PRINTED: 11/22/2017 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345173	B. WING _				C 18/2017
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	10/	10/2017
					4 RED MULBERRY WAY		
EMERALD	HEALTH & REHAB CEN	NTER			LILLINGTON, NC 27546		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 241		ECT OF INDIVIDUALITY	F 2	241			11/15/17
SS=D	CFR(s): 483.10(a)(1)						
	resident in a manner promotes maintenance	reat and care for each and in an environment that ce or enhancement of his or gnizing each resident's lity must protect and					
	promote the rights of						
	by:						
		ns, record review, family,			Process that lead to deficiency cited:		
		erviews, the facility failed to			1. Resident #1 and resident #2 did not		
		gnity by failing to meet the			receive adequate assistance due to all		
	_	sistance when call bells			staff not answering call bells timely.		
		or 2 of 3 residents which t episodes for continent			Procedure for implementing acceptable POC:	;	
	residents (Resident #	-			All staff have been reeducated on customer service and call light policy by	v	
	Findings included:				ADON and/or designee to be complete by 11/15/2017.	-	
	1-Review of the medi	cal record revealed			Monitoring procedure to ensure the PC	C	
	Resident #1 was adm	•			is effective:		
	7/2/0/2017 with diagn				Call bell audits will be conducted dai	•	
	Hypertension and Ce	rebral Infarction (a stroke).			at random times, for 2 weeks, 3x/week weeks, and weekly x 2 weeks by ADON		
		sion Minimum Data Set			and/or designee.		
	' '	ated 7/27/2017 indicated the			2. New hires will be educated on call be	ell	
	_	ely intact, required extensive			policy by ADON during orientation.		
	assistance of one per				3. 3-5 alert and oriented residents will be		
	incontinent.	and was occasionally			interviewed on call bell responsiveness	а	
		rea Assessment (CAA)			minimum of 5x/week for 6 weeks by		
		aled Resident #1 was			designated staff. 4. Call bell audits and resident interview	MS.	
		for short term rehabilitation			will be brought to Risk Meetings to		
	-	ided weakness. The CAA			determine trends and further action if		
		esident required extensive			needed.		
		ng, grooming and dressing.			5. Call bell audits and resident interview	vs	
		e resident was continent of			will be presented by DON at QAPI	-	
		th an occasional incontinent			meeting for review for two months. If		
ADODATODY		SLIPPLIER REPRESENTATIVE'S SIGNATURE	1		TITLE		(X6) DATE

11/09/2017 **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.

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NAME OF D	ROVIDER OR SUPPLIER	0.0		-	STREET ADDRESS, CITY, STATE, ZIP CODE	10/	16/201/
NAME OF FI	NOVIDER OR SUFFLIER						
EMERALD	HEALTH & REHAB CEN	NTER			4 RED MULBERRY WAY		
				L	ILLINGTON, NC 27546		
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F 241	Continued From page episode and was ass to the ability to stand assist. Review of the resider 8/7/2017 listed a probincontinence related tinterventions which in incontinence care afte and as needed and to requested. Review of Nursing Pradmission to 10/17/20 assessments which in Resident #1 as being bowel. A telephone interview Resident #1's family resident got upset who to his call light in time bathroom. The family response time was of could not hold his bla The responsible party	isted with toilet transfers due and pivot with one person of the care plan updated of the case of the		241			DATE
	family member report station at times and a	stance to the bathroom. The led she called the nursing lasked for assistance for the					
	(NA) worked hard, an meet the needs of the member stated the N the resident soiled hir just couldn't leave oth	ed her at home. The icated the Nursing Assistants at there was not enough to e residents timely. The family As were apologetic when mself, and she knew they her residents in the middle of aber indicated there were					

F 241 Continued From page 2 several times when she visited, the call light would be on for 30 to 40 minutes before anyone responded. An observation and interview was conducted with Resident #1 on 10/17/2017 at 10:35 AM. The resident was in his room in his wheelchair, his left arm was in a splint and his left leg was on a foot pedal. The resident propelled himself in the wheelchair with his right foot. The resident was alert, oriented and well kempt. Resident #1 resided in a private room with a bathroom which was located approximately 8 feet from the resident's bed. The room was clean with no clutter observed. Resident #1 stated at times he waited over an hour for assistance after he used his call bell. Resident #1 indicated he felt very frustrated at times because he could not get assistance to the toilet when he was unable to physically get to the toilet himself. Resident #1 stated it was a terrible feeling when he soiled himself because no one would answer his call light. Resident #1 stated there were several times since admission to the facility he soiled himself	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY LILINGTON, NC 27546 CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION F 241 Continued From page 2 several times when she visited, the call light would be on for 30 to 40 minutes before anyone responded. An observation and interview was conducted with Resident #1 on 10/17/2017 at 10:35 AM. The resident was in a splint and his left leg was on a foot pedal. The resident propelled himself in the wheelchair with his right foot. The resident was alert, oriented and well kempt. Resident #1 resided in a private room with a bathroom which was located approximately 8 feet from the resident's bed. The room was clean with no clutter observed. Resident #1 stated at times he waited over an hour for assistance after he used his call bell. Resident #1 indicated he felt very frustrated at times because he could not get assistance to the toilet when he was unable to physically get to the toilet when he was unable to physically get to the toilet when he was unable to physically get to the toilet himself. Resident #1 stated it was a terrible feeling when he soiled himself because no one would answer his call light. Resident #1 stated there were several times since admission to the facility he soiled himself seident misself. The soiled himself because on one would answer his call light. Resident #1 stated there were several times since admission to the facility he soiled himself because and not the facility he soiled himself because and not the facility he soiled himself because and not the facility he soiled himself because no one would answer his call light. Resident #1 stated there were several times since admission to the facility he soiled himself because and not the facility he soiled himself because and not the facility he soiled himself because and not the facility he soiled himself because no one would answer his call light.			345173	B. WING _			_
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 2 several times when she visited, the call light would be on for 30 to 40 minutes before anyone responded. An observation and interview was conducted with Resident #1 on 10/17/2017 at 10:35 AM. The resident was in his room in his wheelchair, his left arm was in a splