15 thru 5/20/15. No family member or resident related any concern regarding abuse that had occurred. Directed in-service education was provided to the center staff, including Licensed Nurses, nursing assistants, dietary staff, maintenance staff, housekeeping staff, therapy staff and department heads, by Eastern Area Health Education Center (AHEC) on 6/10/15 and 6/11/15 that included Resident Rights, Dignity and Quality Assurance Program. The presentation will	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
from the call center regarding Resident #131. The grievance concerned resident on resident "tormenting" . SW #1 documented that she had been made aware of the issue weeks ago and had been in contact with law enforcement, the Ombudsman and the corporate attorney. She documented she had asked the family of Resident #131 to go to law enforcement themselves. SW #1 telephoned the family and suggested that they go to the Magistrate's office and talk to them about the concern. It was documented that the family stated they understood the restrictions the facility had but she feared for Resident #131's safety. SW #1 assured the family that she was doing the best be videoed so that it can be presented to newly hired employees and employees that were unable to attend the live presentation. Staff will not be allowed to work until after viewing the video. Beducation was provided to Licensed Nurse Practice Educator (NPE). Education was provided to Licensed Nurses, Nursing Assistants, Dietary, Maintenance, Housekeeping, Therapy Staff and Department Heads on 5/20/15,	F 223	decision making sk cognition. A "GRIEVANCE/CO 04/10/15 noted that reported to SW #1 #168 anywhere aro family reported beir and what Resident wasn't sitting with Freported that Resident not to give it to her When Resident #13 animal, Resident #13 animal, Resident #14 was noted that Resident #131 didn was noted that a grie from the call center. The grievance condition that a grie from the call center. The grievance condition was noted that a grie from the call center. The grievance condition was noted that a grie from the call center. SW #1 indicated that a grie from the call center. The grievance condition was noted that a grie from the call center. SW #1 indicated that a grie from the call center. SW #1 indicated that a grie from the call center. The grievance condition was noted that a grie from the call center. SW #1 indicated that a grie from the call center. The grievance condition was noted that a grie from the call center. The grievance condition was noted that a grie from the call center. The grievance condition was noted that the grievance conditi	ONCERN FORM" dated a Resident #131's family that she did not want Resident und Resident #131. The ang worried about her safety #168 was doing when she resident #131. The family ent #168 had offered a stuffed #131 and the family told him but he gave it to her anyway. Started loving on the stuffed 168 remarked "Hey, I gave you give me some sugar like into Resident #131. It was the family told Resident #168 but give kisses to anyone. It sident #131 was extremely family felt that Resident #168 but give kisses to anyone. It sident #131 was extremely family felt that Resident #168 but give kisses to anyone. It sident #131 was extremely family felt that Resident #168 but give kisses to anyone. It sident #131 was extremely family felt that Resident #168 but give had been received a regarding Resident #131. Extremed resident on resident #1 documented that she had not five issue weeks ago and the with law enforcement, the ne corporate attorney. She ad asked the family of the law enforcement 1 telephoned the family and of go to the Magistrate's office out the concern. It was the family stated they trictions the facility had but she is #131's safety. SW #1	F 2	223	# 68 was discharged on 5/27/15. All residents in the center had the potential to be affected by this prace Social Workers and Recreation Dirconducted interviews with the interviewable residents and with farmembers using the family interview regarding possible abuse on 5/11/15/20/15. No family member or resirelated any concern regarding abushad occurred. Directed in-service education was provided to the center staff, including Licensed Nurses, nursing assistant dietary staff, maintenance staff, housekeeping staff, therapy staff and department heads, by Eastern Area Health Education Center (AHEC) of 6/10/15 and 6/11/15 that included Resident Rights, Dignity and Quality Assurance Program. The presentation be videoed so that it can be present newly hired employees and employ that were unable to attend the live presentation. Staff will not be allow work until after viewing the video. Education was provided to License Nurses and Nursing Assistants on with difficult behaviors on 6/1 and 6 by the Nurse Practice Educator (NE Education was provided to License Nurses, Nursing Assistants, Dietary Maintenance, Housekeeping, Their	mily / tool 5 thru dent se that ng ss, nd a n y tion will ited to //ees //ed to d dealing 6/2/15 PE). d // rapy	

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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP O 228 SMITH CHAPEL ROAD BOX 56 MOUNT OLIVE, NC 28365	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 223	interacting. Resident #105 was 10:30 AM. He state harassed the femal including Resident During an interview 05/06/15 at 10:50 A "picked on "Reside he cursed and hararesidents. He repohis behaviors. During an interview 05/04/15 at 5:41 Pl was disruptive and constantly. She state "scared to death" of #172 stated she ha "tormenting" Resident #172 stated she ha "tormenting" Resident #131's far received a grievand Resident #131's far #168 harassing Refamily. She common concerned about Resident #131's far #168 harassing Refamily. She common concerned about Resident #168's behavior was had not been able to thus far. During an interview 05/07/15 at 2:30 Pl "picked on" Resident #168 talks stated Resident #18 Resident #79 also stated Resident #79	interviewed on 05/06/15 at ed Resident #168 constantly le residents in the building #131. with Resident #43, on M, he stated Resident #168 int #131 constantly. He stated resed her as well as other red staff were very aware of with Resident #172, on M, she stated Resident #168 harassed Resident #131 interviewed Resident #131 was of Resident #168. Resident d witnessed Resident #168 rent #131 and calling her ugly rented that staff allowed the nothing to him. with social worker #1 (SW 11:20 AM, she stated she had be a few weeks ago from mily in regards to Resident sident #131 in front of the ented the family was	F 223	abuse, what to report, who to, and types of abuse by the Workers. Resident interview weekly for 6 months and the 6 months by the Social Set Activities regarding if they feature has occurred or bee resident interview tool will be the Social Worker, will be requality Assurance Committed 12 months.	ne Social was will be able residents en monthly for rvices and eel if any n observed. A be used. s, presented by eviewed at the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		E SURVEY PLETED
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	,	
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staff members in the done so she stopped The nurse staff sched 05/07/15 at 4:00 PM. Resident #168 make Resident #131 and has services. Resident #105 was in at 1:02PM. He stated #168 spinning Reside and around in a circle stated Resident #168 He stated he had reproper (SW #1). Resident #68 was into 9:50 AM. He stated Fithe "old folks", called them. He was not ab names other than Rewitnessed these behas Resident #168 consta #131. He stated that at Resident #131 callistated he had complastaff and administration the behaviors continuated the had signed a group in the some of the residents some of the residents. F 226 SS=G The facility must developlicies and procedur.	themselves. She had complained to various past but nothing was ever complaining. duler was interviewed on She stated she had heard inappropriate comments to ad reported it to social enterviewed again on 05/09/15 d he had witnessed Resident ent #131's wheelchair around entil she cried. He also was constantly abusing her. Forted it to social worker #1 erviewed on 05/07/15 at Resident #168 made fun of them names and mocked ole to provide any residents esident #131 but he had antily picked on Resident arrowled entil picked on Resident to Resident #168 would point ling her ugly names. He ained about his behaviors to ion but staff did nothing and used. Resident #68 reported grievance form that was the other residents #168's behaviors regarding is including Resident #131. IMPLMENT ETC POLICIES	F 22			6/11/15

A. BUILDING		PLETED				
		345126	B. WING		05/0) 09/2015
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F 226	Continued From p and misappropriat	age 29 ion of resident property.	F 226	5		
	by: Based on record interviews, the fact allegations of abust sampled residents verbal and/or physintact resident (Reincluded: The facility's Abus 07/01/09, noted the willful infliction of it confinement, intimesulting physical and included verbabuse. It was not resident to resident way threatened are the setting or situation upon receiving influstrations and included verbabuse. It was not resident to resident way threatened are the setting or situation upon receiving influstrations and included verbabuse. It was not resident to resident way threatened are the setting or situation upon receiving influstrations and included verbabuse. It was not resident to resident way threatened are the setting or situation upon receiving influstrations and included verbabuse. It was not resident to resident way threatened are the setting or situation upon receiving influstrations and included verbabuse. It was not resident to resident way threatened are the setting or situation and included verbabuse. It was not resident to resident way threatened are the setting or situation and included verbabuse. It was not resident to resident way threatened are the setting or situation and included verbabuse. It was not resident to resident way threatened are the setting or situation and included verbabuse. It was not resident to resident way threatened are the setting or situation and included verbabuse. It was not resident to resident way threatened are the setting or situation and included verbabuse.	review, resident and staff illity did not investigate se and did not protect 1 of 1 (Resident #131) from on-going sical abuse by a cognitively esident #168). Findings e prohibition policy, revised on at abuse was defined as the njury, unreasonable hidation, or punishment with harm, pain, or mental anguish al, sexual, physical, and mental ed that if suspected abuse was nt, the resident who had in any nother would be removed from ation. It was also noted that formation concerning a report of ged abuse an immediate and ation was to be done. It was the facility would take whatever to prevent further incidents. It is admitted to the facility on ative diagnoses included osis, depression, aphasia and at. The most recent Quarterly the (MDS) assessment of the Resident #131 had poor kills with moderately impaired. CONCERN FORM" dated at the family of Resident #131 worker #1 (SW #1) that she did		F 226 G Develop/Implement Abuse/Neglect Policies Resident # 168 was placed on one on 5/8/15 until his discharge on 5/2. The responsible party of resident # was notified on 5/27/15 by Social was no longer resident in the center. The Social informed residents # 105, # 43, # # 172 that resident # 168 no longer resided in the center on 5/27/15. All residents in the center had the potential to be affected by this praces Social Workers and Recreation Diconducted interviews with the interviewable residents and with famembers using the family interview regarding possible abuse on 5/11/5/20/15. No family member or reserviced any concern regarding abuse had occurred. Directed in-service education was provided to the center staff, includ Licensed Nurses, nursing assistant dietary staff, maintenance staff, housekeeping staff, therapy staff adepartment heads, by Eastern Are Health Education Center (AHEC) of the content o	e-on-one 21/15. # 131 Worker a Worker 79, and er Resident ctice. irector amily w tool 15 thru sident use that ing nts, and ea	

CENTERS FOR MEDICARE	& MEDICAID SERVICES			O	<u>MB NO.</u>	<u>0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345126	B. WING			05/0) 9/2015
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Resident #131. The worried about her sawas doing when she #131. The family rehad offered a stuffe and the family told higave it to her anywastarted loving on the #168 remarked "He you give me some sinto Resident #131. family told Resident didn't give kisses to Resident #131 was family felt that Resident #131. The grievand resident "tormentin she had been made ago and had been in enforcement, the O attorney. She docu family of Resident #1 themselves. SW #1 suggested that they and talk to them about documented that the understood the rest feared for Resident assured the family to she could to keep the interacting. Resident #105 was 10:30 AM. He states	#168 anywhere around e family reported being afety and what Resident #168 e wasn't sitting with Resident eported that Resident #168 d animal to Resident #131 nim not to give it to her but he ay. When Resident #131 e stuffed animal, Resident ey, I gave you that, why don't esugar like that? " and leaned It was also noted that the e #168 that Resident #131 anyone. It was noted that extremely demented and the dent #168 disregarded the worker #1 (SW #1) of 05/04/15 d that a grievance had been all center regarding Resident be concerned resident on g". SW #1 documented that e aware of the issue weeks on contact with law mbudsman and the corporate mented she had asked the #131 to go to law enforcement of telephoned the family and of go to the Magistrate's office out the concern. It was	F 2	2226	6/10/15 and 6/11/15 that included Resident Rights, Dignity and Qualit Assurance Program. The presentation be videoed so that it can be present newly hired employees and employ that were unable to attend the live presentation. Staff will not be allow work until after viewing the video. Education was provided to License Nurses and Nursing Assistants on with difficult behaviors on 6/1 and 6 by the Nurse Practice Educator (NFE Education was provided to License Nurses, Nursing Assistants, Dietary Maintenance, Housekeeping, There Staff and Department Heads on 5/25/21/15 and 5/22/15 on what constitution abuse, what to report, who to report to, and types of abuse by the Social Workers. Resident interviews will be conducted on 14 interviewable resilies weekly for 6 months, then monthly months by the Social Services and Activities regarding if they feel if an abuse has occurred or been observesident interview tool will be used. The results of the interviews, presented Social Worker, will be reviewed Quality Assurance Committee mon 12 months.	tion will ted to rees red to dealing 5/2/15 PE). dd/, apy 20/15, tutes t abuse il be dents for 6 y red. A inted by at the	

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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	DDE	700/2010
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F 226	including Resident During an interview 05/04/15 at 5:41 PN constantly harassed Resident #131 was Resident #168. Re witnessed Resident #131 and calling he During an interview 11:20 AM, she state grievance a few we family in regards to Resident #131 in frommented the fan Resident #168 bein #131. During another inte 05/07/15 at 2:40 PN other residents had in a grievance that stated one of the regrievance was becawas harassing and the other residents. #168 constantly cal names. During an interview 05/07/15 at 2:30 PN "picked on" Resident #168 talke stated Resident #13 Resident #179 also susually bothered the capable of defendir commented that sh staff members in the done so she stopped The nurse staff sch	#131. with Resident #172, on M, she stated Resident #168 d Resident #131. She stated "scared to death" of sident #172 stated she had t #168 "tormenting" Resident or "ugly" names. with SW #1, on 05/07/15 at ed she had received a eks ago from Resident #131's Resident #168 harassing ont of the family. She nily was concerned about g inappropriate with Resident rview with Resident #172, on I, she stated she along with 2 written a long list of concerns they had given to SW #1. She ause of the way Resident #168 tormenting Resident #131 and She also stated Resident led Resident #131 "ugly" with Resident #79, on M, she stated Resident #168 ent #131 constantly and that ed very "ugly" to her. She and #131 constantly and that ed very "ugly" to her. She and that Resident #168 er residents who weren't ng themselves. She e had complained to various e past but nothing was ever	F 2	26		

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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	-	
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F 226	Resident #168 mal Resident #131 and services. Nurse #1 was inter She stated Resident the residents and hweren't capable of stated she had rep in the past but noth Resident #105 was at 1:02PM. He stated 1:02PM. He stated Resident #1 He stated he had resident #68 was 9:50 AM. He state the "old folks", cathem. He was not names other than I witnessed these be Resident #168 con #131. He stated that Resident #168 con #131. He stated that Resident #131 c stated he had com staff and administrate behaviors continued the incident regal Resident #168 had around in her wheel been handling the #168 and Resident facility investigated altercation that was SW #1 was intervied She stated the issue was stated t	ke inappropriate comments to had reported it to social viewed on 05/0715 at 5:15 PM. In #168 was belligerent with harassed the residents who defending themselves. She orted issues to administration hing was done so she stopped. Interviewed again on 05/09/15 ted he had witnessed Resident ident #131's wheelchair around cle until she cried. He also 68 was constantly abusing her. Reported it to SW #1. Interviewed on 05/07/15 at deported it to SW #1. Interviewed on 05/07/15 at deported it to SW #1. Interviewed and mocked able to provide any residents Resident #131 but he had behaviors. Resident #68 stated stantly picked on Resident at Resident #168 would point alling her ugly names. He plained about his behaviors to ation but staff did nothing and	F 2	26		

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F 226	grievance they had behaviors exhibited other residents. Sh no specific informat had been observed in her wheelchair ar harassing her. SW with some of the staprovide her with any order to investigate when it occurred an questioned about in Resident #131 as a felt it was a resident did not see it as an reported she had be about his behaviors as the other resider unchanged. During an interview (DON), on 05/09/15 awareness of the is wheelchair and Res #1 was handling the 483.15(a) DIGNITY INDIVIDUALITY The facility must promanner and in an eenhances each resifull recognition of his	brought to her concerning a brought to her concerning by Resident #168 toward the e stated the 2 residents gave ion other than Resident #168 twirling Resident #131 around not that Resident #168 was #1 stated she had spoken aff and no one was able to y information. She stated in the issue she needed to know in which we with the issue she needed to know in westigating the issues with buse, she responded that she is to resident confrontation and abuse situation. SW #1 is een talking with Resident #168 is toward Resident #131 as well into the behaviors were with the Director of Nurses is at 5:00 PM, she denied sue with Resident #131's sident #168. She stated SW	F 22			6/11/15
	by: Based on record re	eview, physician, resident and facility allowed a resident		F 241 H DIGNITY AND RESPECT OF		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		PLETED
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	PROVIDER OR SUPPLIER OLIVE CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	,	
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F 241	residents' right to be (Resident #39, #43 #105, #129, #131, evidenced by vulgate behaviors. The fact dignity for 6 of 6 sat #44, #79, #83, #10 reported facility state belongings routined 1.a.Resident #131 09/06/11. Cumulate unspecified psychological anxiety and vasculate The most recent Q (MDS) of 04/06/15 had poor decision rimpaired cognition. A grievance/concer Resident #131 's faincident with Resident #131. The family reher safety and whan when she wasn't si family reported that stuffed animal to R told him not to give anyway. When Rethe stuffed animal, Hey, I gave you that sugar like that? " a Resident #131 was family felt that Resifamily's wishes. A note from SW #1	disregard 13 of 13 sampled be treated with dignity 1, #68, #71, #78, #79, #81, #143, #172, and #203) as 1, offensive and disruptive cility also did not maintain mpled residents (Resident 5, #122, and #172) who ff were searching their 19. Findings included: was admitted to the facility on ive diagnoses included 19. sis, depression, aphasia, 19. ar dementia. uarterly Minimum Data Set documented Resident #131 making skills with moderately	F 241	INDIVIDUALITY Residents # 39, # 43, # 71, #78, # #81, #105, # 129, # 131, # 143, an were informed that resident # 168 longer residing in the center. Res 68 was discharged on 5/27/15. Re # 168 was placed on one-on-one of 5/8/15 until his discharge on 5/21/7 Residents # 172, # 105, # 44, # 79 # 122 have had their personal item returned or replaced by the Social Services on 5/12/15. These residents were interviewed on 5/28/15 by Department Managers to ensure the personal items had been replaced further room searches have occurred of the residents of families of residents unbe interviewed. The interviews we conducted by the Social Workers are Recreation Director on 5/11/15 threst/20/15. Directed in-service education was provided to the center staff, including Licensed Nurses, nursing assistant dietary staff, maintenance staff, housekeeping staff, therapy staff and department heads, by Eastern Are Health Education Center (AHEC) of 6/10/15 and 6/11/15 that included Resident Rights, Dignity and Quality Assurance Program. The presentation be videoed so that it can be presentative with the demoloyees and employees and employees.	d # 172 was no ident # esident on 15. , # 83, as dents hat their and no red. y be wing the nable to are and u ng tts, and a on ty wition will nted to	

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F 241	center regarding Reconcerned resident According to the cawas unhappy with thandling the situation had been made awand had been in cothe Ombudsman ardocumented she had Resident #131 to go themselves. SW #1 suggested that they and talk to them abdocumented that thou and talk to them abdocumented that thou and talk to them abdocumented she asdoing the best she residents from inter A late entry note from the facility wouthe resident (Resident (Re	esident #131. The grievance on resident "tormenting". re line Resident #131's family he way the facility was on. SW #1 documented she are of the issue weeks ago ntact with law enforcement, and the corporate attorney. She ad asked the family of to law enforcement telephoned the family and or go to the Magistrate's office out the concern. It was the family stated they trictions the facility had but she was also sould to keep the two facting. The sould be someone and she had telephoned the SW #1 was told someone and need to agree to testify for	F 2	241	that were unable to attend the live presentation. Staff will not be allow work until after viewing the video. Education was provided to License Nurses and Nursing Assistants on with difficult behaviors on 6/1 and 6 by the Nurse Practice Educator (NF Education was provided to License Nurses, Nursing Assistants, Dietary Housekeeping, Therapy Staff and Department Heads on 5/20/15, 5/2 and 5/22/15 on dignity and respect what constitutes abuse, what to rep who to report abuse to, and types of abuse by the Social Workers. Residually be interviewed to confirm that the dignity has been respected by staff other residents in the facility. Residinterviews will be conducted on 14 inter-viewable residents weekly for months, then monthly for 6 months Social Services and Activities to set they feel they are being treated with dignity and respect by staff and oth residents. A resident interview tool used for the resident interviews. Center staff was in-serviced on Residents. Dignity and Respect and staresponsibility to assure these rights protected. In-service was provided Director of Admissions on 5/20, 5/25/22/15. Center staff was in-service the revised bulletin that lists the iter the residents are requested not to their rooms and that the staff is not allowed to search the residents.	d dealing (2/15 PE). d d, 1/15 and port, of dents neir and ent 6 by e if ner will be sidents aff are by the 1, and ed on ms that nave in	

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	PROVIDER OR SUPPLIER OLIVE CENTER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	#1) on 05/07/15 at received a grievanci in regards to Reside #131 in front of the was concerned about inappropriate with F1.b. Resident #78 v 02/14/13. Cumulat depression, neurally most recent Quarter assessment of 03/3 #78 was cognitively decision making. Tin a list provided by oriented and reliable A note from social vat 2:08 PM noted thad informed her the speaking in an inappanother female resincted that this time SW #1 documented asking inappropriate resident (Resident voiced she did not I Another note from social vates asking inappropriate resident where he will about the incident cresident where he will ask was visiting her mater was stated Resident #168 was visiting her mater was stated Resident harassed her constitutions.	with the social worker #1 (SW 11:20 AM, she stated she had be from Resident #131's family ent #168 harassing Resident family. She stated the family but Resident #168 being Resident #131. Was admitted to the facility on live diagnoses included gia and quadriplegia. The larly Minimum Data Set (MDS) 81/15 documented Resident with this resident was also included the facility as being alert,	F 2	241	The education was provided on 6/1 and 6/2/15 by the Admission Direct During the Resident Council meetin 5/12/14, the revised list was review the members by the Activity Director Social Worker. The Administrator at Director of Nursing also attended the meeting to answer questions from Council. The bulletin that listed the items that resident were not allowed to have it rooms was revised to include aerost cans and over the counter medicat and ointments by the Administrator Director of Nursing on 5/13/15. A mailing to the residents it responsing party, of the revised bulletin was completed on 5/28/15 by the Admist Director. A copy of the bulletin was posted on each resident bulletin botheir rooms by the Admission Director 5/27/15. An interview will be completed on allert/oriented residents weekly for 6 months and monthly for 6 months it searching are been conducted and personal items are being removed. The interviews will be completed by Social Workers and Activities. The results of the resident interview regarding Dignity & Respect, Abust Privacy will be presented to the Qu Assurance Committee by the Social Worker monthly for 12 months.	or. ng of ed with or and ind he the at n their sol ions and sible sion ard in tor on 4 of froom if b staff. f the vs e and ality	

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F 241	the social workers because he was stinot provide any of to other than social w #78 stated Resider her doorway and st which made her ve she felt that he was made those horrible the other residents had been one incided back where she was embarrassment ab treated her. She st vulgar sexual commabout sexual things friend were doing. it out (the B J) other residents. He Resident #168 was #78 and staff allow was present in the Resident #168 to salso stated he told leave her alone he since the facility did anything to resolve stated no one had any questions about resolution to the proper Resident #168. (The be included in the I permission to share 1c. Resident #105 08/01/14. Cumulat depression. The motal Data Set (MDS) as indicated he was contacted the second in the I permission. The motal Set (MDS) as indicated he was contacted the was contacted t	but no one had done anything ill doing it. Resident #78 could the staff member's names orker #1 (SW #1). Resident at #168 would park himself in tare at her from the hallway ry uncomfortable. She stated invading her rights when he esexual comments in front of the Resident #78 reported there ent with him a few months as so upset she cried from out the disrespectful way he tated he was making awful ments that she couldn't repeat is he thought she and her male Resident #78 stated he yelled in the hallway in front of the er male friend reported that is constantly harassing Resident ed him to do so. He stated he hallway that day and he told top talking to her like that. He Resident #168 if he didn't was calling the police himself dn't appear to be doing the issue. Resident #78 come back to her to ask her ut the incident or offer any oblem she was having with the male friend did not want to list of residents but gave	F 2	241		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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F 241	reliable. Resident #105 was 10:30 AM. He state yelled, cursed and rooms uninvited. In female residents in witnessed him goin to curse them. He obehavior had been He stated Resident about 3 weeks ago skins that he had s Resident #105 state he couldn't have the Resident #168 resp would take it and he talking, tears were Resident #105 state there was nothing he was "stuck" in stop him. He report incident and others SW #1 on many or about resolution, he Resident #168 had anything about it. In didn't have any right Resident #168 had residents as well as whatever he wante one would say anythat Resident #168 upsetting for him. It couldn't continue to sleep every single in #168's yelling, cursifull volume.	interviewed on 05/06/15 at ed Resident #168 constantly would go into other resident's le stated he harassed the the building and had g into other residents' rooms commented that this type of going on for over a year now. #168 came into his room and demanded a bag of pork een on top of his refrigerator. ed he told Resident #168 that e bag of skins. He stated that conded that if he wanted it he e couldn't stop him. As he was coming out of both eyes. ed Resident #168 told him he could do about it because the bed and couldn't get up to ted that he had reported that concerning Resident #168 to casions. When questioned e stated SW #1 told him rights and she couldn't do he also stated she told him he its. Resident #105 stated told him and the other is staff that he could do do. Resident #105 stated no hing to him. He commented is behaviors were very he also commented that he is "live like this" going without hight because of Resident ing and playing his television rview with Resident #105, on	F 2	241			

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F 241	the facility was doin Resident #168 beh up every night this playing his television to be angry and frustating something reported he had cotimes and she alwas spoken with Reside Resident #105 contalking with Reside anything. He also Resident #168 had behave when visite also stated if he cavisitors were in the behave all of the till 1.d. Resident #203	AM, he stated he didn't feel that ng anything to change the way haved. He stated he had been week yelling, cursing and on at full volume. He appeared estrated based on his tone had to be done. Resident #105 emplained to SW #1 several easy responded that she had ent #168 about the issue. In mented it was obvious that ent #168 was not doing stated he knew first hand that I been warned by staff to ors were in the building. He upable of behaving when building why couldn't he me.		.1		
	04/30/15. Cumular hypertension, gastromatic (GERD) and cereby There was no minicassessment availar #203 was identified oriented and reliaby A nurse's note of the OF Resident #203 was During an interview 05/06/15 at 6:00 Processes and second admission during his last admitted with Resident #168 residents in the fact Resident #203 stat the residents at nigsleeping. He report the residents and residents at nigsleeping.	tive diagnoses included roesophageal reflux disease rovascular accident (CVA). mum data set (MDS) ble for this resident. Resident by the facility as being alert,				

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	were here and Res F along with off them. He stated he language to begin when it was in from Resident #203 stat language in front or reported it to be dishe had reported it, that was why he was someone could do administration at the someone could do administration at the someone could do administration, cerel and abnormality of Quarterly Minimum of 04/07/15 noted Findependent with dintact. She was also being alert, oriented During an interview 05/09/15 at 11:45 Arecently she was gresident #168 was started yelling at he "d f-a ". Residestop calling her nar to roll down the hall She stated she had if he continued to ta came into her room reacher. Resident his language was considered.	cident #168 was using M mer "awful" words in front of the did not like that type of with but it was even worse to fhis grandchildren. The didn't like that type of the other residents either. He sigusting. When questioned if the responded he had not and the scomplaining in hopes something since the the facility had not. The most recent The most recent The Data Set (MDS) assessment The sident #39 to be the ecision making and cognitively to identified by the facility as the dand reliable. The most recent The most recen	F 24			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	COV	(X3) DATE SURVEY COMPLETED	
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F 241	assessment of 04/0 #43 as independen cognitively intact. If facility as being ale During an interview 05/06/15 at 10:50 A would go into other and would take soon management of the behaviors. He reported to him that seeking placement and other residents Resident #168 bein 1.g. Resident #68 w 03/02/15. Cumulat disorder, depression most recent Admiss assessment of 03/0 Resident #68 was of independent decision identified by the fact and reliable. During an interview 05/07/15 at 9:50 AM #168 was the rudes person he had ever Resident #168 terro treated the elderly is sits behind the resident them calling them in Resident #168 was	nimum Data Set (MDS) 02/15 documented Resident t with decision making and le was also identified by the rt, oriented and reliable. with Resident #43, on M, he stated Resident #168 resident's rooms uninvited	F 2	41		

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F 241	on full volume previsives. He stated Ryelling and cursing Resident #68 state Resident #168 to pand they responde to ask him to turn it back up after they whole issue with Ribig joke" with the anger with the issue Resident #68 state worker #1 (SW #1) told Resident #168 was nothing they combat worker #1 (sw #1) told Resident #168 was nothing they combat about my rigit just as well as Resident #168 report the had compabout Resident #168 report the nurses and the that a few weeks a grievance with 3 ot #168. He stated the different issues contook them to SW # nothing had changen to "right" that Resident #168 report to keep the stated the should not have to constantly abusing stop it. 1.h. Resident #71 to 10/28/09. Cumulating Resident #71 to 10/28/09. Cumulating stop it.	renting anyone from getting any desident #168 was constantly and disturbing everyone. If he had asked the staff to ask lease turn his television down that it wouldn't do any good to down because he turned it left the room. He stated the esident #168 had become a staff. He was expressing e and stated he was fed up. If the complained to social about Resident #168 and was had rights and was told there ould do. He commented hts? and stated he had rights ident #168 did. He reported Administrator about 3 weeks ues with Resident #168. He plained again this past Monday 68 and was told by the his "hands were tied." It the that he had complained to by did nothing either. He stated go he had been involved in a her residents about Resident hey wrote down about 15 hercerning Resident #168 and 1. Resident #68 reported ed and expressed that it was sident #168 would be allowed er residents and act like he at the "old folks" in this facility put up with Resident #168 then and staff doing nothing to was admitted to the facility on tive diagnoses included brovascular accident (CVA)	F 2	41		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
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F 241	Minimum Data Set 04/06/15 document independent with docognitively intact. Stacility as being ale During an interview 05/07/15 at 9:35 AN was loud. She state end of the hall and room. She stated has offensive. She because of his ang. She had not reported 1.i. Resident #79 w 11/18/14. Cumulati diabetes mellitus, a depression. The most recent Que (MDS) assessment #79 was cognitively decision making skidentified by the fact and reliable. During an interview at 2:30 PM, she state on one of the femshe couldn't defendent talked very "ugli commented that Rethe residents who we themselves. She sident #81 w 03/13/14. Cumulati	The most recent Quarterly (MDS) assessment of ed Resident #71 to be ecision making and was she was also identified by the rt, oriented and reliable. with Resident #71, on M, she stated Resident #168 ed his room was at the other she could hear him in her he felt that his constant cursing e stated she was afraid of him er management problems. ed her feelings to anyone. as admitted to the facility on we diagnoses included nemia, arthritis and cuarterly Minimum Data Set of 04/14/15 noted Resident intact with independent ills. Resident #79 was also illity as being alert, oriented with Resident #168 "picked ale residents constantly and I herself. She also stated that y" to her. She also esident #168 usually bothered weren't capable of defending tated she had complained to ers in the past about Resident ut nothing was ever done so	F 2	41		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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F 241	assessment of 04/2 #81 has being inder There were no behave assessment. She was sessment. She was being aler During an interview 05/07/15 at 3:45 PM #168 would come in the was wearing he was wearing he was wearing he was wearing he was bothering a female. She commented the some of the other of SW #1 about him a facility couldn't do a Resident #81 states to come into her rook her walking stick or she did not like bein 1.k. Resident #129 11/11/11. Cumulating hypertension, cerebuith hemiplegia and recent Quarterly Mi assessment of 03/1 #129 as being independent of 03/1 with the walking stick or she head reported the but couldn't remem was and she she had reported the but couldn't remem was as a series would get so a walke and get so a walke and get so a walke and get so a walke would get so a walke would get so a walke and get so a walke an	rly Minimum Data Set (MDS) 23/15 documented Resident pendent with decision making. aviors noted in this was also identified by the rt, oriented and reliable. with Resident #81, on M, she stated that Resident nto her room uninvited when er night gown. She stated that felt he was mistreating her. witnessed Resident #168 resident about a month ago. at about a month ago she and esidents had complained to nd SW #1 told her that the mything about Resident #168. If Resident #168 continued om uninvited she would use in him. She also commented	F 2	41			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
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F 241	11/18/13. Cumula cerebral palsy, and most recent Quart assessment of 02/#143 as being indeand cognitively into the facility as being During an interview 05/07/15 at 10:55 cerebral palsy he awalking canes and Resident #168 had heels with his whe about a couple of the hall with his caup behind him. He very loud foul lang him over." Reside afraid that Resider He commented the grievance and gav department. During another into 05/09/15 at 3:15 Pon-going problem he was going to "rhe had been to the issue. During another into at 5:00 PM, she st Resident #168 had supervision in an a She was not aware Resident #143 and	was admitted to the facility on tive diagnoses included ciety and difficulty walking. The erly Minimum Data Set (MDS) 15/15 documented Resident ependent with decision making act. He was also identified by galert, oriented and reliable. with Resident #143, on AM, he stated because of ambulated with 2 hand held was very slow. He stated a habit of "riding" on his elchair. Resident #143 stated months ago he was walking in the and Resident #168 came a stated Resident #168 used uage and threatened to "run ent #143 reported that he was not #168 was going to hurt him. The had completed a le it to the social services erview with Resident #143, on M, he stated there was an with Resident #168 telling him run him over." He stated that a social worker to report the erview with SW #1, on 05/09/15 ated as of last evening and been placed on one on one attempt to control his behaviors. It of any issue regarding any laint from Resident #143. She	F 24			
		reported anything about				

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NAME OF PROVIDER OR SUPPLIED MOUNT OLIVE CENTER	R		STREET ADDRESS, CITY, STATE, ZIP C 228 SMITH CHAPEL ROAD BOX 56 MOUNT OLIVE, NC 28365	ODE	3,00,2010	
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#143. 1.m. Resident #17 01/02/15. Cumula hypertension and recent Significant (MDS) assessme Resident #172 was making and cognidentified by the far and reliable. During an initial in 05/04/15 at 5:41 her but there was who was disruptive other residents of female residents of female residents of the stated he had his television making also stated a lot of activities program so disruptive. During the follow-#172, on 05/07/18 Resident #168 cofthe other resident kept everyone up language, shouting Resident #172 stanumerous staff meno one did anything she was tired of men.	ring to "run over" Resident 72 was admitted to the facility of ative diagnoses included diabetes mellitus. The most Change Minimum Data Set nt of 04/01/15 documented as independent with decision atively intact. She was also acility as being alert, oriented atterview with Resident #172, on PM, she stated staff were nice to one resident (Resident #168) and harassed some of the onstantly. She stated one of the onstantly. She stated one of the onstantly. She stated one of the onstantly. Resident #172 volume too high on his it difficult for her to sleep. She of the residents would not go to be because Resident #168 was up interview with Resident #168 at 2:40 PM, she stated not go to she stated Resident #168 all night using "awful" and yelling down the halls. Atted she had complained to embers about his behaviors but any about it. She commented not getting any sleep because of yelling and cursing. Resident		41			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		345126	B. WING _		0.5	C / 09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	ODE	700/2010
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 241	told her she would She stated SW #1 rights. She comm that no one cared nothing had chang one listened to her was allowed to do stated staff didn't swas acting out. Sh "bothered" and "t female residents anames. She state shut up in her roor behaviors. Reside tired and frustrated	esidents. She stated SW #1 speak with Resident #168. told her Resident #168 had his ented so did she and she felt about her rights because ed. Resident #172 stated no complaints and Resident #168 whatever he wanted. She say anything to him when he ereported that Resident #168 ormented" one of the confused nd was constantly calling her d she shouldn't have to "be n" because of him and his nt #172 commented she was d with not being allowed to get a because of Resident #168.		1		
	05/22/14 and re-act Cumulative diagnor quadriplegia and d A "contract to enh signed by Residen the goal was that Fresidents and staff objective for this g would use nice wo residents. Anothe #168 was to stay in objective for this g would learn to respresidents by not go The most recent C (MDS) assessmen #168 to be cognitive decision making standard to end of the most recent C (MDS) assessmen #168 to be cognitive decision making standard to end of the most recent C (MDS) assessmen #168 to be cognitive decision making standard to end of the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) assessment #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be cognitive the most recent C (MDS) #168 to be	s admitted to the facility on dmitted on 10/13/14. It is ses included hypertension, elusional disorder. It is an ance POSITIVE behaviors", it is the facility of the facility				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		MPLETED
		345126	B. WING _		05	C / 09/2015
	WOUNT OLIVE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 241 Continued From page 48 assessment period. Resident #168's care plan of 02/23/15 identified problems with: Exhibits behaviors of verbal aggression as evidenced by calling residents names. Interventions included approach him in a calm friendly manner, develop a behavior plan if needed. Another intervention was to identify triggers and reduce exposure to them. Mainta consistent routine as possible was also included as an intervention. Exhibits disruptive/demanding behaviors as evidenced by cursing at staff and picking arguments with his roommate. Interventions included to approach in a calm friendly manner document interventions and responses, identification to develop a behavior contract if necessary. Information provided by the facility of 04/10/15 indicated that the corporate Regulatory Affairs Specialist had provided recommendations for dealing with Resident #168. The recommendations included: Reach out to the ombudsman for assistativith placement			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	ODE	
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 241	assessment period Resident #168's caproblems with: . Exhibits behavior evidenced by callir Interventions including friendly manner, do needed. Another is triggers and reduct consistent routine as an intervention Exhibits disruptive evidenced by cursis arguments with his included to approad document intervention behavior triggers a maintain consistent resident to develop necessary. Information provide indicated that the of Specialist had provide indicated that the of Specialist had provided in the special had provided in the specia	d. are plan of 02/23/15 identified as of verbal aggression as ag residents names. Ided approach him in a calmovelop a behavior plan if antervention was to identify the exposure to them. Maintain a as possible was also included evidemanding behaviors as any at staff and picking a roommate. Interventions the in a calm friendly manner, at it is and responses, identify and reduce exposure to them, at routine and work with a behavior contract if the definition of the facility of 04/10/15 corporate Regulatory Affairs and responses for ent #168. The included: The ombudsman for assistance the ombudsman for assistance police to have them talk with arding behaviors	F 24	1		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILE			С	
		345126	B. WING				09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			22	REET ADDRESS, CITY, STATE, ZIP CODE 8 SMITH CHAPEL ROAD BOX 569 OUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	punishable by law in charges. The policic Resident #168 The physician's ord Resident #168 was milligrams (a sleep Celexa 30 milligram Depakote 250 millig stabilizer) and Valiu needed (an antianx An interview was co 05/07/15 at 9:30 AN Resident #168's ha and his behaviors. aggressive and distresidents. Nurse #room on several ochis television volumangry with her but his television volumangry with her but his tated but as soon would turn it back ut told him to not go into respect their privias individuals. She had complained to she advised them to Resident #168 was 10:45 AM. Resider the residents had cof his television and Resident #168 state facility was too your residents including years old and was not staff member telling television because denied being disruptive.	these behaviors could be f anyone felt the need to press e officers also explained to lers for May of 2015 indicated receiving Ambien 2.5 aid) at bedtime as needed, as daily (an antidepressant), grams at bedtime (a mood am 5 mg every 8 hours as	F 2	241			

PRINTED: 06/15/2015 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP COI 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 241	his gloves off and p interview and was r He was also becom #168 also stated no what to do. He den rooms uninvited. H wasn't able to sleep break room for a whis room. When quand keeping the oth responded "you co shift. Resident #16 telephoned the police out to the facility. Hafraid of the police that routinely when wheelchair down the residents who park hallways. He report move out of his way coming and he sho pass through. Whe considerate of othe them, he responded excuse me?" Resiknow what his right ended the conversa smoke break. A fol conducted due to the defensiveness disp During an interview #1) on 05/07/15 at spoken with Reside about the rights of talking with him was continued with the u #1 stated she had left.	ge 50 or get agitated as he was taking utting them back on during the not maintaining eye contact. Sing argumentative. Resident or one was going to tell him lied going into other resident's ereported that at times he had at night and would go to the hile but he would go back to destioned about being loud her residents awake, he had the about him and they came the reported that he was not officers. Resident #168 stated he was self-propelling his had the had the expected them to a because they could see him had they came the the that he expected them to a because they could see him had the syling it was time for a low-up interview was not be apparent agitation and layed during this interview. With the social worker #1 (SW 11:20 AM, she stated she had the had	F 24	11			

Facility ID: 923344

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	CON	TE SURVEY MPLETED
		345126	B. WING			C / 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP OF 228 SMITH CHAPEL ROAD BOX 56 MOUNT OLIVE, NC 28365	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 241	almost a daily basis unacceptable behare reported that she had reported that she had reported that she had reported that she had been ou Resident #168 and She commented the SW #1 stated he had but there were no contract. She repowas a 30 day notice had not been able to Resident #168. She the facility could do behaviors. SW #1 safe and orderly distobe there until she placement. A telephone intervice Ombudsman on 05 the facility telephone asking if she could them on some issue they expressed no Ombudsman stated met with SW #1. So call the police each stated SW #1 told I find a suitable place. The Ombudsman on timposed any counacceptable behawhatever he wante one had done anyth During an interview scheduler, on 05/05	he had spoken with him on a in regards to the huge list of viors that he exhibited. SW #1 ad contacted the Ombudsman questioned about the safety of facility she responded that the to the facility to speak with gave him a verbal warning. The behaviors were unchanged, and a signed behavior contract consequences if he broke the red the only consequence of for discharge but thus far she to find suitable placement for the commented that no one at anything with him or his stated she could not provide a scharge so he would continue of found an appropriate for the found an appropriate was conducted with the footone out and brainstorm with the stated she advised them to time incidents occurred. She her she had not been able to the for him to be discharged to commented that the facility had onsequences for his viors and he was doing discharged and no disch	F 24			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		, COM	TE SURVEY MPLETED
		345126	B. WING			C / 09/2015
	345126 B. WING STREET ADDRESS, CITY, STATE, ZIP CODI 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365 D. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) B. WING 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365 D. PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APPENDENCY)					
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO THE APPR	JLD BE	(X5) COMPLETION DATE
F 241	for a while. She stinappropriate common She stated she had reported them to the During an interview 4:40 PM, she stated there was one resistant. She stated Rinappropriate verbaresidents. She stated from the other residents and constant verbaresidents and constant verbaresidents and constant verbaresidents are passed if Nurse #4 stated shout it, she respossate she passed if Nurse #4 stated shout it no attention to what continued doing the commented that whis behaviors toward to no attention to what continued doing the count of the building. Nurse #1 was inter PM. She was iden Resident #168's has was very familiar when the could one could stop him any good to say and were no consequent behaviors. She state would go in the him as being bellig and harassed the rof defending thems just the other days.	ated he was constantly making ments to the other residents. It witnessed incidents and had be social services department. It with Nurse #4, on 05/07/15 at 1 d she worked third shift and dent who disrupted the entire resident #168 made at sexual comments to the sted she had overheard some onto talking about his behaviors at abusive manners. When reported it or talked with them anded she had not. She did to not the oncoming nurses, we had spoken with him bout his inappropriate the other residents but he paid at she was saying and the same things. She then she spoke with him about held her no one could kick him a lil. Nurse #1 reported that she with Resident #168 and his ported that he frequently told do whatever he wanted and no it. Nurse #1 stated it didn't do	F 2	41		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C / 09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		HOULD BE	(X5) COMPLETION DATE
F 241	told him how inappress that and he needed was fruitless to comhis behaviors becaustaff had stopped control Resident #168 had day he was admitted what he was doing because there were unacceptable behawanted. A telephone intervies shift nurse (Nurse #working regularly wat 11:16 PM. He stowers Resident #168. Who Resident #168's be and responded Resnight and would go reported that some complain about not of him playing his to stated he would go and ask him to turn television. He states soon as he left the turn it back up. Nurhad been "acting of thought the rules at him. Nurse #5 state behaviors and pass Nurse #5 reported to aware of what he wo During a telephone nurse aide (NA #1) NA#1 stated Reside everyone including	She stated she intervened and copriate that it was to talk like to stop. Nurse #1 reported it aplain to management about use it "falls on deaf ears" so complaining. She reported that been acting this way since the d and he was fully aware of Nurse #1 added that eno consequences for his viors he did whatever he ew was conducted with a third est on the been identified as ith Resident #168 on 05/07/15 ated he was very familiar with the nequestioned about haviors, Nurse #5 laughed sident #168 was usually up all to bed about 4:00 AM. He of the residents on his hall did being able to sleep because elevision loudly. Nurse #5 into Resident #168's room the volume down on his ed he would turn it down but as from Resident #168 would see #5 stated Resident #168 ut" for a long time and the facility did not apply to ed he had documented his ed it on to the oncoming shift, that Resident #168 was fully	F 2	41		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345126	B. WING) 9/2015	
	NAME OF PROVIDER OR SUPPLIER (X4) ID PREFIX TAG			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	, 00/0		
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F 241	residents. NA #1 scouldn't repeat the residents on the har complained about and about the loud stated it did no good because he did why stated he was taking female residents whold him he couldn't resident #168 did rights. NA #1 stated behaviors and she During an interview physician, on 05/08 was new at this fact Director for about a not been able to reas yet. He stated in him aware of any is physician stated stated he ran across through a community was looking through issues were there stated he ran across #168 but couldn't ror who had written he inquired he was #168's behaviors were marked that his still here?" The ple medication that he change or correct medicating him who was behaviors and was enjoyed bullying of had spoken with still still here?	stated she was a Christian and words he used. She stated all where he resided him being disrespectful to them volume of his television. She od to try to correct his behaviors at he wanted. NA #1 also ng pictures of some of the with his cellular phone and she of the to that. She reported not respect the other resident's and reported it. With Resident #168's 18/15 at 10:00 AM, he stated he cility and had been Medical a month. He reported he had eview all of the resident's charts no one had specifically made assues with Resident #168. The aff communicated with him sication book. He stated he with that he needed to address. He as an entry about Resident were inappropriate. He	F 241				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
		345126	B. WING _		05	C 5 /09/2015
	MOUNT OLIVE CENTER X41 ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 241 Continued From page 55 working on it. The physician stated that if his behaviors were threatening to the other reside or to the staff he needed to be discharged. The Administrator was interviewed about Resident #168 on 05/08/15 at 12:00 PM. He reported being aware of Resident #168's behaviors since February 2015. He stated sor services had been dealing with the issues regarding Resident #168 and was actively seeking alternate placement for him. He state the previous social worker had been dealing with be behavior issues but was not as pro-active: SW #1. He stated SW # was actively dealing with the issues associated with Resident #168. He reported that they were unable to control him of his behaviors because Resident #168 felt he wabove the law so he did whatever he pleased. The Administrator also reported that Resident #168 was a master manipulator and knew exawhat he was doing. The Administrator reported they had telephoned the police to come to the facility and talk with Resident #168 about his behaviors. He stated the police told him he couldn't touch any of the residents here. He reported the corporate attorney had been consulted as well. The Administrator stated the investigated any resident to resident altercation that was brought to their attention. He stated a soon as an alternate facility could be located Resident #168 would be discharged.			STREET ADDRESS, CITY, STATE, ZIP CC 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 241	working on it. The behaviors were the or to the staff he not to the staff he not the previous social the behavior issue SW #1. He stated the issues associare ported that they his behaviors because the law so have the law so have the law so have the was doing they had telephone facility and talk with behaviors. He state couldn't touch any reported the corported the corported the corported the corported the staff have stigated any retail the soon as an alternative.	e physician stated that if his reatening to the other residents eeded to be discharged. was interviewed about 05/08/15 at 12:00 PM. He are of Resident #168's ebruary 2015. He stated social dealing with the issues at #168 and was actively placement for him. He stated I worker had been dealing with as but was not as pro-active as SW # was actively dealing with atted with Resident #168. He were unable to control him or ause Resident #168 felt he was not did whatever he pleased. also reported that Resident are manipulator and knew exactly atted the police to come to the he Resident #168 about his ted the police told him he of the residents here. He prate attorney had been the Administrator stated they esident to resident altercation to their attention. He stated as atte facility could be located		11		
	05/08/15 at 4:45 F person responsible behaviors exhibite regular basis. She	rrses (DON) was interviewed on M. She stated SW #1 was the e for dealing with all of the d by Resident #168 on a e stated Resident #168 had the facility for a while and SW				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING		COM	E SURVEY PLETED
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP 228 SMITH CHAPEL ROAD BOX 56 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD E APPROPI	BE	(X5) COMPLETION DATE
F 241	him. The DON also not been successful on 05/09/15 at 10:1 stated that one on implemented yester #168. During another interest 5:00 PM, she stated that supervision in an eron She stated his behamorning during the stated she had been and had a tentative SW #1 stated that suprevious social work behaviors because didn't make a lot of also stated that the of him and were not behaviors in his recommendated in the administration of the stated with consideration, personal dignity and Information provided undated bulletin en INFORMATION" we regulatory restriction our patients, the folipatient rooms." The products, baby power in the succession of the succession	eking alternative placement for o stated thus far SW #1 had al. On AM, the Administrator one supervision had been reday evening for Resident erview with SW #1, on 05/09/15 ated as of last evening been placed on one on one effort to control his behaviors. Eaviors were discussed every in morning meetings. She en actively seeking placement aplacement set for next week, she did not know what the eker had done to control his the previous social worker of notes in his record. She nurses were apparently afraid at documenting any of his cord. A CONDENSATION OF A'S BILL OF RIGHTS FOR RESIDENTS" that was hission packet for all residents lent had the right to be treated respect and full recognition of		241			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345126	B. WING			09/2015	
	AMME OF PROVIDER OR SUPPLIER WOUNT OLIVE CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 241 Continued From page 57 drops, over the counter medications, alcohol, hydrogen peroxide, hand sanitizer, air freshend and any product that was labeled "keep out of reach of children." It also indicated that "We reserve the right to remove and dispose of any products deemed potentially harmful (in accordance with NC and Federal regulations). The facility's policy regarding Patient's Bill of Rights and Responsibilities, with an effective of 06/01/96 and revision date of 08/04/14, note that residents have the "fundamental right to considerate care that safeguards their personal dignity along with respecting cultural, social and spiritual values." It further noted that the purp was to assure that the personal dignity, well-be and self- determination was maintained and to make sure the residents were knowledgeable their responsibilities in this regard. It noted the the "Patient's Bill of Rights and Responsibilitie would be posted throughout the center at all times. 2a. Resident #44 was re-admitted to the facility on 11/07/14. Cumulative diagnoses included congestive heart failure, hypertension, periphe vascular disease and diabetes mellitus. The most recent quarterly Minimum Data Set (MDS) assessment of 04/24/15 noted he was cognitively intact and was independent with decision making. Resident #44 was included list provided by facility of alert, oriented and reliable residents. On 05/05/15 at 10:26 AM, Resident #44 was			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	, 55		
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE	
F 241	drops, over the conhydrogen peroxide and any product the reach of children." reserve the right to products deemed paccordance with N. The facility's policy Rights and Respor of 06/01/96 and rethat residents have considerate care the dignity along with respiritual values." was to assure that and self- determinating make sure the resident's Bill of would be posted the responsibilities.	unter medications, alcohol, hand sanitizer, air fresheners at was labeled "keep out of It also indicated that "We premove and dispose of any potentially harmful (in C and Federal regulations)." regarding Patient's Bill of asibilities, with an effective date vision date of 08/04/14, noted at the "fundamental right to that safeguards their personal especting cultural, social and at further noted that the purpose the personal dignity, well-being ation was maintained and to dents were knowledgeable of s in this regard. It noted that of Rights and Responsibilities"	F 24				
	on 11/07/14. Cum congestive heart favascular disease a The most recent q (MDS) assessmen cognitively intact a decision making. I list provided by fact reliable residents. On 05/05/15 at 10: interviewed. He st given a list of items have in his room. remember all of the not having the list.	ulative diagnoses included ailure, hypertension, peripheral nd diabetes mellitus. uarterly Minimum Data Set t of 04/24/15 noted he was nd was independent with Resident #44 was included in a ility of alert, oriented and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C	
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(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)	LD BE	(X5) COMPLETION DATE
F 241	belongings in all of He reported that AS powder, spray deor that was aerosol if be most upsetting invasion of his righ reported this was hwas right for anyon his belongings. He would refuse to allo belongings becaus felt they could do the monthly to live in the his belongings was that he does not lead items and no one wanything unsafe. 2b. Resident #79 was that he does not lead items and no one wanything unsafe. 2b. Resident #79 was independent in decreasion. The most also identified oriented and reliab During an interview 05/07/15 at 2:30 Plant her room on a regupersonal belonging staff members, she upon who worked. upsetting that staff She stated her familiant the facility staff per allowed to have the	arch through all of his personal his drawers and his closet. S #1 would take Vaseline, baby dorant, shampoo and any item he had it. He reported this to as he felt that it was an to privacy. Resident #44 his home and did not think it he to come and search through also reported that at times he tow them to go through his e it made him so mad that they his. He added that he paid his building and felt that taking a wrong. He also commented ave the room with any of those visits who would bring in was admitted to the facility on the diagnoses included anemia, arthritis and host recent Quarterly Minimum are sessment of 04/14/15 noted cognitively intact and by the facility as being alert,	F 24 ⁻			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		345126	B. WING		0	C 5/09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		0.00.2010
(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 CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 241	remarked that som overwhelming and to endure the odor she didn't have mu wanted to keep. Some rights at all and 2c. Resident #83 v 01/06/11. Cumula congestive heart fadepression. The most recent Conoted the resident Resident #83 was the facility of alert, During an interview 05/05/15 at 10:26 with 10 would come in and go through all this was an invasion She stated she didner things but the sit so she would allow the she allowed to go the belongings looking deodorants. She commented the beallowed to go the belongings looking deodorants. She commended the was not but it was he going through it. Sitems when she live here. 2d. Resident #105 08/01/14. Cumula depression. The motal Set (MDS) as indicated he was conditionally and the state of the she was conditionally as indicated he was conditionally and the state of	y powder. Resident #79 netimes odors were she didn't want visitors to have s. Resident #79 added that uch but what she had she the stated she felt like she had	F 2	41		

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING				C 09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER	1 1111111111111111111111111111111111111		STREET ADDRESS, CITY, STATE, ZIF 228 SMITH CHAPEL ROAD BOX 5 MOUNT OLIVE, NC 28365		<u> 03/</u>	03/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE	
F 241	reliable by the facili During an interview 05/06/15 at 10:30 A search through all obothered him that it since this was his his by staff that he cou would just leave his whatever they want took his shaving crowould take anything any type of powder was living in a privatems and didn't unterm here. 2e. Resident #122 11/21/14. Cumulat hypertension, diabet The most recent Si Data Set (MDS) as documented Residwith decision making was identified by the oriented and reliable An interview was coon 05/06/15 at 11:4 staff would come in search through his closet. He stated the drawers and closet Resident #122 state in and gone through commented "it ain' this. Resident #122 it was very upsetting to search his belong.	as being alert, oriented and ty. with Resident #105, on AM, he stated staff routinely of his belongings. He stated it hey were allowed to do that nome. He stated he was told ldn't do anything about it so he is room and let them go through ted. Resident #105 stated they geam. He also stated they geam. He also stated they go that was aerosol as well as a Resident #105 stated if he ate home he could have those derstand why he couldn't have was admitted to the facility on ive diagnoses included etes mellitus and quadriplegia. In the general state of 104/12/15 ent #122 to be independent and and cognitively intact. He e facility as being alert,		241				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		345126	B. WING		0.5	C 5/ 09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		70012010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 241	felt like he was in pat all. He also comhome. He remarked Vaseline. Resident anything dangerous 2f. Resident #172 v 01/02/15. Cumulat hypertension and drecent Significant (MDS) assessment Resident #172 was making and cognitified by the fact and reliable. During an interview 05/07/15 at 2:40 Pl in a prison here and She stated she did into her room to see belongings. She comembers. She stated when she quite her belongings she sure no one had ar residents might get came into her room would keep them in stated she had a betook it. She commodule stated she did basis as did other seach staff person versoms for Partner II.	age 61 Ident #122 commented that he prison here and had no privacy amented that this was his ed staff would take his to #122 stated he didn't have so unless Vaseline was. Was admitted to the facility on the diagnoses included liabetes mellitus. The most change Minimum Data Set to fo 04/01/15 documented independent with decision wely intact. She was also cility as being alert, oriented with the was defended by with Resident #172, on M, she stated she felt she was defended that she had no rights at all. not appreciate staff coming arch through all of her bould not say which staff the this was her home and to take anything from her and it her privacy. Resident #172 puestioned staff about searching was told they needed to make them. She stated no one in and if she had aerosols she in a drawer. Resident #172 ag of salt packets and staff ented that she was not on a lowed on 05/08/15 at 4:10 PM. Partner Rounds on a daily staff members. AS #1 stated was assigned a certain set of Rounds. She stated when she ent's room she was looking for the staff shooking for the staff s		41			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILE			(C	
		345126	B. WING		<u> </u>		09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			22	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 IOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE	
F 241	see if they were holooked to see if the plastic bags. AS # open food items or in the rooms. She state the room she would when asked what it their rooms, she revaseline, baby powrubs, over the count aerosol spray can pall that she could the stated the items take usually sent home a social work office. residents disagreed allow her in the room She stated the admilist (undated bulletin INFORMATION) to them of items the robust (undated bulletin INFORMATION) to them of items the robust (undated bulletin INFORMATION) to them of items the robust (undated bulletin INFORMATION) to them of items the robust (undated bulletin INFORMATION) to them of items the robust (undated bulletin INFORMATION) to them of items the robust (undated bulletin INFORMATION) to the state items on that list. We was part of her respectively she responsible to the part administrative staff. The Administrator was part of the Part administrator was part of the undated INFORMATION") yeit. He stated he was	e stated she was looking to arding linens. She stated she in personal belongings were in a stated she looked for any meal trays that had been left stated she looked to see if and for any clutter on top of ated if there were any pests in a complete a work order. It is she was removing from sponded that she took der, air fresheners, alcohol ter medications, and any product. AS #1 stated that was sink of at the moment. She with the family or kept in the AS #1 stated some of the did with this and would refuse to me to search their belongings. In all of the families advising esidents were not allowed to go but was not sure of when it is unable to name all of the When questioned if she felt asion of the resident's add that it probably was but it consibility during rounds to be not allowed. She stated it ther rounds that all	F 2	241				

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345126	B. WING			C 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 242 SS=E	items. He stated si resident's belonging that administrative rooms for their Partivisit new residents admission to see he stated they also on a monthly basis for them as well. The facility strived to man environment. He shall be stated if the item would be given back the items taken would be given back the items take	taff should not be searching gs. The Administrator stated staff were assigned a set of the the program. He stated they daily for a few days after ow things were going for them. It is seen how things were going the Administrator stated the daintain a homelike tated he would be revising the attentiation at homelike tated he would be revising the attentiation at homelike tated he would be revising the attentiation at homelike tated he would be revising the attentiation at homelike tated he would be revising the attentiation at homelike tated he would be revising the attentiation at homelike tated he would be revising the attention at his process. The same that he facility they are right to choose activities, alth care consistent with his or assments, and plans of care; ers of the community both the facility; and make choices is or her life in the facility that	F 24 ²		choices #83,	6/11/15

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
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NAME OF F		345126	D. WING		TREET ARRESTOR OFFI OFFI	05/0)9/2015
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT	OLIVE CENTER				28 SMITH CHAPEL ROAD BOX 569 NOUNT OLIVE, NC 28365		
				IV			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 242	Continued From payings in their room allow 1 of 1 sample who had voiced a dismoker to be given smoking behaviors 1. The undated "A CAROLINA'S BILL HOME RESIDENT: Admission packet for residents had the rifor, and to use persymbere reasonable. There was an undate facility that was mare resident's family madmissions office in did not allow reside was also provided to residing in the facili unknown. This bull "IMPORTANT INFO" due to regulatory rall of our patients, tallowed in patient reaerosol can producingly, medicated oin eye drops, over the hydrogen peroxide,	ge 64 s. The facility also did not d residents (Resident #168) lesire to be an independent a trial to demonstrate safe. Findings included: CONDENSATION OF NORTH OF RIGHTS FOR NURSING S" that was included in the or all residents noted that the ght to retain, to secure storage sonal clothing and possessions ted bulletin provided by the illed on an unknown date to embers at the request of the n regards to items the facility nts to possess. This bulletin to the current residents ty with date of distribution letin was entitled DRMATION" and it noted that estrictions and for the safety of the following items are not coms." The list included, ts, baby powder, petroleum tments, medicated creams, counter medications, alcohol, hand sanitizer, air fresheners		242	interviewed on 5/28/15 by Departm Managers to ensure that their personitems had been replaced and no fur room searches have occurred. Other residents that may potentially affected were identified by interview residents or families of residents unbe interviewed. The interviews were conducted by the Social Workers at Recreation Director on 5/28/15. Directed in-service education was provided to the center staff, including Licensed Nurses, nursing assistant dietary staff, maintenance staff, housekeeping staff, therapy staff and department heads, by Eastern Area Health Education Center (AHEC) of 6/10/15 and 6/11/15 that included Resident Rights, Dignity and Quality Assurance Program. The presentation be videoed so that it can be presented be videoed so that it can be presented by the presentation. Staff will not be allow work until after viewing the video.	ent conal rther / be ving the nable to re nd rich y tion will ted to rees	
	reach of children". reserve the right to products deemed p	at was labeled "keep out of It also noted that "We remove and dispose of any otentially harmful (in C and Federal regulations)."			Center staff was in-serviced on the revised bulletin that lists the items t residents are requested not to have their rooms and that the staff is not allowed to search the resident; s ro	e in	
	11/07/14. Cumulat congestive heart fa vascular disease at The most recent qu	s re-admitted to the facility on tive diagnoses included illure, hypertension, peripheral and diabetes mellitus. Just 1 (1) 1 (2) 1 (3) 1 (4) 1			The education was provided on 6/1 and 6/2/15 by the Admission Direct Director of Nursing. During the Recouncil meeting of 5/12/14, the rev list was reviewed with the members Activity Director and Social Worker	or and sident ised by the	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			U	<u>NB NO.</u>	<u> </u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345126	B. WING) 9/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				2	28 SMITH CHAPEL ROAD BOX 569		
MOUNT	OLIVE CENTER			M	OUNT OLIVE, NC 28365		
040.15	CHMMA DV CTA	TEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION	ı	0/5)
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TAG	•	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPI		DATE
					DEFICIENCY)		
			ı				
F 242	Continued From pa	ge 65	F 2	242			
	cognitively intact ar	nd was independent with			Administrator and Director of Nursi	ng also	
		Resident #44 was included in a			attended the meeting to answer qu		
		lity which included alert,			from the Council.	00110110	
	oriented and reliabl						
		26 AM, Resident #44 was			The bulletin that listed the items that	at	
		ated a while back he had been			resident were not allowed to have i		
		that he was not allowed to			rooms was revised to include aeros		
		He stated he couldn't			cans and over the counter medicat		
		e items on the list. He reported			and ointments by the Administrator		
		aff (AS #1) would take			Director of Nursing on 5/13/15. A r		
		der, spray deodorant,			to the residents; responsible party		
		tem that was aerosol if he had			revised bulletin was completed on		
		ported this was his home. He			by the Admission Director. A copy		
		at times he would refuse to			bulletin was posted on each reside		
		rough his belongings because			bulletin board in their rooms by the		
		that they felt they could do			Admission Director on 5/27/15. An		
		t he paid monthly to live in this			interview will be completed on 14		
		at taking his belongings was			alert/oriented residents weekly for		
		mmented that he does not			6months, then monthly for 6 month	s if	
		any of those items and no			room searching are been conducte		
		ld bring in anything unsafe.			personal items are being removed		
		think he still had the list.			staff. The interviews will be comple		
		wed on 05/08/15 at 4:10 PM.			the Social Workers and Activities.	,	
	She stated she did	Partner Rounds on a daily					
	basis as did other s	staff members. She stated			Resident #168 was discharged on		
	when she went into	the resident's room she was			5/21/15.		
	looking for several	things. She stated she was					
	looking to see if the	ey were hoarding linens. She			Residents that prefer to smoke have	e the	
		o see if their personal			potential to be affected by this prac	tice.	
		plastic bags. AS #1 stated			Unit managers identified the reside		
		open food items, any ants and			wished to smoke by interviewing th	е	
	_	p of the closets. She stated			residents on 5/18/15 thru 5/21/15.		
		f there were any pests in the					
		mplete a work order if she			Licensed nursing staff was reeduca		
		asked what items she was			the completion of the smoking eval		
		r rooms, she responded that			on 6/1/15 and 6/2/15 by Nurse Prac		
		baby powder, air fresheners,			Educator (NPE). Identified smoker		
	alcohol rubs, over t	he counter medications, and			reevaluated by the Unit Managers	on	
		can product. AS #1 stated that			5/18/15 thru 5/21/15, the Director of		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345126	B. WING			05/0	09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			2:	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 242	was all that she cor She stated the item residents were usu or kept in the socia some of the resider would refuse to allot their belongings. Soffice had sent out advising them of ite allowed to have in to The Administrator von 12:00 PM. He state items yesterday and stated he was a bit on the list as they we Administrator state assigned a set of ro program. He state for a few days after were going for them longer term resider how things were go Administrator state a homelike environ revising the list. The that some of the resident how the item to be that had been remon they would be given not the items taken 2. Resident #79 wa 11/18/14. Cumulat diabetes mellitus, a depression.	ald think of at the moment. It is that were taken from the ally sent home with the family I work office. AS #1 stated into disagreed with this and low her in the room to search the stated the admissions the list to all of the families ems the residents were not	F2	242	Nursing reviewed the evaluation or 5/22/15. 17 that smoke were reevalunt and 11 were identified as being ablismoke unsupervised. Resident will re-evaluated quarterly, annually an change in condition that could make safe or unsafe smokers. The Unit Managers will observe the resident smoke weekly for 6 months to deter if there is any change that would constitute the need for a reevaluati. Unsupervised smoking times were reviewed and changes made to incursupervised smoking times on the shift. The residents that smoke we informed of the changes on 6/2/15 the Director of Nursing. The results and any trends of the vinterviews and the observation of the change of the Quality Assurance Committee of 6 months by the Social Worker any need in change of plan will be adjusted.	aluated e to I be d with e them s that ermine on. Ilude e 11-7 ere and by veekly ne nted to monthly	

(MDS) assessment of 04/14/15 noted Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING _		0	C 5/09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 242	#79 was cognitively decision making sk identified by the fact and reliable. During an interview 05/07/15 at 2:30 PN come into her room search her personal stated it was upsett belongings. She st baby wipes and the she was not allowed them. She stated that some overwhelming and sto endure the odors she didn 't have mu wanted to keep. She or ights at all and AS #1 was interview. She stated she didn basis as did other swhen she went into looking for several looking for several looking to see if the stated she looked to belongings were in she looked for any that had been left ir looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, I alcohol rubs, over the any aerosol spray of the state of the state of the clutter on top of the were any pests in the cook Vaseline, I alcohol rubs, over the any aerosol spray of the state of the cook Vaseline, I alcohol rubs, over the cook Vaseline, I alcohol	intact with independent ills. Resident #79 was also ility as being alert, oriented with Resident #79, on M, she stated facility staff on a regular basis and I belongings. Resident #79 ing that staff go through her ated her family brought in facility staff person told her d to have them so they took hey took her mouth wash, her aby powder. Resident #79 etimes odors were she didn't want visitors to have a Resident #79 added that ch but what she had she he stated she felt like she had	F 24	12		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	FIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED		
		345126	B. WING			C / 09/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
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F 242	the family or kept i stated some of the and would refuse to search their belong admissions office I families advising the were not allowed to The Administrator 12:00 PM. He statitems yesterday are stated he was a biron the list as they stated staff should belongings. The Administrative staff for their Partner promew residents daily to see how things they also visit the I monthly basis to see them as well. The strived to maintain stated he would be Administrator com residents were verificated if the items facility they would and if not the items facility they would an item facility they would be actionally they would be action	age 68 Ins were usually sent home with in the social work office. AS #1 residents disagreed with this of allow her in the room to gings. She stated the had sent out the list to all of the nem of items the residents of have in this building. Was interviewed on 05/08/15 at red he had seen the list of all had looked over it. He is surprised at some of the items were personal use items. He not be searching resident 's dministrator stated that if were assigned a set of rooms ogram. He stated they visit if for a few days after admission were going for them. He stated onger term resident on a see how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the y protective of their "junk" and 't using the right approach. He that were taken were still in the one given back to the residents as taken would be replaced. The admitted to the facility on the diagnoses included an allure, hypertension and the suarterly MDS of 04/24/15 was cognitively intact, included in a list provided by the oriented and reliable	F 2	42			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		00/2010	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 242	residents. During an interview 05/05/15 at 10:26 A into her room on a of her belongings. invasion of her priv she did not like the the staff had told he would allow them to commented that the allowed to go throubelongings looking deodorants. She chave much but it with people going through those items when soming here. AS #1 was intervied She stated she did basis as did other swhen she went into looking for several looking for several looking to see if the stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in twork order. When removing from theis she took Vaseline, alcohol rubs, over the family or kept in the family or kept in the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the stated the item the family or kept in the she took the	with Resident #83, on AM, she stated that staff come daily basis and go through all She stated this was an acy and her home. She stated m going through her things but er they had to do it so she o search. Resident #83 e facility staff should not be gh all of her personal for powders or spray commented that she didn't want gh it. She stated she used she lived at home before wed on 05/08/15 at 4:10 PM. Partner Rounds on a daily staff members. She stated the resident's room she was things. She stated she was ey were hoarding linens. She to see if their personal plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated if there he room she would complete a asked what items she was it rooms, she responded that baby powder, air fresheners, the counter medications, and can product. AS #1 stated that uld think of at the moment. In swere usually sent home with in the social work office. AS #1 residents disagreed with this	F 24:	2			

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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		345126	B. WING			05	/09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			228 SMIT	ADDRESS, CITY, STATE, ZIP CODE TH CHAPEL ROAD BOX 569 OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 242	and would refuse to search their belong admissions office hamilies advising the were not allowed to The Administrator of 12:00 PM. He statistems yesterday and stated he was a bit on the list as they were stated staff should belongings. The Administrative staff for their Partner pronew residents daily to see how things we they also visit the log monthly basis to see them as well. The strived to maintain stated he would be Administrator common residents were very maybe staff weren' stated if the items of facility they would be and if not the items of 14. Resident #105 wo 08/01/14. Cumulated depression. The most recent Querous noted Resident #105 independent with didentified by the facility of 15 at 10:30 Administrator with didentified by the facility and interview 05/06/15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if not the items of 15 at 10:30 Administrator with didentified by the facility they would be and if the items of 15 at 10:30 Administrator with didentified by the facility they would be and if the items of 15 at 10:30 A	age 70 of allow her in the room to gings. She stated the had sent out the list to all of the hem of items the residents of have in this building. Was interviewed on 05/08/15 at ed he had seen the list of did had looked over it. He surprised at some of the items were personal use items. He not be searching resident's dministrator stated that were assigned a set of rooms or a few days after admission were going for them. He stated onger term resident on a see how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the y protective of their "junk" and to using the right approach. He shat were taken were still in the decident would be replaced. The stated to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included warterly MDS of 02/21/15 as admitted to the facility on the diagnoses included and with Resident #105, on AM, he stated staff come into and search through all of his	F 2	42				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	FIPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 05/09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(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 A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 242	belongings. He sta were allowed to do He stated he was to do anything about it room and let them wanted. Resident shaving cream and as any type of power was living in a privatiems and didn't und them here. AS #1 was interview. She stated she did basis as did other swhen she went into looking for several looking for several looking to see if the stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, I alcohol rubs, over the and would refuse to search their belong admissions office he families advising the were not allowed to	ge 71 ted it bothered him that they that since this was his home. old by the staff that he couldn't is so he would just leave the go through whatever they is 105 stated they took his anything that sprayed as well der. He commented that if he te home he could have those derstand why he couldn't have leaved on 05/08/15 at 4:10 PM. Partner Rounds on a daily taff members. She stated the resident's room she was shings. She stated she was y were hoarding linens. She is see if their personal plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated if there he were any ants and for any closets. She stated if there he room she would complete a lasked what items she was a rooms, she responded that oaby powder, air fresheners, the counter medications, and an product. AS #1 stated that all think of at the moment. It is were usually sent home with the social work office. AS #1 residents disagreed with this of allow her in the room to lings. She stated the last of items the residents have in this building. It is a line was interviewed on 05/08/15 at least the was interviewed on 05/08/15 at least the list to all of the least of items the residents have in this building.	F 24	42		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING _		0.5	C / 09/2015
	NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		700/2010
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 242	12:00 PM. He startitems yesterday ar stated he was a bir on the list as they stated staff should belongings. The A administrative staff for their Partner promew residents daily to see how things they also visit the I monthly basis to see them as well. The strived to maintain stated he would be Administrator commesidents were veromaybe staff weren stated if the items facility they would and if not the items facility they would be administrator commendation.	ed he had seen the list of id had looked over it. He is surprised at some of the items were personal use items. He not be searching resident's dministrator stated that were assigned a set of rooms ogram. He stated they visit for a few days after admission were going for them. He stated onger term resident on a see how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the protective of their "junk" and it using the right approach. He that were taken were still in the oe given back to the residents at taken would be replaced. as admitted to the facility on the diagnoses included etes mellitus, chronic lary disease and quadriplegia. In the oe given back to the residents of the mellitus, chronic lary disease and quadriplegia. In the latter with decision making. In the stated different facility on the room regularly and personal belongings and hey search through all of his to even if he isn't in the room. In arked "It ain't right" that they it made him mad and it was they thought it was okay to not. He stated he didn't have				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILD			С	
		345126	B. WING		05	05/09/2015	
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE	
F 242	unless Vaseline wahe questioned staff their job to search I remarked he felt lik that he had no privathat this was his ho AS #1 was intervied She stated she did basis as did other swhen she went into looking for several looking to see if the stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, alcohol rubs, over that any aerosol spray of was all that she county that had been left in she took Vaseline, alcohol rubs, over the family or kept in stated some of the and would refuse to search their belong admissions office he families advising the were not allowed to The Administrator with the state of the state of the state of the was a bit stated he was a bit stated he was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated to search the was a bit stated he was a bit stated to search the was a bit stated to search th	n that would be dangerous s dangerous. He stated when about this, he was told it was nis belongings. Resident #122 e he was in prison here and acy at all. He also remarked	F 2	42			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		345126	B. WING			C 05/09/2015
	NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP 0 228 SMITH CHAPEL ROAD BOX 56 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
F 242	stated staff should belongings. The Adadministrative staff for their Partner pronew residents daily to see how things withey also visit the lomonthly basis to see them as well. The strived to maintain stated he would be Administrator commercidents were very maybe staff weren't stated if the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be and if not the items to facility they would be intact and independent of the most recent Si O4/01/15 noted Resintact and independent of the facility of the stated she did into her room to see belongings. She st Resident #72 stated list of items she was back but couldn't result of the stated if she had took them. Reside questioned staff ab she was told they in had any aerosols be administrative staff.	mot be searching resident's dministrator stated that were assigned a set of rooms ogram. He stated they visit for a few days after admission were going for them. He stated onger term resident on a e how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the protective of their "junk" and a using the right approach. He hat were taken were still in the e given back to the residents taken would be replaced.		242		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345126	B. WING _		0:	C 5/09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 242	came into her room would keep them in stated she had a batook it. She comme salt restricted diet. AS #1 was interview. She stated she did basis as did other swhen she went into looking for several fooking to see if the stated she looked to belongings were in she looked for any that had been left in looked to see if the clutter on top of the were any pests in the work order. When removing from their she took Vaseline, I alcohol rubs, over the and would refuse to search their belong admissions office he families advising the were not allowed to The Administrator with 12:00 PM. He stated items yesterday and stated staff should it would refuse to stated he was a bit on the list as they we stated staff should it.	and if she had aerosols she a drawer. Resident #172 ag of salt packets and staff ented that she was not on a wed on 05/08/15 at 4:10 PM. Partner Rounds on a daily taff members. She stated the resident's room she was things. She stated she was y were hoarding linens. She of see if their personal plastic bags. AS #1 stated open food items or meal trays in the rooms. She stated she were any ants and for any closets. She stated if there he room she would complete a masked what items she was rooms, she responded that the product. AS #1 stated that the product. AS #1 stated that had think of at the moment. It is were usually sent home with the social work office. AS #1 residents disagreed with this of allow her in the room to lings. She stated the add sent out the list to all of the em of items the residents have in this building. It was interviewed on 05/08/15 at each had seen the list of the list	F 24	12			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
345126		B. WING		0.5	C 05/09/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	-	109/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 242	administrative staff for their Partner pronew residents daily to see how things withey also visit the lomonthly basis to sethem as well. The strived to maintain stated he would be Administrator commercial the would be Administrator commercial the work were very maybe staff weren stated if the items of the items of the items. The facility they would be and if not the items. The facility's smooth and if not the items. The facility's smooth and if necessary, where we would be able to an assessed on admist change in condition and, if necessary, where we would be able to smooth and the valuated upon admisted and the valuated upon admission of the v	were assigned a set of rooms ogram. He stated they visit for a few days after admission were going for them. He stated onger term resident on a e how things were going for Administrator stated the facility a homelike environment. He revising the list. The mented that some of the protective of their "junk" and the using the right approach. He hat were taken were still in the regiven back to the residents taken would be replaced. Oking policy with an effective of their "Patients will be esion, quarterly, and with a for the ability to smoke safely will be supervised." y's smoking policy of June ded in the admission at each resident would be mission and quarterly for safe and the edge of the end of the safe shoke without supervision at the deemed as safe smokers revision and follow the smoke was noted at the bottom of supervised smoking schedule of AM, 1:30 PM, 4:30 PM, 7:30 admitted to the facility on mitted on 10/13/14. Sees included depression and	F 2	42		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 05/09/2015	
	NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	ODE	103/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 242	Resident #168 was due to several staff sleeping with a lit of A smoking evaluating Resident #168 notes was required based smoking habits. It section that he was It was noted that he cigarette. It was not of the ashes/butts. Resident #168 couluse of a smoking a Another smoking eresident #168 notes supervised smoker smoking habits. It section of this evaluated safely hold a cigare the ability to light a properly disposed on the ability to light a properly disp	to be a supervised smoker members had witnessed him igarette in his hand. On of 12/03/14 completed for ed that supervised smoking d on having a history of unsafe was noted in the observation able to safely hold a cigarette. It was also noted that d smoke safely without the pron. Valuation of 01/03/15 for ed that he was to be a based on a history of unsafe was noted in the observation unation that he was able to ette. It was noted that he had cigarette. It was noted that he of the ashes/butts. It was also that a smoking apron. Unarterly Minimum Data Set of 02/16/15 documented that cognitively intact and ecision making. This resident is provided by the facility to not reliable. The plan of 02/23/15 identified uning may smoke with smoking assessment. The deduction is a smoking aproning education/material cessation and staff were to	F 2	42			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDING			С	
		345126	B. WING				09/2015
NAME OF I	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT	OLIVE CENTER			2	228 SMITH CHAPEL ROAD BOX 569		
WICOINT	OLIVE CENTER				MOUNT OLIVE, NC 28365		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLETION DATE
F 242	Continued From pa	ae 78	' F 2	242			
	o o management po	smoking apron and appeared		- '-			
		is cigarette without dropping it.					
		llking with the other residents.					
		behavior was observed.					
		with Resident #168, on					
		NM, he stated that he had					
		ependent smoker but the					
	facility refused to al						
	•	stated at one time he was					
		at had been changed. When					
		leeping with a lit cigarette, he been on medication that made					
		no longer on that medication.					
		understand why he could not					
		cause he could do all of the					
	things required to b						
		with the Director of Nurses					
	(DON), on 05/08/15	5 at 4:45 PM, she stated that					
	residents who desir	red to smoke were assessed					
		d quarterly. She stated if the					
		ory of unsafe smoking					
		ent was deemed to be					
		they demonstrated safe					
		N stated once a resident had					
		ey were always supervised. was their policy that if a					
		e smoking behaviors they were					
		nd had to be supervised. She					
		okers or the independent					
		oke whenever they wanted but					
		okers had to adhere to the					
	•	g times. When questioned					
		88's unsafe smoking					
		conded that he was constantly					
		sed. She stated there were 2					
		e him unsafe. She stated once					
	•	th a lit cigarette and the					
	second time staff c						
	unsupervised and h	ne tried to hide the cigarette by					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,		(X3) DATE SURVEY COMPLETED C	
		345126	B. WING		5/09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 242	trial period had bee Resident #168 to do smoker.	th his leg. The DON stated no n established to allow emonstrate that he was a safe	F 242		6/11/15
SS=E	must listen to the vi grievances and rec and families concer	family group exists, the facility ews and act upon the ommendations of residents rning proposed policy and as affecting resident care and			
	by: Based on resident record review the far grievances express meetings concernir resident food prefer and inconsistencies being served. Find Review of 12/16/14 revealed the only mexpressed by attencoming out in order food. Review of 01/20/15 documented, "no old single meal and dincoming at different Review of 02/17/15	interview, staff interview, and acility failed to resolve sed during resident council ag incompatibility between rences and corporate menus in the quality of the food ings included: resident council minutes seal and dining concerns dees regarded meal trays not and the kitchen running out of resident council minutes d business discussed". The ing issue regarded meals times (inconsistent delivery).		F 244 E LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATIONS Resident # 43, # 105, # 172, # 143 and # 103 were informed on 5/28/15 that the Administrator and District Food Service Manager would attend a Resident Counce meeting at the president invitation to discuss the menus. Residents were interviewed by the disinterested third party Social Worker using the resident interview tool to identify residents that may be affected by the same practice on 6/2/15 and 6/3/15. Directed in-service education was provided to the center staff, including Licensed Nurses, nursing assistants, dietary staff, maintenance staff,	il

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIF 228 SMITH CHAPEL ROAD BOX 5 MOUNT OLIVE, NC 28365	CODE		
(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 CX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 244	the continuation of meal monthly). Review of 03/17/19 documented, "no cand dining concern timeconcerns of the concerns o	age 80 ning issue regarded seeking resident choice meals (one of resident council minutes old business discussed". Meal as were, "trays not out on iscussed about meals." To resident council minutes old business discussed". No sues were documented. In the activity director and social 1:40 AM on 05/08/15 they expressed during resident were looked into and developed to solve issues. Cerns were considered by were brought back up at the cil meeting. Food concerns a brought up by residents uncil meetings since December all trays not coming out on time, cold food, tough chicken, ern" enough, potatoes not od tasteless, and running out 1/08/15 Resident #43, the esident, stated since tendees in resident council desident, stated since tendees in resident council desident desidents in the cally good country people who in cooking, and frequently undercooked or overcooked.	F 2	housekeeping staff, theral department heads, by East Health Education Center (6/10/15 and 6/11/15 that in Resident Rights, Dignity at Assurance Program. The be videoed so that it can be newly hired employees and that were unable to attend presentation. Staff will no work until after viewing the With the agreement of the resident council, the meet weekly starting on 5/12/15 grievance/concerns and resuch. The Social Worker Director are in attendance the members. The Admin District Food Manager will members on 6/4/15 and desidents; dislikes and who he made in the menus. Workers and Recreation I conduct an interview with weekly regarding food quathe next 6 months, then memonths. The Recreation Director weekly/monthly minutes a interviews regarding food trends and report monthly to the Quality Assurance of	stern Area (AHEC) on included and Quality presentation will be presented to a demployees at the live at the live at the allowed to evideo. The President of and Recreation as invited by a sistrator and a met the at changes can are the Social Director will a resident allity weekly for nonthly for 6 will review the and the resident quality for any for 12 months		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		345126	B. WING _			5/09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP C 228 SMITH CHAPEL ROAD BOX 56 MOUNT OLIVE, NC 28365	CODE	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 244	not being addresseresponse was alwaderesponse was alwaderesponses of trying to so until then there is with the quality of the Resident #43, the odd attend a resident months ago, but should be to follow corporate district manager tall doing in some of he food satisfaction, be about what was go (Resident #43's 04 set (MDS) docume and he was on a list presented by the fact that the fact meetings, but he recommented from recommente	sident council grievances were ad because the canned by that the facility had to go by and the facility was in the offind a new dietary manager might be some inconsistency he food. According to district food service manager and council meeting about three he again brought up the need menus. He commented the liked some about what she was her other buildings to improve at offered no interventions ing to be done in this facility. (702/15 quarterly minimum data anted his cognition was intact, at of interviewable residents acility staff). 28/15 the administrator stated to attend resident council eviewed the minutes. He heading the minutes he did not and food quality inconsistency for the residents. However, he is nursing home residents were armers who liked basic foods, According to the administrator, cility was without a dietary of 2015 probably contributed to unality concerns. He also he need to think about hiring a swith good regional cooking	F 24	4		
	interview, the distric	08/15, during a telephone ct food service manager stated 014 she could think of two				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING		(C 05/09/2015	
	NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZI 228 SMITH CHAPEL ROAD BOX MOUNT OLIVE, NC 28365	P CODE		
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F 244	changes she had me them to the facility cooks were now proof chicken and dum was asked to prepare another dried bean. At 10:53 AM on 05/dietitian (RD) report council meetings. It residents complaints shrimp scampi, sweep rimavera were too commented these it Southern food item residents complaints stated she told residents complaints stated she told residents comporate menus it alternates such as According to the RI concerns about foo mushy, tough, raw, usually after the face	nade in the menus to adapt copulation. She reported the eparing chicken pastry instead aplings, and one time the cook are black-eye peas instead of		244			
	identified by staff as attended resident or regular basis the grathe facility to serve foods. He also recome meats such a cooked too hard and tasteless. He report out of the alternate many residents requested foods on the main residents.	09/15 Resident #143, so a resident who frequently ouncil meetings, stated on a coup discussed their desire for home cooked, Southern alled residents mentioning as chicken and liver being domeats frequently being red the facility frequently ran as substitute foods because so uested them over the strangemenu. The resident pement did not share what they					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	•		
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F 244	and he saw no improduced here and he saw no improduced here are staff. According to Reside frequently told by the tied because they have a corporately produced here interviewable resides staff). At 12:50 PM on 05/identified by staff as attended resident of Southern food items menus, and this war again in resident corporated here in the had not bee council meetings. To gotten to the place just requested sand strange foods on the resident broccoli, Brappeared on the coresidents would pregreen beans, slaw, potatoes. Resident problems getting with the last couple resident problems getting with last couple resident problems getting with the last couple resident problems getting with last problems getting with last problems getting with last problems getting with last problems	make the food/meals better, rovement in food quality. ent #143, residents were e facility that their hands were ad to follow menus which epared. (Resident #143's MDS documented his it, and he was on a list of ents presented by the facility ouncil meetings, stated is were not on the facility is brought up over and over uncil. He reported there was ecause the facility did not try, stating they were corporately nented it was so frustrating in to the last couple of resident. The resident stated it had that at lunch and supper he liwiches because of all the emenus. According to the russel sprouts, and carrots reporate menus a lot when the fer collards, turnip greens, cooked cabbage, and sweet #105 commented there were not you preferred even during dent choice meals. He you preferred even during dent choice meals.	F 2	44			

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
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At 12:55 PM on 05 herself as someon council periodically food concerns in the waste of time. She continually told that corporate menus. residents disliked to the facility was all the facility was al	i/09/15 Resident #172 identified e who attended resident in the second expressing the meetings proved to be a second explained attendees were at the facility had to follow the commented so many the corporate menu items that the time running out of the sand snacks. The resident split up during council meetings as frequently out of items such fruit juice and ice cream, but the time the weekends rolled the was out of so many food items and was out of so many food items are wed what was posted on the reported council attendees the mised that food inventory levels are a new dietary manager was the things of the facility staff).	F 24	,		
resident council me got really worked us they did not like the serving. He report were being "put off repeatedly told the menus. He stated complained about with some foods be	eetings, stated some residents up in the meetings because etypes of food the facility was red these residents felt like they because they were facility had to follow corporate meeting attendees also the way things were cooked eing overcooked and some				
	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR IN THE PROPERTY OR INTERPROPERTY OR IN THE PROPERTY OR IN THE PROPERTY OR INTERPROPERTY OR IN	PROVIDER OR SUPPLIER OLIVE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 84 At 12:55 PM on 05/09/15 Resident #172 identified herself as someone who attended resident council periodically. She reported expressing food concerns in the meetings proved to be a waste of time. She explained attendees were continually told that the facility had to follow corporate menus. She commented so many residents disliked the corporate menu items that the facility was all the time running out of alternate food items and snacks. The resident stated it was brought up during council meetings that the kitchen was frequently out of items such as certain types of fruit juice and ice cream, but the situation did not improve. According to Resident #172, by the time the weekends rolled around the kitchen was out of so many food items that they never served what was posted on the menu boards. She reported council attendees were regularly promised that food inventory levels would be better once a new dietary manager was in place. (Resident #172's 04/01/15 significant change MDS documented her cognition was intact, and she was on a list of interviewable residents presented by the facility staff). At 3:47 PM on 05/09/15 Resident #103, identified by staff as a resident who frequently attended resident council meetings, stated some residents got really worked up in the meetings because they did not like the types of food the facility was serving. He reported these residents felt like they were being "put off" because they were repeatedly told the facility had to follow corporate menus. He stated meeting attendees also complained about the way things were cooked with some foods being overcooked and some being undercooked. The resident commented	PROVIDER OR SUPPLIER OLIVE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 84 At 12:55 PM on 05/09/15 Resident #172 identified herself as someone who attended resident council periodically. She reported expressing food concerns in the meetings proved to be a waste of time. She explained attendees were continually told that the facility had to follow corporate menus. She commented so many residents disliked the corporate menu items that the facility was all the time running out of alternate food items and snacks. The resident stated it was brought up during council meetings that the kitchen was frequently out of items such as certain types of fruit juice and ice cream, but the situation did not improve. 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		345126	B. WING		05/	09/2015
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F 244 F 315 SS=D	manager and there guidance. According seen very little improand menu selection quarterly MDS docuintact, and she was residents presented 483.25(d) NO CATHRESTORE BLADD. Based on the reside assessment, the faresident who enters indwelling catheter resident's clinical contact catheterization was who is incontinent of treatment and servi	y hired another dietary was more consistency and ng to Resident #103, he had ovement in the food quality is. (Resident #103's 03/31/15 imented her cognition was on a list of interviewable if by the facility staff). HETER, PREVENT UTI, ER ent's comprehensive cility must ensure that a is not catheterized unless the is not catheterized unless the indition demonstrates that necessary; and a resident of bladder receives appropriate ces to prevent urinary tract store as much normal bladder	F 2			6/11/15
	by: 1. Based on nurse staff interview, and delayed the develop treatment options for (Resident #17) with urinalysis (UA) by n and sensitivity (C & observations, reconsinterviews, the faciliappointment on 05/indwelling catheter	e practitioner (NP) interview, record review the facility oment and consideration of or 1 of 3 sampled residents physician orders to draw an ot obtaining final lab/culture S) results. 2. Based on d review, staff, and resident ty also delayed a follow-up 07/2015, for evaluation of removal for one of two #122, reviewed for indwelling ings included:		F 315 D No catheter, prevent UTI, restore Resident # 122¿s Foley Catheter removed on 5/10/15 and was ser follow up urology appointment of Residents that have appointment scheduled outside the center had potential to be affected by this proposed by the proposed of the consultant on 6/1/15 and reviewing consultant reports and	r was en for n 5/11/15. ts ve the ractice. oleted by 6/2/15	

PRINTED: 06/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 315	Continued From p	age 86	F 3	15			
	07/26/13. His doc	vas admitted to the facility on umented diagnoses included sion, and peripheral vascular		physician orders for any ap ensuring the appointments schedule. No missed appo found.	were		
	In a 02/06/15 phys practitioner NP #1 having off and on for him. The NP n confusion in her as work including an 02/09/15 lab resultan elevated white K/uL (thousands prange being 4 - 10 In a 02/27/15 phys documented Residand preliminary and drawn on 02/10/15 bacteriaawaiting In a 03/09/15 phys documented, "Corresults from 02/12	ts documented the resident had blood cell (WBC) count of 12.3 er microliter), with the normal .5 K/uL. sician progress note NP #1 dent #17 had an elevated WBC, halysis of the resident's urine 5 was "positive for trace"		The licensed nurses were a new process for scheduli appointments and transport 6/1/15 and 6/2/15 by the D Nursing. New process corperson to schedule appoin arrange transportation for Appointment calendar will each nurse; s station for thappointments with any speby the scheduler. Physicial consultant sheets will be reweek for 4 weeks by the unfor appointments, then we months. Resident # 17; s final U/A were negative with no grow and was addressed by the no new orders and filed in medical record by the Med Clerk.	ing rtation on irector of nsists of one tments and residents. be posted at he next day hicial instructions on orders and eviewed twice a hit managers ekly for 6 C&S results with on 5/08/15 physician with the resident; s		
	(Serratia Marcesci (antibiotic) 250 mil 10 days "as guided also ordered a rep Review of Resider revealed the copy by NP #2 on 03/09	ens)." NP #2 ordered Cipro ligrams (mg) twice daily (BID) x d by sensitivity report." She leat UA/C & S in two weeks. Int #17's medical record of the final UA/C & S requested b/15. The lab sample was least the final UA/C & S was		Residents that have ordered potential to be affected by Lab audit of residents; orderesults to ensure that result medical record by Unit Mar 5/11/15. The Licensed nurses were use the lab tracking book of 5/15/15 by the Director of Managers will review lab or	this practice. lers and lab ts were in the nagers on reeducated on on 5/14/15 and Nursing. Unit		

Facility ID: 923344

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 0 9/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 228 SMITH CHAPEL ROAD BOX 50 MOUNT OLIVE, NC 28365	CODE		
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F 315	A follow-up lab dod #17's WBC was at normal range of 4 A 03/25/15 prelimi #17's medical reco of 2+ bacteria. As primary physician's the final sensitivity Record review rev & S report in Resident's 04/ (MDS) documenter required extensive toileting, and he wand occasionally in On 04/28/15 "Resicomplications of intract infection)" was Resident #17's car problem included that as ordered, and do At 12:15 PM on 05 ordered a UA/C & obtain the final lab the preliminary lab UTI. She reported were what she bas antibiotic treatment might have caused not obtaining the finformation for Respecimens were significant in the specimens were significant in the final shadow i	cumented on 03/09/15 Resident t 7.9 K/uL, which was within the	F3	to lab tracking book 5 days clinical stand up meeting to the labs orders request had in the lab tracking book on date. Unit Managers will rewere drawn on the previous that the lab results are bace physician has been notified. The unit managers will consult on the lab tracking both the medical record to ensuorders and labs have been have returned, the physician notified and lab results have in the medical record week. The results of the audit for and for labs will be present Quality Assurance Commit 6 months.	o ensure that we been placed the appropriate eview labs that is day to ensure ck and the d of the results. In the lab in drawn, results and have been placed kly for 6 months.		

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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365				
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F 315	the hospital had to results. She stated generated a final ladays after receiving facility had not receive she expected a stainformation. According a month after urine to consider treatments initiation of antibiother physician group when the CFUs were stated from the composition of the composition	be called for non-critical label dusually the hospital label dusually the hospital label report within two to three go the urine sample, and if the elived results shortly after that, aff member to call for the ding to NP #1, waiting almost ecollection was too long to wait ent options such as the lic treatment. She explained to usually utilized an antibiotic ere greater than 100,000. 26/15 the director of nursing managers were responsible for sure labs were drawn and final ailable for review by the 26/15 Unit Manager (UM) #1 in conjunction with supervisors sure final lab results were lained a lot of times the labs were STAT (at once), and in as were taken to the hospital JM stated her expectation was to call the next day after see if final results were t, then hospital knew that sought, and would usually fax facility when available. The mented sometimes the hall call the hospital for final labels (26/15 the DON called the	F 318					
	hospital to obtain the from the urine colle	ne final lab result and C & S exted and submitted to its lab report documented final lab						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION NUMBER: A. BUILDING			COMPLETE		
		345126	B. WING) 9/2015
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F 315	and Resident #17 CFUs of bacteria p NP #1 was contact recollected for a U. At 3:40 PM on 05/0 did not remember symptoms of a UT 2015 time period. maybe he was goil more, but did not rurination. He state not noticed any sympresence of a UTI. At 10:11 AM on 05 copy of the final U/	were available on 03/27/15, had greater than 100,000 bresent (Providencia Stuartii). Hed and ordered urine to be A/C & S. 26/15 Resident #17 stated he for sure whether he exhibited I back in the February - March He commented he thought high to the bathroom a little ecall any pain or burning upon divithin the last month he had imptoms that might indicate the A/C & S results obtained for the higher. The final lab reported no	F 315			
	assessment dated #122 was admitted was cognitively into diagnoses includin laminectomy perfo	Minimum Data Set admission 01/12/2015 revealed Resident It to the facility on 12/31/2014, act, and had partial list of g post-surgical care for a rmed prior to admission.				
		nt #122's nursing care plan 4 and last updated on 4/15/15				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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F 315	interventions to addicatheter and the risurinary tract infection included in the care care as ordered and A Physician's Order an indwelling cather resident had a history output. The medicathere was an occlust from the catheter. The resident 's meconsult dated 04/13 report revealed the 04/13/2015 to adding prostatic hypertrophis indwelling cather indicated the existing secured with a leghis urinary retentions such as his recent medications that consult ability to void. The "We can see him be him remove the cannow well he is empsomething that is leversus intermittent little here today." Review of a nurse 04/13/2015 revealed from an appointmen 04/13/2015 and the scheduled with the	dress the use of an indwelling sk for complications of a on. One of the interventions e plan was to provide catheter	F 315				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	` '	ATE SURVEY DMPLETED C	
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F 315	the indwelling cather on-call physician was progress note also orders were received indwelling catheter, appointment, 3. Obsensitivity. In additionated 04/14/2015 in just seen the urology follow-up appointment 04/30/2015. Anoth 04/27/2015 indicated concerned about a the indwelling cather doctor was notified about the clot. The note indicated that followed by a urology appointment on 04/2000 appointment on 04/2	ent complained of burning at eter insertion site and that the eas notified. The same indicated that the following ed at that time: 1. Secure 2. Notify urology to move up tain urine for a culture and on, the same progress note adicated that the resident had gist the day before and that the ent was already scheduled for er progress note dated ed that the resident was long clot noted in the tubing of eter and that the medical about the resident 's concern same 04/27/2015 progress the resident was being gist, and that he had a urology (30/2015). The progress notes revealed a 4/28/15 at 5:03 PM in which and to the resident 's room to the grant catheter and that the dot tenderness at the catheter same nurse 's progress note no bleeding noted, that the an antibiotic for a urinary tract the resident received a pain	F 31				

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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 315	bag. The note ind resident and his faconcern and that a been made with the In an interview with at 11:45 AM, he state the urologist's offic AM for a follow-up about removing his appointment was a stated he was upscanceled because catheter removed. Was causing him pollood clots and visiand collection bag stated he asked the 10:00 AM that day appointment, and too late to get him would have to be he An observation of and the urine collewith him on 05/07/there were no block however, a small apresent in the bag During an interview Scheduler #1 on 0 explained that orig appointment for Ribe 04/30/2015, bu called the facility to at 9:20 AM due to	re was a clot in the catheter icated the nurse told the mily that she was aware of his a follow up appointment had be urologist for 04/30/2015. In Resident #122 on 05/07/2015 ated he was supposed to go to be that day (05/07/2015) at 9:20 appointment with the urologist is indwelling catheter, but the canceled. Resident #122 et the appointment was he really wanted to have the He explained that the catheter bain and that he had some sible blood in his urine tubing recently. Resident #122 also be appointment scheduler at about his 9:20 AM urology the scheduler told him it was to the appointment and that it have to be rescheduled. The resident's catheter tubing action bag during the interview 2015 at 11:45 AM revealed and clots or visible blood present; amount of brown sediment was		5		

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			COMPLETED			
		345126	B. WING				C 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			228 SMI	ADDRESS, CITY, STATE, ZIP CODE TH CHAPEL ROAD BOX 569 OLIVE, NC 28365	1 00/	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI ROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 315	the appointment datransportation book nursing staff check Scheduler #1 explated to the scheduler's cappointment that masked about it, it was the appointment. Scould not have gone because the nurse nursing task for him the nursing staff has Scheduler #2 stated 05/07/2015 at 12:10 who received the cate of reschedule the 0 05/07/2015 and that appointment time to (DON), the assistant and to Scheduler #4. An interview was considered that whenever facility from an outse nurse on duty would visit and review the Nurse #2 stated that resident had an appointment, the scheduler #122. Nur resident had an appapointment, the scheduler than appointment, the scheduler #122. Nur resident had an appapointment, the scheduler #122.	te and time in the , which is the place where for scheduled appointments. ined that Resident #122 came office to ask about his orning, but by the time he as too late to transport him to ocheduler #1 added that he e to the appointment anyway was supposed to carry out a n prior to the appointment, and d not completed the task. d in same interview on 0 PM, that she was the one all from the urologist's office 4/30/2015 appointment to t she sent a copy of the new of the Director of Nursing of director of nursing (ADON)		15			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	COM	E SURVEY MPLETED C
		345126	B. WING _			/09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 315	4:26 PM, she stated to Resident #122 vurology appointme explained Residen with papers which the urologist on 04 that she processed appointment, but the urologist had a appointment date. resident returned fron 04/13/2015, the completed by the uyet available for resurology consult wa 04/15/2015 per the that she was not the faxed urology consult was not the scatheter the day appointment was consulted by the uyet available for resurology consult was 04/15/2015 per the that she was not the faxed urology consulted urology consulted urology consulted the scatheter the day appointment was consulted to faxes came in to faxed urology would take the open supposed to the scatheter the day appointment was consulted to the s	age 94 Nurse #3 on 05/07/2015 at d she was the nurse assigned when he returned from his nt on 04/13/2015. Nurse #3 t #122 returned to the facility included an order to return to /30/2015. Nurse #3 explained if the order for the return ne appointment was eventually a facility 's scheduler because conflict on the return. Nurse #3 stated that when the rom the urologist appointment consult report was not yet prologist 's office and was not wiew. Nurse #3 added that the staxed to the facility on a date of the faxed copy, and the nurse who received the sult to review it for orders. The order to remove the resident 'before the follow up on the faxed consult report. Atterview with Nurse #3 on PM, she explained that when acility, someone (not certain e faxed report or consult, hand nurse, and then the nurse	F 3	,		
	would review it for the nurse reviewed process any orders then place the reporeview/sign off. Sh physician reviewed	orders. Nurse #3 stated after I the report, he/she would is noted on the consult report, ort in the physician 's box for the added that after the I it, he/she would place the separate box for the medical				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		COM	E SURVEY PLETED
		345126	B. WING				C 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, Z 228 SMITH CHAPEL ROAD BOX MOUNT OLIVE, NC 28365		,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD THE APPROPI	BE	(X5) COMPLETION DATE
F 315	nursing (ADON) on ADON stated that to a couple of times possible, or by nursexplained that who machine would the to the resident, who and process any or that if the information reviewed the physic make a note to the notebook, or contact the information was A review of the phywas no order preseindwelling catheter. The director of nursinterview on 05/08/department did not appointment with the because the appoint transportation book explained the nursicatheter needed to the follow-up appointed in the consult that this had been of meetings. The DO not processed because needed to know appointment in ordehours in advance. A review of the phyrevealed an order was a couple of the phyrevealed	the assistant director of 5/8/15 at 11:00 AM, the he fax machine was checked er shift by a supervisor, if se on duty. The ADON ever took the fax off the fax n give it to the nurse assigned o would then review the report ders if necessary. She stated on in the report needed to be cian, the nurse would either physician in the physician 's ct the physician immediately if surgent.	F 3	315			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION ()	(X3) DATE SURVEY COMPLETED C		
		345126	B. WING		05/09/2015	
	PROVIDER OR SUPPLIER OLIVE CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 315	catheter to be removed 24 hours in advance.		F 315		0/44/45	
F 325 SS=D	UNLESS UNAVOID Based on a resident assessment, the far resident - (1) Maintains acceptatus, such as bod unless the resident	t's comprehensive cility must ensure that a parameters of nutritional by weight and protein levels,	F 325		6/11/15	
	nutritional problem. This REQUIREMENT by: Based on record reinterviews, the facility of a nutritional suppresidents, Resident significant weight look. A review of the Quatassessment dated #149 was cognitive all activities of daily diagnoses including end stage renal discussional esophageal reflux. Indicated the reside prescribed weight-goal A review of Resider initiated on 04/11/20	eview and staff and resident sity delayed the administration plement for one of two #149, was reviewed for ess. Findings included: arterly Minimum Data Set 102/09/2015 revealed Resident ly intact, was independent of living, and had a partial list of granemia, diabetes mellitus, ease, gastroparesis, and The same assessment ent was on a physician		F 325 D Maintain Nutrition Status unless unavoidable Resident # 149¿s supplement order Nepro, 237 ml. with 1 tablespoon Strawberry Nequik was placed on Medication Administration Record (M and was administered one time on 5/08/15 by medication nurse and documented on MAR. Residents that have an order for supplements have the potential to be affected. To identify residents with supplement orders, physician orders reviewed by the Director of Nursing of 5/21/15. Dietary recommendations we reviewed beginning 5/18/15 by the	were	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	СОМ	(X3) DATE SURVEY COMPLETED	
		345126	B. WING		05/09/2015		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 228 SMITH CHAPEL ROAD BOX 5 MOUNT OLIVE, NC 28365	CODE	00/2010	
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F 325	address the resided dialysis treatment is Some of the interviduation Nepro (a liquid nut 1 tablespoon of St. A review of the we Resident #149 review of the resident weighed 105/01/2015 the resident weighed 105/05/1000 the supplement. The supplement of the mix one tablesponder stated, "To B. In an interview with at 4:22 PM, he stated the food provided interview with at 4	nterventions in place to nt's nutritional risk related to and significant weight loss. entions included a registered in and to provide one can of ritional supplement) mixed with rawberry Nesquik. Ights recorded by the facility for ealed that on 04/02/2015, the 13.5 pounds, and on sident weighed 106.2 pounds. It is significant weight loss of 7.3 weight loss in 30 days. Ights recorded by the facility for ealed that on 04/02/2015, the 13.5 pounds, and on sident weighed 106.2 pounds. It is significant weight loss of 7.3 weight loss in 30 days. Ights recorded by the facility for ealed that on 04/02/2015, the 13.5 pounds, and on sident weighed 106.2 pounds. It is significant weight loss of 7.3 weight loss in 30 days. Ights recorded by the facility for ealed that on 04/02/2015, the 13.5 pounds, and on sident weighed 106.2 pounds. It is significant weight loss of 7.3 weight loss in 30 days. Ights recorded by the facility for ealed that on 04/02/2015, the 13.5 pounds, and on sident weight loss of 7.3 weight loss in 30 days.	F3	Director of Nursing to ensine recommendations for supbeen approved, order writton the MAR. Unit Managers were reeduphysician orders and trans MAR as appropriate on 5/Director of Nursing. The I Nursing will complete wee months of the Dietary recogniste all recommendation completed. The Director of Nursing will weekly audit for trends and Quality Assurance Commitments.	ucated on review scription to the 18/15 by the Director of ekly audit times 3 mmendation to an are		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING		05	C 5/ 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER	,		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(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 CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 325	5:41 PM, she state order was written for go ahead and imple possible by printing prescribed month a or supplement coult that the order summer the physician 's boton it, usually the nest stated the medicate administered as so order had been signorder had been s	d that typically when a new or a resident, the nurse would ement the order as soon as it onto the MAR for the and date so that the medication design. Nurse #1 also stated mary would then be placed in took for the physician to sign off ext day. Nurse #1 further on or supplement would be non as possible and before the ned by the physician. May 2015 MAR on 05/08/2015 was no entry for the Neprowas ordered on 05/05/2015. Resident #149 on 05/08/2015 ed he still had not received a	F3	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 09/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	, 50.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 325	5/8/15, she stated than order for a straw supplement when he previously, but that restarted for his curstated he was received was sent to the hose she did not know the been sent to the hose of Nursing Director of Nursing Hamber of Nursing Director of Nursing Directo	Nurse #1 at 3:00 pm on hat the resident used to have berry Nepro nutritional he had been in the facility the order had not been been admission. Nurse #1 ving the supplement before he pital "two times ago," and that he specific dates when he had spital. Inducted with the facility's (DON) and the Assistant (ADON) on 05/08/2015 at he interview, the DON stated for typically provided as a dietary department. The DON for Nepro, 237 milliliters by poon Strawberry Nesquik and then stated Central Supply providing the Nepro DON explained the nursing le for notifying Central Supply ent should be ordered and that they the order had not been DON stated she was a swing through on the Nepro had forgotten to do so. In interview on 05/09/2015 at to was a supplement, and that by the dietary department. Nursing Department was supplement orders.	F 32			
F 356 SS=C		NURSE STAFFING	F 35	56		6/11/15

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	PLE CONSTRUCTION G	COMF	CX3) DATE SURVEY COMPLETED		
345126			B. WING _		05/09/2015		
	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	,	<u></u>	
(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 APPROVIDENCY)	.D BE	(X5) COMPLETION DATE	
F 356	The facility must per a daily basis: o Facility name. o The current date o The total number by the following care unlicensed nursing resident care per series and readed of the facility must persident census. The facility must person of each shift. Data of the control of each shift. Data of the facility must, unake nurse staffing for review at a cost standard. The facility must must must must find the facility must must a cost standard. The facility must must must find the facility must find the facili	ost the following information on a construction on the actual hours worked tegories of licensed and a staff directly responsible for hift: arses. Settical nurses or licensed (as defined under State law). The e aides. Sost the nurse staffing data a daily basis at the beginning a must be posted as follows: ble format. ace readily accessible to	F 35	F-356 C Posting Staffing Hours There were not any specific reside affected by this deficient practice.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING _			C 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
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F 356	lobby area of the fa PM revealed there posted for the licen staff. The posting rassistants (NAs), 5 (LPNs), and 1.80 re working the day shi that there were 11 Nevening shift (3:00 there were 10.80 N night shift (11:00 PN 131 residents. In a number of hours we the posting. A review of the Dail 05/05/2015, 05/06/205/2015 reveale hours listed for eac for any category of posting listed only t LPNs, and RNs wo 131 residents. In an interview with 05/09/2015 at 3:30 seen the Daily Nurs otify the scheduler each type of nursing the Daily Nurse Stanumber of individual assistants for each In an interview with at 4:35 PM, she stanumber of staffing Form was at st	y Nurse Staffing Form in the cility on 05/04/2015 at 12:00 was no total number of hours sed and unlicensed nursing evealed there 10.90 nursing .90 licensed practical nurses egistered nurses (RNs) ft (7:00 AM to the 3:00 PM), NAs and 4 LPNs working the PM to 11:00 PM), and that As and 3 LPNs working the M to 7:00 AM) for a census of ddition, there was no total orked by the nursing staff on y Nurse Staffing Forms dated 2015, 05/07/2015, and d that there was no number of h day, evening, or night shifts the nursing staff. The same he number of individual NAs, rking each shift for a census of the administrator on PM, he stated he had not se Staffing Form and he would that the number of hours for g staff should be posted on offing Form instead of the all nurses and certified nursing	F 38	This deficient practice had affect all residents of the fastaffing hours are being macalculated daily by shift and required. The Admission Etask of auditing the staff hocompleteness on a daily bath and the facility Staffing Coordice continue to post the daily sometime in the facility Staffing Coordice continue to post the daily sometime is changed to produce system is changed to produce sults. ¿ Nursing Staff Hours Staffing Coordinator are verified ally by the Admission Results of the daily audits we discussed at the facility QA the next three months (June 1997).	acility. The anually doposted as Director has the burs for asis. inator will hift hours for extend hours it time as the uce electronic a posted by the erified on Coordinator. will be AA meetings for	

			E SURVEY IPLETED			
		345126	B. WING			C 09/2015
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 356 F 371 SS=E	LPNs, RNs) rather number of hours wo The scheduler state to provide the total hours worked by the A review of the upd Form dated 05/09/2 staffing information the actual and total CNAs, LPNs, and Formula census of 131 residual total census of 131 residual and total census of 131 residual formula census of 131	staff by category (CNAs, than the total number or actual orked by the nursing staff. ed she would update the form number and actual number of e nursing staff. ated Daily Nurse Staffing 2015 at 4:50 PM revealed the had been corrected to reveal number of hours worked by RNs for each shift for the dents. ROCURE, //SERVE - SANITARY	F 3			6/16/15
	by: Based on observat facility failed to clea blowing into the dis sanitized kitchenwa dry and remove foo before stacking it in wash/rinse gauges dish machine, failed	NT is not met as evidenced tion and staff interview the in the face of a wall fan h machine area where are was unloaded, failed to air od particles from kitchenware a storage, failed to monitor during the operation of the d to clean walls/corners/floors failed to label and date opened		F-371 E FOOD PROCURE. STORE/PREPARE/SERVE There we were no specific resident identified as having been affected I stated deficient practices but such practices had the potential to affect residents.	by the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345126	B. WING		C 05/09/2015	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00/00/2010	
MOUNT	OLIVE CENTER			228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLE DEFICIENCY)	BE COMPLÉTION	
F 371	Continued From particles food items. Finding 1. During initial tou beginning at 10:00 which was blowing kitchenware was be machine, was coate were also several street fan face. At 2:28 PM on 05/0 manager stated all kitchen should be k prevent contaminat kitchenware. She remaintenance depart keeping the fans clearly manager, street department was su in the kitchen every She reported she contaminated to the contaminate of the contaminated department was su in the kitchen every she reported she contaminated to the contaminated department was su in the kitchen every she reported she contaminated to the contaminated department was su in the kitchen every she reported she contaminated to the contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she reported she contaminated department was su in the kitchen every she contaminated department was su in the kitchen every she contaminated department was su in the kitchen every she contaminated department was su in the kitchen every she contaminated department was su in the kitchen every she contaminated department was su in t	ge 103 gs included: r of the kitchen on 05/04/15, AM, the face of a wall fan, into the area where sanitized eing unloaded from the dish ed with a film of dust. There trands of dust hanging from 7/15 the district food service fans used to ventilate the ept free of dust and dirt to ion of food items and sanitized eported she thought the tment was responsible for ean. 7/15 the lead cook, helping to ry staff in the absence of a ated the maintenance pposed to clean the wall fans three months and as needed. ould not remember the last ned. The cook commented antled the fans and	F 371	Maintenance cleaned the face of the fan blowing into the dish machine as and has placed it on a schedule for monthly cleaning. Dietary Staff received in-service trae on the importance of properly air districted washing process has removed all finanticles and kitchenware/utensils at thoroughly dry before being stacked/stored. The booster heater for the dish mathas been adjusted to provide a consupply of water at the proper temper for the wash and rinse cycles. Maintenance and Dietary Staff have cleaned the walls, ceilings, corners and floors in the kitchen. Staff have labeled and dated all opitems. The stated deficient practices had	ne wall area aining rying food are chine astant erature e en food	
	beginning at 11:18 kitchenware examine moisture, abrasion, particles. 1 of 28 p dried food particles had food particles (china bowls) were 9 of 24 side dishes particles on them, 7	ware inspection on 05/07/15, AM, 25% of the ready-to-use ned was compromised by or the presence of dried food lates in the plate warmer had on it, 5 of 7 sectional plates on them, 2 of 24 side dishes stacked with moisture inside, (china bowls) had dried food of 24 side plates (china food particles on them, 2 of		potential to affect all residents of the facility. In-service training was provided by NHA on 5/11/15, 5/13/15,5/18/15 a 5/19/15 for Dietary Staff covering the requirements of F-371 and the importance of thorous executing the posted DailyCleaning Schedule for the kitchen. Staff was provided copies of those document assure familiarity with content and	the nd ne ughly	

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 PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		30,2010	
(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	(X5) COMPLETION DATE	
F 371	18 soup/cereal bow rough to the touch, top of one another them, 2 of 10 tray purchem, and 3 of 5 large food particles on the employee stated strained to bacterial grophere and the top and free of food supervise the dietard idetary manager, sitrained to wait until dry and free of food storage. She reported in the storage and particles and the prophere and the prophere and the open wash and rinse gautegistered the 150 more and the top and the prophere and the prophere and the prophere and the prophere and the top and the prophere and the prophere and the prophere and the top and the prophere and the prophe	wis were abraded inside and 4 of 10 tray pans stacked on had moisture trapped inside of bans had dried particles on trage baking pans had dried em. At this time a dietary ne was unsure whether the tray wis were stacked wet the night hing breakfast kitchenware compartment sink that morning. 17/15 the district food service was not good practice to stack ecause trapped moisture could bowth. She reported the was to air dry kitchenware prior rage. According to the district are was also supposed to be ment into storage. 17/15 the lead cook, helping to ry staff in the absence of a tated all dietary staff were kitchenware was completely diparticles before stacking it in the dietary employee kitchenware out of the dish osed to run any kitchenware back through the dish machine rely free of food debris. She en could the kitchenware be	F 371	requirements. In-service training was provided Staff by the Regional Director of Services on 6/5/15 and 6/10/15 of the importance of maintaining a work area, following cleaning schand properly labeling and dating food items. The NHA and RD each have a K Sanitation audit that will be compaccording to the schedule listed assure continued compliance wit Kitchen Sanitation Procedures. The following procedures have be into place to assure that proper standards are maintained in the The Administrator and Registere Dietician each have specific diets sanitation audits that Will be perfollows: Weekly by NHA for 12 months (July 10 May 2016) Weekly by the RD for 12 weeks August), then twice a month for tweeks (September & October) a monthly as a matter of routine procedure audits if results indicate but audits will be completed at lemonthly. Housekeeping staff will perform a cleaning of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor at lemonthly to be inspected by the Namen of the kitchen floor	Dining covering clean nedules open litchen bleted below to the proper leen put sanitation kitchen: d ary formed as lune 2015 (June to the next 8 and then ractice. for more the need last last last last last last last last		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING _			C 09/2015
	PROVIDER OR SUPPLIER OLIVE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
F 371	o5/06/15 nine racks through the dish maregistered 135 to 14 surveyor intervention feeding dirty kitcher reported the wash thregister at least 150 employee drained at 10:30 AM on 05/kitchenware were rand the wash gaug 142 degrees Fahre. At 3:25 PM on 05/0 representative reported the wash gaug 142 degrees Fahre and at least 180 definal rinse cycle. He thought the wash good calibrated correctly to the representative temperature at 150 and promote quicked. At 2:28 PM on 05/0 manager stated the temperature was reabout three racks of machine after each the staff operating the staff o	n 10:08 AM until 10:18 AM on a of kitchenware were run achine and the wash gauge 48 degrees Fahrenheit. After on, the dietary employee nware into the dish machine remperature was supposed to 0 degrees Fahrenheit. This and refilled the dish machine. 06/15 six more racks of un through the dish machine, e registered between 140 and nheit.	F 3'	following day if not to stand to be repeated within 48-he Staff has been provided with comprehensive Daily Cleathat details the areas of cleresponsibility for staff on eassignment. For F-371, the Directed Plate (DPOC) imposed by CMS incorporated into this POC correction date of 6/16/15. Administrator will take app with and dietary employees follow the cleaning scheduladditional training, discipling termination if warranted. Sanitation Checklists and the Staff Cleaning Assignment be reviewed by the facility Committee monthly for 6 in review period may be exteresults and progress with a simprovement and maintentacceptable levels of sanitation PIP plan will be updated as address any continuing systems.	ours. Ith a ning Schedule eaning ach shift by shift an of Correction has been with a ropriate action s who fail to le to include hary action and the completed s Checklist will QAPI nonths and the nded based on sanitation ance of tion and the s necessary to	

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 371	the wash and rinse maintenance or the alerted. When dish below manufacturer commented it could machine to sanitize 4. During initial tou beginning at 10:00 sink and the ice ma beverage preparation blowing fan had path dried food and dirt owith dishes in it had was dried/spilled for steam table, and a and saucers had dried was a border of grearound the walls of crumbs, dirt, and a behind the beverage by the preparation of coupe also had path food splatters on it. tops of the storage cornmeal. There we the cornmeal. The storage unit was directly unit was directly out in places. The storage unit were cathere was a dead round the storage unit were cathere was a dead round in places. The storage unit were cathere was a dead round in a film of area there were foo sprinkles in the storage in the storage.	ish machine continuously so if were not hot enough dietary manager could be machine temperatures were r's recommendations, she affect the ability of the dish	F3	71				

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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365)E			
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F 371	At 9:42 AM on 05/0 originally observed on the plate warme crumbs in the storal saucers were stack covered the steam. At 11:18 AM on 05/6 food spills on the plate, and the food out of the storage usaucers. At 4:05 PM on 05/0 dirt, and a dead roal preparation table. If under the preparation table, under the unit hous stove, and under the housing a two-compresse on the floor baseboard had compresse on the floor under the inject when enter the wife of the daily 2015 revealed through ad not been initialed. At 2:28 PM on 05/0 manager stated she employees were ket cleaning tasks, but more routine cleaning to walls, ovens, and the 2:35 PM on 05/0 manager stated she employees were ket cleaning tasks, but more routine cleaning tasks, but more routine cleaning tasks, ovens, and tasks.	6/15 the same dried food, on 05/04/15, was still present r. There were still dried food ge unit where bowls and ed. Dried egg and food spills table unit. 06/15 there were still dried ate warmer and on the steam crumbs had not been cleaned nit housing bowls and 8/15 there were food crumbs, ich behind the beverage food debris was observed on table adjacent to the steam erack next to the microwave, ing the toaster, under the long food preparation unit partment sink. There was around the deep fryer. The ne loose from the wall, and der the long storage rack to ring the dry storage room. cleaning schedule for May ugh 05/07/15 18 assignments and off as being completed. 7/15 the district food service a thought the dietary eping up with the daily there might be problems with ng tasks such as the cleaning	F3	71				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	СОМ	(X3) DATE SURVEY COMPLETED C		
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	PROVIDER OR SUPPLIER OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	,			
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F 371	shared tasks such and floors. She explowed the walls that the main kitchen floored to a reason of the dry storage relabels and dates. A 24-ounce package 160-ounce bag of ewithout labeling and refrigerator there wonion which had be there were no label and re-wrapped constored in the walk-in the dry storage of the without labeling and refrigerator there wonion which had be there were no label and re-wrapped constored in the walk-in the dry storage rooms and the walk-in the dry storage rooms and the walk-in	ated dietary and maintenance as the cleaning of the walls blained that dietary washed were lower, and they mopped for which was uncluttered with braration tables. However, the tenance was responsible for that had to be reached via grain access to hard-to-reach dering dust, dirt, and experience by the flakes cereal, found for any were opened but without also in the dry storage room a conforming of the walk-in as no label and date on an en peeled and halved, and so or dates on partially used and beef and beef brisket in freezer. Inspection of storage areas on grain at 10:25 AM, food items ened were still found without cluding a 160-ounce bag of 35-ounce bag of cornflakes for vanilla wafers in the dry ddition, a gallon container of	F 37					

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	,
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F 469 SS=E	manager stated in manager the responsareas for labeling a lead cook. She repose inspected at least make sure they we items were sealed. At 2:35 PM on 05/0 supervise the dietard dietary manager, so fall dietary emploareas. She explain opened a food item it, that person was and date on it. She items which were converted which were removed and dates on them food first. 483.70(h)(4) MAIN CONTROL PROGET.	or/15 the district food service the absence of a dietary onsibility for monitoring storage and dating would fall on the ported storage areas were to est every couple of days to ere clean and opened food and labeled/dated. Or/15 the lead cook, helping to ery staff in the absence of a tated it was the responsibility eyees to monitor the storage and resealed or repackaged responsible for placing a label to commented that all food epened/resealed, food items and order to use up the older talns EFFECTIVE PEST	F 37		6/11/15
	by: Based on observa interview, staff inte facility failed to era household pests in	NT is not met as evidenced ation, resident interview, family rview, and record review the dicate and contain common resident care areas, and failed ness in the kitchen which was		F-469 PEST CONTROL PROGRAM Residents #69, #86, #179, #49, #11 #106, and #27 were identified to ha	

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infestation Review of the facility when it was throughout on 12/26/2 were foun salon with room refrigiroaches r	pest correceived as document the kitch of the food deligerators, were again and the frontrol roled, "1. Son the listinust start of progression the adily cleans are end for a 02/led, "Briereas of kind proper limproved," and metal be used or any resident proper limproved for any	ssible cause of a bug gs included: atrol service records revealed I monthly service on 11/20/14 mented roaches were found then and in food storage areas, it was documented roaches the resident rooms and the hair pris found on floors and behind and on 01/28/15 when in found in a resident room. Cation between the pest control acility concerning a plan of each infestation in the kitchen canitation (This is first and the transport of the control of the c	F 4	69	Resident #168 has been discharge the facility effective 5/21/5. Resident #49 - residents room was cleaned and family agreed to remowardrobe containing VCR tapes and cardboard boxes which was found infested with roaches. Resident #4 room is on a list to be checked dail assure the pest problem is being controlled. Resident #69 - cleaned room and the by Arrest-A-Pest - room is on the list monitored Resident #86 - cleaned room (behi wardrobe) and treated by Arrest-A-room is on the list to be monitored Resident #179 - cleaned room (behi wardrobe) and treated by Arrest-A-room is on the list to be monitored Resident #106 - cleaned room and by Arrest-A-Pest - room is on the list monitored Resident #27 - cleaned room and the list has a cleaned room and the li	d from deep ve a d to be 9s y to reated st to be nd Pest - treated st to be reated st to be	

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				2	228 SMITH CHAPEL ROAD BOX 569			
MOUNT	OLIVE CENTER				MOUNT OLIVE, NC 28365			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	ON SHOULD BE COMPLETION DATE		
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F 469	Continued From page 111 F 469							
	The weekly kitchen	audit for the week of 04/13/15						
	through 04/17/15 d	ocumented, "noticed a little			Facility utilizes a work order system	that		
	more insect activity				encourages any staff member to re			
					issue with pest activity - the reports			
		Council minutes documented,			logged by administration and promp	otly		
	"bugs being spotted	d in facility."			delivered to maintenance and or			
	The feelite assetion	d the recording a set of section l			housekeeping for corrective action;			
	service on 04/22/15	d its montly pest control			Maintenance and Social Services h	2)/0		
	Service on 04/22/13).			developed a list of problematic roor	blematic rooms and		
	During initial tour of	the kitchen on 05/04/15,			have been making contact with fam			
		AM, the wall behind the hand			members to remove any	y		
		ichine, the wall behind the			unnecessary items that are stored	stored directly		
		on table, and the wall by a			on the floor or prohibit free movement			
		tches of dust on them and			housekeeping staff in patient care a			
	dried food and dirt	on them. The plate warmer						
		I dried food on the top, there			Maintenance is working with the ne			
		od between the wells of the			control company, Arrest-A-Pest, to			
		storage unit containing bowls			problem areas are treated as often			
		ied food crumbs in it. There			necessary and to assure we are pro			
		easy food build-up and dirt the kitchen. There were food			with a written status report following			
					visit to assist with our follow up acti	villes.		
		dead roach in the corner e preparation table. The wall			Kitchen sanitation is key to overall f	acility		
		counter housing the robot			pest control and the following meas			
		ches of dust on it, and dried			have been implemented to achieve			
		There were dried food on the			acceptable levels of sanitation in the			
		containers of flour, sugar, and			kitchen work and storage areas:			
		as a spill of dried food down in			o The Administrator and Reg	istered		
	the cornmeal. The	wall behind the tray pan			Dietician each have specific			
		ty and the plaster was gouged			dietary sanitation audits that	t will be		
		corners of the wall behind this			performed as follows:			
		aked with grease and dirt, and			o Weekly by NHA for 12 mon	ths		
		pach in one of the corners.			(June 2015 to May 2016)	a alva		
	.	ked in the storage unit were			o Weekly by the RD for 12 w	eeks		
		grease. In the dry storage			(June thru August), then twice a			
		od crumbs and decorative			month for the next 8 weeks (September & October) and then			
		rage container of pie fillings punch in the beverage mix			monthly as a matter of routi	ne		
	and orgotals of fluit	parior in the beverage rink	l .		inditing as a matter of routi			

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F 469	container. At 9:28 AM on 05/0 was still seeing roa AM on 05/05/15 a r (roach) was observ bathroom, below th #69's 03/17/15 qua documented her coappeared on a list of provided by facility. At 9:33 AM on 05/0 Resident #86 a mewas observed calling. At 9:55 AM on 05/0 family member who the family member who the family member "many, many" roach resident's room, may floor needed to be of the family member of the family member of the family member "many, many" roach resident's room, may floor needed to be of the family member of the	5/15 Resident #69 stated she ches in her bathroom. At 9:31 nedium-sized brown bug ed on the wall of the e resident's sink. (Resident rterly minimum data set (MDS) gnition was intact, and she of interviewable residents staff). 5/15 during an interview with dium-sized brown bug (roach) ng across the resident's floor. 5/15 during an interview with a old do not wish to be identified, stated this past weekend nes were observed in the ainly under furniture where the cleaned. 05/15 a medium-sized brown served in Resident #179's stated he had seen a couple of room himself over the last Resident #179's 02/25/15 umented his cognition was ared on a list of interviewable	F 469	practice. Frequency is subject to revision for more frequency audits if results indicate the need but audits will be come at least monthly. Housekeeping staff will perform a coleaning of the kitchen floor at least monthly to be inspected by the NHA following day and if not to standard service to be repeated within 48-house Staff has been provided with a comprehensive Daily Cleaning Schithat details the areas of cleaning responsibility for staff on each shift assignment. Administrator will take appropriate with and dietary employees who fair follow the cleaning schedule to incleadditional training, disciplinary action termination if warranted. Staff is encouraged to report pest as so maintenance and housekeeping personnel can address and correct concern. The Maintenance Director verify effectiveness of the Dietary Cleaning Schedule weekly for 6 months. The Company's Property Manager the facility on June 1 & 2 to thoroughly review areas in the kitch other areas in the center for unsealed penetrations and any areas that might be an avenue for paccess to the building.	pleted leep t A the s, urs. edule by shift action I to ude on and activity the will onths. visited aen and other	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
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F 469	At 11:18 AM on 05/food spills on the pitable in the kitchen been cleaned out obowls and saucers. At 9:38 AM on 05/0 under Resident #48 were four dead me stuck in the trap. Tand dust under the At 10:45 AM on 05/Resident #168, a mcrawled across the resident stated "Th two to three times to every day." (Resident #168) documented the appeared on a liprovided by facility At 2:22 PM on 05/0 assistant stated the companies in Marc company was using which the facility had in killing bugs. He received monthly pnew company sprabait in the kitchen at to the assistant, the eliminating pests in were being complekitchen sanitation at He commented the cluttered rooms whincreased. He exp	of 15 there were still dried ate warmer and on the steam and the food crumbs had not fighther the storage unit housing 7/15 a glue trap was found by chest of drawers. There dium-sized bugs (roaches) there was food particles, dirt, chest of drawers. 07/15 during an interview with redium-sized bug (roach) resident's floor, and the at's nothingWe have bugs that size running around here ent #168's 02/16/15 quarterly his cognition was intact, and st of interviewable residents	F 4	Maintenance will be conduction audits to monitor pest control at the Dietary Department and the facility through the remainder of Initial audits will be daily x 5 da 8 weeks; Three times a week (Mon-Wed-Fri) for 8 weeks; ar weekly for 12 weeks. Findings discussed daily at the morning meeting. Any evidence of increactivity will result in reverting be previous level of audits. Maintenance staff is rounding facility after hours (10 PM and Monday - Friday to identify any pest activity. The after-hours visits will continue (through July 31) with an option for extension if obsessible warrant. The Arrest-A-Pest staff will be visits to the facility 2 times a minext 2 months (through July 3 specific areas identified by auditional program and Dietary staff will be program that establishes account responsibility for executing effective Pest Control Program Maintenance Director will report and recommendations to the form in the form a minimum of 4 mi	activity in e general of 2015. ays/week for a d then a sare staff eased pest ack to the later) areas with for 60 days rvations making tonth for the 1) to treat dit activity. In activity a design a the POC at a ted into a untability g an a criffindings acility QAPI	

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F 469	rooms frequently. At 2:35 PM on 05/0 roaches and one littrap under Resider maintenance assis was on the cluttere behind the furniture resident's section of why the facility was glue trap. At 4:05 PM on 05/0 dirt, and a dead roap reparation table in observed under the steam table, un microwave, and the steam table in observed under the stove, ar preparation unit ho There was grease fryer. The basebox wall, and was on the rack to the right whereom. Review of the daily May 2015 revealed assignments had recompleted. At 3:00 PM on 05/0 there were a lot of she stepped on the bathroom last week quarterly MDS doc	28/15 there were four dead we roach caught in the glue at #49's chest of drawers. The tant stated this resident's room ad list, and he placed roach bait and in the corners of the of the room. He was not sure a still finding roaches in the toaster, and under the long food using a two-compartment sink, on the floor around the deep and had come loose from the still find for a storage from the still find for storage from the still find for a storage from the storage fr	F 46	9				

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F 469	Continued From pa	ge 115	F 46	9	
F 490 SS=H	(roach) was seen o room. 483.75 EFFECTIVE	9/15 a small brown bug n the floor of Resident #27's /RESIDENT WELL-BEING	F 49	0	6/11/15
90	A facility must be ac enables it to use its efficiently to attain of	dministered in a manner that resources effectively and or maintain the highest I, mental, and psychosocial			
	by: Based on record reresident and staff in administration did rand written concern #168) who exhibite behavior for 13 of 1 #43, #68, #71, #78, #143, #172, and #2 continued. The fact not maintain a respfor 6 of 6 sampled reported staff search regularly. Findings This tag is cross rerecord review, resideality did not follow by 3 of 3 sampled resident r	ferenced to F166. Based on dent and staff interviews, the v-up on grievances expressed esidents (Resident #68, #105 g disruptive behaviors by		F-490 ADMINISTRATION - RESIDENT WELL-BEING To the extent that this tag is a cross reference to deficiencies F-166, F-2 and F-241 listed earlier in this 2567 responses are listed below to addrecitation at F-490. F 166 E RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES Resident # 68 was discharged on 5/Resident # 168 was discharged on 5/21/15 Resident #68, # 105 and # 172 were informed that resident # 168 was no	223, , those ess the
	This tag is cross re	ferenced to F223. Based on		longer a resident in this center by the Social Worker on 5/21/15.	ie

PRINTED: 06/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING			05/0	09/ 2015
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		30/2010
				228	SMITH CHAPEL ROAD BOX 569		
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	Continued From parecord review, residentially harass and residents (Residentiallowed Residentiallowed Reside	ge 116 Ident and staff interviews, the sident (Resident #168) to a torment 1 of 1 sampled to #131). The facility also 168 to physically abuse 1 of 1 (Resident #131). Ident ferenced to F241. Based on sician, resident and staff ity allowed a resident disregard 13 of 13 sampled to treated with dignity per treated with dig		90 Cttl affi ann till in EppL dh de FA bont til pw SCC Vn h de company of the com	CROSS-REFERENCED TO THE APPROPR	ed by dent ent and Vorkers by ed to m for on the he t via urses, and ion	DATE
				1 n	Social Worker on 6/1/15 and 6/2/15 Resident interviews will be conduct 4 residents weekly for 6 months the nonthly for 6 months, questioning in ave any grievance/concerns and it	ed for nen if they	

Facility ID: 923344

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 05/09/2015		
	PROVIDER OR SUPPLIER			228 SMI	ADDRESS, CITY, STATE, ZIP CODE ITH CHAPEL ROAD BOX 569 T OLIVE, NC 28365	1 00/	30/2010	
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F 490	Continued From p	age 117	F 4	have with that Mor gried the result of the result of the was that resident information of the social conditions of the so	e expressed any has the staff re a resolution. Any grievance/control are expressed will be reviewed raining Stand up meeting daily un vance/concern is resolved and results of the resident interview alting in a grievance/concern wiewed for any trends and preser Quality Assurance Committee rail 2 months by the Social Workers and Fresponsible party of resident # a notified on 5/27/15 by Social Waresident # 168 was no longer and the center # 105, # 43, # 772 that resident # 168 no longer and the center on 5/27/15. Residents in the center on 5/27/15. Residents in the center had the cential to be affected by this practical Workers and Recreation Directed interviews with the reviewable residents and with fair mbers using the family interview arding possible abuse on 5/11/11 (2)/15. No family member or resident any concern regarding abusing the service education was wided to the center staff, including the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the center staff, including the service education was wided to the	oncerns on till the closed. vs II be need to monthly r. -on-one end/15. 131 Vorker of Worker of Worker of Worker of tool of thru dent see that		

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		343126	D. WING			05/0	09/2015
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MOUNT	OLIVE CENTER				28 SMITH CHAPEL ROAD BOX 569 OUNT OLIVE, NC 28365		
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F 490	Continued From pa	ge 118	F 4	190	dietary staff, maintenance staff, housekeeping staff, therapy staff at department heads, by Eastern Area Health Education Center (AHEC) of 6/10/15 and 6/11/15 that included Resident Rights, Dignity and Qualit Assurance Program. The presentabe videoed so that it can be present newly hired employees and employ that were unable to attend the live presentation. Staff will not be allow work until after viewing the video. Education was provided to License Nurses and Nursing Assistants on with difficult behaviors on 6/1 and 6 by the Nurse Practice Educator (New Staff and Department Heads on 5/25/21/15 and 5/22/15 on what constrabuse, what to report, who to report to, and types of abuse by the Social Workers. Resident interviews will be conducted on 14 interviewable resi weekly for 6 months and then mon 6 months by the Social Services a Activities regarding if they feel if an abuse has occurred or been observesident interview tool will be used. The results of the interviews, presented Social Worker, will be reviewed Quality Assurance Committee mon 12 months. F 241 H	d tion will atted to vees ved to dealing 5/2/15 et abuse at abuse	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	CON	(X3) DATE SURVEY COMPLETED		
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F 490	Continued From pa	ge 119	F 49	DIGNITY AND RESPECT OF INDIVIDUALITY Residents # 39, # 43, # 71, #7 #81, #105, # 129, # 131, # 143 were informed that resident # longer residing in the center. 68 was discharged on 5/27/15 # 168 was placed on one-on-o 5/8/15 until his discharge on 5/12/15 . These were interviewed on 5/28/15 bid Department Managers to ensupersonal items had been replated further room searches have on Other residents that may potent affected were identified by interesidents or families of resider be interviewed. The interviewed conducted by the Social Worker Recreation Director on 5/11/15/5/20/15. Directed in-service education of provided to the center staff, included to the center staff, therapy staff, maintenance staff housekeeping staff, therapy staff housekeeping staff therapy staff	s, and # 172 168 was no Resident # Resident ne on 21/15. # 79, # 83, items cial residents y ire that their ced and no ccurred. htially be rviewing the its unable to s were ers and ithru was cluding stants, f, aff and Area iC) on led cuality entation will			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TION NI IMPED:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 490	Continued From pa	ge 120	F4	490	newly hired employees and employ that were unable to attend the live presentation. Staff will not be allow work until after viewing the video. Education was provided to License Nurses and Nursing Assistants on with difficult behaviors on 6/1 and 6 by the Nurse Practice Educator (NEducation was provided to License Nurses, Nursing Assistants, Dietar Housekeeping, Therapy Staff and Department Heads on 5/20/15, 5/2 and 5/22/15 on what constitutes at what to report, who to report abuse and types of abuse by the Social Vicense Resident interviews will be conducted interviewable residents weekly months, then monthly for 6 months Social Services and Activities regative feel if any abuse has occurred been observed. A resident interview will be used for the resident interview will be used for the resident interview will be used for the resident interview and 6/2/15 by the Admission Direction of Services and Council meeting to answer questions from Council.	ved to ed dealing 6/2/15 PE). ed y, 1/15 ouse, vorkers. ted on for 6 s by the arding if I or ow tool ews. et that the e in toms. 1/15 tor. ng of ved with or and and he	

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F 490	The facility must file record laboratory recontain the name a laboratory. This REQUIREMENTS.	REPORTS IN RECORD -	F 49	The bulletin that listed the items the resident were not allowed to have rooms was revised to include aero cans and over the counter medical and ointments by the Administrated Director of Nursing on 5/13/15. At to the residents responsible party, revised bulletin was completed on by the Admission Director. A copy bulletin was posted on each reside bulletin board in their rooms by the Admission Director on 5/27/15. A interview will be completed on 14 alert/oriented residents weekly for months and monthly for 6 months searching are been conducted and personal items are being removed. The interviews will be completed to Social Workers and Activities. The results of the resident intervier regarding abuse and privacy will be presented to the Quality Assurance Committee by the Social Worker of 12 months.	in their psol tions or and mailing of the 5/28/15 of the ent en 6 if room d if I b staff. by the ews e e	6/11/15	

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F 507	interview, and recoprovide final urinally (C & S) reports and physician group what reatment decisions (Resident #17, #49 medications and la included: 1. Resident #17 w 07/26/13. His doct diabetes, hypertens disease with an about 1 m a 02/27/15 physician disease with an about 1 m a 02/27/15 physician disease with an about 1 m a 03/09/15 physician disease with a material blood cell count, arresident's urine drafor trace bacteria In a 03/09/15 physician documented, "Conresults from 02/12/100,000 CFU (colo (Serratia Marcesce (antibiotic) 250 mill 10 days "as guided also ordered a report of the copy	rd review the facility failed to vsis (UA)/culture and sensitivity divalproic acid levels to the sich were important in making so for 3 of 8 sampled residents and #163) whose be were reviewed. Findings as admitted to the facility on amented diagnoses included sion, and peripheral vascular ove-the-knee amputation. cian progress note NP #1 ent #17 had an elevated white and preliminary analysis of the awaiting C & S." cian progress note NP #2 tacted hospital for final UA 15significant for greater than ny forming units) of bacteria ans)." NP #2 ordered Cipro igrams (mg) twice daily (BID) x by sensitivity report." She eat UA/C & S in two weeks. It #17's medical record of the final UA/C & S requested if 5. The lab sample was 15, and the final UA/C & S was	F 507	Resident # 17;s final U/A C&S rewere negative with no growth on and was addressed by the physicino new orders and filed in the resimedical record by the Medical ReClerk. Resident # 49;s Valproic Acid lab on 01/15/15 was within normal liming results were reviewed by the physician with no new orders and lab slip with placed in the medical record by the Medical Record Clerk. Resident # 163 final U/A C&S of 5 results were negative with no growwere addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were addressed by physician with orders and results placed in the mingrous were readucted by this practical record by Nurse Consultated by 15/19/15 thru 5/27/15. The Licensed nurses were reeducted use the lab tracking book on 5/14/5/15/15 by the Director of Nursing Managers will review lab orders request have been in the lab tracking book on the applicate. Unit Managers will review lab were drawn on the previous day to	results its, the ician as e //01/15 with and no new ledical rk. have the ctice. It lab in the int on //15 and . Unit compared k at the e that in placed propriate bs that	

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F 507	Record review reverse & S report in Resider related to the 03/25 At 3:30 PM on 05/0 (DON) called the horesult and C & S frosubmitted to its lab documented final lab available on 03/27/greater than 100,00 (Providencia Stuard ordered urine to be At 10:11 AM on 05/06/15 urine sample growth of bacteria. At 12:15 PM on 05/06/15 urine sample growth of bacteria. At 12:15 PM on 05/06/15 urine sample growth of bacteria. At 12:15 PM on 05/06/15 urine sample growth of bacteria. At 12:15 PM on 05/06/15 urine sample growth of bacteria. At 12:15 PM on 05/06/15 urine sample growth of bacteria. At 12:15 PM on 05/06/15 urine sample growth of bacteria.	report was received. realed there was no final UA/C lent #17's medical record 5/15 urine collection. report was received. record 5/15 the director of nursing ospital to obtain the final lab om the urine collected and on 03/25/15. This report ab and C & S results were 15, and Resident #17 had 00 CFUs of bacteria present tii). NP #1 was contacted, and a recollected for a UA/C & S.	F 507	that the lab results are back and to physician has been notified of the The unit managers will complete audit on the lab tracking book and the medical record to ensure that orders and labs have been drawn have returned, the physicians have notified and lab results have been in the medical record weekly for 3. The results of the weekly audit with presented to the Quality Assurance Committee monthly for 3 months.	results. a weekly d audit the lab , results re been n placed a months. Il be	

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F 507	NP #1, waiting alm collection was too I treatment options antibiotic treatment group usually utilize were greater than At 2:35 PM on 05/0 (DON) stated unit rechecking to make a lab results were avphysicians. At 3:02 PM on 05/0 stated floor nurses monitored to make obtained. She expethe NPs requested that case specimer for analysis. The Lefor the floor nurses thospital receipt to available, and if no results were being final results to the flowever, she comnurses still had to dreports. 2. Resident #49 wo 06/27/05 and readresident's diagnose epilepsy/convulsion A 01/23/14 physicia on dilantin 200 millions.	the information. According to ost a month after urine ong to wait to consider such as the initiation of the She explained her physician ed an antibiotic when the CFUs 100,000. 26/15 the director of nursing managers were responsible for sure labs were drawn and final ailable for review by the 26/15 Unit Manager (UM) #1 in conjunction with supervisors sure final lab results were lained a lot of times the labs were STAT (at once), and in many were taken to the hospital JM stated her expectation was to call the next day after see if final results were t, then hospital knew that sought, and would usually fax facility when available. The mented sometimes the hall call the hospital for final lab as admitted to the facility on mitted on 03/04/13. The	F 501			

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F 507	р.	oic acid) extended release	F 507	7			
	A 01/14/15 physicia the nurse practition Resident #49's am as well as obtain a emergence of lethar Record review reverses.	an progress note documented ner wanted the facility to check monia and valproic acid levels liver function panel due to the argy and abnormal behaviors. ealed there were no lab results oic acid levels in Resident					
	Resident #49 expe	an progress note documented rienced seizure activity over the resident's dilantin changed to 200 mg every					
	(DON) contacted the service, and obtain documented a spewith the valproic acresident #49's value.	/08/15 the director of nursing the facility's contracted labuled a copy of a lab result which cimen was drawn on 01/14/15 and result available on 01/15/15. Proic acid level was within 1 ug/mL (normal range being					
	nursing (ADON) st were supposed to couple times a shif Once retrieved, the results were taken station. If a nurse v commented the lat reviewed by nurse' remarked once a n	/08/15 the assistant director of ated supervisors or hall nurses check the fax machines a it for things such as lab results. ADON explained the lab to the appropriate nursing was not present, she or results were left in the "to be to box on the wall. The ADON nurse reviewed the faxed labs, thin normal limits or there were					

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F 507	medical records" be within normal levels the ADON stated the immediately or the placed in the physical NP, or physician as next visit. At 2:32 PM on 05/0 #1 stated it was impromitored anti-seiz making decisions a symptoms of over occurrent seizure active expectation was for the fax and make the team to review. Should not receive results call the entity performs of the result. 3. Resident #163 with documented diagnorms of the result.	esults were placed in the "file in box on the wall. If labs were not so or there were other concerns, he physician was notified labs and concerns were cian book for the physician, esistant (PA) to review on their 8/15 nurse practitioner (NP) cortant to have the levels of all ure medications present when bout adjusting dosages due to or under medication and due to vity. She reported her the staff to pull lab results off nem available for the physician re commented if the facility did via fax, they were supposed to rming the analysis and obtain s.	F 50	7		
	#163 was experien	s note documented Resident cing increased confusion and refusing her evening				
	Seroquel (antipsych On 04/22/15 a urine Resident #163 to de	an order started the resident on notic) 12.5 milligrams nightly. e sample was collected from etermine if a urinary tract contributing to the resident's viors.				

AND DUAN OF CORRECTION INDENTIFICATION NUMBER:		NG		DATE SURVEY COMPLETED		
		345126	B. WING			C 05/09/2015
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F 507	bacteria species procontaminated species of contaminated species of contaminated species of contaminated species of couple times a spirit contaminated species of couple times a species of couple times	report documented "multiple resent, consistent with a simen." Is note documented a nurse aw Resident #163 on rounds acility with an order to redraw a realed a 05/01/15 preliminary sident's medical record acteria was found in the urine mal levels of glucose and int. UA/C & S lab report in the record. UA/C & S lab report in the record. V06/15 NP #1 stated when she S she expected the facility to report and C & S data even if report was not definitive for a copy of a lab result which v01/15 at 5:50 PM a final lab e which documented there rowth in the urine sample	F 5	07		

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F 520 SS=H	reviewed by nurse" remarked once a nand if they were with no concerns, the remedical records" by within normal levels the ADON stated the immediately or the placed in the physical NP, or physician as next visit. At 2:32 PM on 05/0 behaviors began er to draw a UA/C & Scausing or contributed She reported she lili initiate, reduce, incressive psychotropic medical lab report. 483.75(o)(1) QAA COMMITTEE-MEM QUARTERLY/PLAN A facility must main assurance committed nursing services; a facility; and at least facility's staff. The quality assessive committee meets a issues with respect and assurance acting develops and implestications.	results were left in the "to be box on the wall. The ADON urse reviewed the faxed labs, hin normal limits or there were sults were placed in the "file in ox on the wall. If labs were not or there were other concerns, e physician was notified labs and concerns were sian book for the physician, sistant (PA) to review on their 8/15 NP #1 stated when new nerging for residents she liked to make sure a UTI was not ting to the behavior changes. Ked to base her decision to rease, or discontinue ations based on the final UA	F 5			6/11/15	

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	PROVIDER OR SUPPLIER OLIVE CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
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F 520	disclosure of the reexcept insofar as s compliance of such requirements of this Good faith attempts and correct quality a basis for sanction. This REQUIREMENT by: Based on staff interfacility failed to 1) (QA) process to ressanitation/cleanline deficient practice in were addressed in plan to correct probability. The facility develop plans of cocitations received to 2014 annual recert 2014 complaint invideveloped a plan ocitation received du investigation. 2) udignity issues which practice during Jan	retary may not require cords of such committee uch disclosure is related to the a committee with the section. Is by the committee to identify deficiencies will not be used as as. In the section of the cord review the cutilize its quality assurance solve kitchen as issues which were cited as a multiple surveys and which the facility's current QA action blems with pest control in the was previously required to correction for kitchen sanitation luring the 2012, 2013, and diffication surveys and during a cestigation. The facility of correction for a pest control uring a 2015 complaint tilize its QA process to resolve a were cited as deficient uary 2015 and March 2015 Findings included:	F 520	F-520 QAA COMMITTEE/MEMBERSHIP It is the intent of the facility to fully utilize the expertise of the members of the Quality Committee to provide oversight and feedback concerning the efforts of the Maintenance, Housekeeping and Dieta staff to effect corrective actions on the citations and change daily practices to assure compliance, once achieved, is maintained. The audits and checklists developed to investigate and track progress with correction action at F-371 and F-469 we continue to be checked daily during routine staff meetings and other managers will be asked for input about their opinions related to progress and overall success.	AA ary se	
	the facility failed to	oservation and staff interview clean the face of a wall fan h machine area where		Progress with PIPs developed to bring about and assure continued compliand the areas of F-371 and F-469 will be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345126	B. WING		05/0) 9/2015
NAME OF I	PROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/0	
MOUNT	OLIVE CENTER			228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		
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F 520	dry and remove for before stacking it in wash/rinse gauges dish machine, failed in the kitchen, and food items. F469: Based on obtaining interview, stathe facility failed to common household and failed to maintawhich was identified bug infestation. At 2:28 PM on 05/0 manager stated the dietary manager for so she tried to assis week. She reported sanitation audits sin a limited basis. She dietary employees cleaning tasks, but more routine cleaning for walls, ovens, and Review of the kitch	are was unloaded, failed to air of particles from kitchenware of storage, failed to monitor during the operation of the dot to clean walls/corners/floors failed to label and date opened observation, resident interview, aff interview, and record review eradicate and contain dopests in resident care areas, ain cleanliness in the kitchen do as the possible cause of a material four months at the facility one or two days a domestic she was in the building on the commented she thought the were keeping up with the daily there might be problems withing tasks such as the cleaning	F 520	,	months. ed if tions es ad F-469 sponses ation at ats by the ct all e of the laced it	
	assignments had n completed. At 2:35 PM on 05/0 supervise the dieta dietary manager, si	ot been initialed off as being 7/15 the lead cook, helping to ry staff in the absence of a cated she was not told that on audits was a part of her job		assuring that the washing process has removed all food particles and kitchenware/utensils thoroughly dry before being stacked/stored. ¿ The booster heater for the disimachine has been adjusted to provide a constant supply of the proper temperature for	d are	

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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•	70/2010	
				228 SMITH CHAPEL ROAD BOX 569			
MOUNT	OLIVE CENTER			MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 520	At 2:43 PM on 05/0 the purpose of a Quareas of resident caimprove upon, deve the improvement, used the improvement of the proprincorporate the succeptance of the source of reaching the sanitation is a current of the sanitation issues with the improvement of the explain sanitation issues with the sanitation issues with the sanitation issues with the explain sanitation issues with the explain sanitation issues with the explain of correction. On-going routine kit were necessary to issues remained renot done any kitches since the summer of maintenance was sweekly pest control was the area of the source of roach information investigation. Review of weekly pet the maintenance was sanitation investigation.	8/15 the administrator stated A program was to identify are that the facility needed to elop interventions to facilitate stilize an audit process to weness of the interventions, osed interventions or cessful interventions into prevent the problems from ding to the administrator, there that action plan in place for anitation was the key rrent QA action plan for pest ed he thought kitchen ere resolved after each survey and implementation of a The administrator commented chen sanitation inspections make sure kitchen sanitation solved. He reported he had en sanitation audits himself of 2014. He stated, however, supposed to be completing audits in the kitchen since this building identified as the main estation during a 2015	F 52	,	e kitchen. e kitchen. e kitchen. e ted all open s had the s of the rovided by Dietary Staff ted Daily he kitchen. ure familiarity ts. rovided to ces on 6/5/15 hg a clean labeling and ave a will be		
	04/17/15 audits doc more insect activity couple of issues in month which may h of roaches in the ki	the week of 04/13/15 through cumented, "noticed a little a." The audits documented a the kitchen over the past have contributed to the return techen such as boxes on the periods of time and dirty, is.		listed below to assure continued compliance w Kitchen Sanitation Procedure The following procedures have into place to assure that properties standards are maintained in the Complex of the Administrator and Reference of the A	ve been put ver sanitation the kitchen:		

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP C 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	CODE	00/2010
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F 520	At 10:53 AM on 05 dietitian stated that audits were not participated by a state of the resident and staff is resident (Resident sampled residents (Resident #39, #43 #105, #129, #131, evidenced by vulgabehaviors. The fact dignity for 6 of 6 sa #44, #79, #83, #10 reported facility stabelongings routine at 2:43 PM on 05/0 the purpose of a Quareas of resident comprove upon, devithe improvement, revaluate the effect and revise the propincorporate the successions.	/09/15 the facility's registered a completing kitchen sanitation of of her job responsibilities. It is referenced to: It is refere	F 52	Dietician each have specific dietary sanitation audit performed as follows: 1.Weekly by NHA for 1 (June 2015 ¿ May 2016) 2.Weekly by the RD for (June ¿ August), then twice for the next 8 weeks October) and then monthly matter of routine prace Frequency is subject to revision more frequent audits indicate the need but audits be completed at least justice the need but audits be completed at least justice the need but audits be completed at least justice the need but audits justice to review his perviewed by the facility of the need but audits action with and dietary employees who fail to cleaning schedule to include additional training, discusted and termination if warranted. Sanitation Checklists and the Staff Cleaning Assignments be reviewed by the facility of the committee monthly for 6 more view period may be extended to the period t	ts that Will be 12 months 12 months 12 weeks 13 a month (September & as a ctice. 15 ision for if results 15 will 15 t monthly. 16 perform a in	

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C 05/09/2015	
		345126	B. WING				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	03/	09/2015	
TW TWIL OF	TROVIDER OR OUT FIER			228 SMITH CHAPEL ROAD BOX 569			
MOUNT	OLIVE CENTER			MOUNT OLIVE, NC 28365			
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F 520	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 52	results and progress with sanital improvement and maintenance acceptable levels of sanitation a PIP plan will be updated as nec address any continuing systemi problems. Date ¿ 6/11/15 F-469 PEST CONTROL PROGRAM Residents #69, #86, #179, #49, #106, and #27 were identified to been affected by the deficient p ¿ Resident #168 has been dis from the facility effective 5/21/5. ¿ Resident #49 - resident ¿s roodeep cleaned and family agreed remove a wardrobe containing and cardboard boxes which was be infested with roaches. Resident with roaches. Resident with roaches. Resident #69 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #86 ¿ cleaned room wardrobe) and treated by Arrest room is on the list to be monitor ¿ Resident #179 ¿ cleaned room wardrobe) and treated by Arrest room is on the list to be monitor ¿ Resident #1706 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 ¿ cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 § cleaned room treated by Arrest-A-Pest ¿ room list to be monitored ¿ Resident #27 § cleaned room treated	#168, have ractice: scharged m was to /CR tapes s found to lent #49; daily to g and is on the (behind -A-Pest; ed m (behind -A-Pest; ed m and is on the and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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F 520	ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365 ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API		ping est cystem vith pest de and ve eices e been ers items ent of the new blem are assist verall en			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED		
		345126	B. WING			C (09/2015		
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365					
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F 520	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 5	1.The Administrator and F Dietician each have specific dietary sanitation audits the performed as follows: 2.Weekly by NHA for 12 m (June 2015 ¿ May 2016) 3.Weekly by the RD for 12 (June ¿ August), then twice a matter of routine practice. Frequency is subject to revision more frequent audits if resindicate the need but audits will be completed at least more indicate the need but audits will be completed at least more floor at least monthly to be by the NHA to following day ¿ if not to standards, serv repeated within 48-hours. ¿ Staff has been provided will comprehensive Daily Cleaning Schedule that details the cleaning responsibility for staff on each shift by shift assignment. ¿ Administration will take appaction with and dietary employees who fail to folk cleaning schedule to include additional training, disciplificant termination if warranted. Staff is encouraged to report poso maintenance and housekeed personnel can address and concern. The Maintenance Direction in the maintenance of the maintenanc	at will be nonths weeks nonth ember & a for ults withly. form a inspected ce to be h a areas of aropriate withe mary action			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, Z 228 SMITH CHAPEL ROAD BOX MOUNT OLIVE, NC 28365		00/0	7572010	
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F 520	UNT OLIVE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 5	verify effectiveness of the Cleaning Schedule week is. The Company is Provisited the facility on Junto thoroughly review kitchen and other areas center for unsealed any other areas that migan avenue for pest building. It is many many many many many many many many	kly for 6 mooperty Mana operty Mana ne 1 & 2 w areas in the in the d penetration ght be access to the conducting or pest ne Dietary neral remainder of the Control of the Control of 8 week on-Wed-Fri) nen weekly the coussed g staff meet ed sult in reverted as rounding in Mana is Friday to nest hours visits with an options the next 2 met	ager he ns and he a of as; for 12 ing. ing n the will n for making nonths		

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NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				228 SM	TADDRESS, CITY, STATE, ZIP CODE ITH CHAPEL ROAD BOX 569 T OLIVE, NC 28365	<u> 03/</u>	03/2013	
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F 520	Continued From pa	ge 137	F 5	Faction Main Supproper Sup	cility Administrator in conjunction intenance Director and House pervisor and Dietary staff will of to assure the elements of the 71 and F-469 are incorporated gram that establishes account a responsibility for executing a excive Pest Control Program. Intenance Director will report for the facing intenance of a minimum of 4 months and the facing intenance for a	keeping lesign a e POC at d into a tability n indings lity QAPI		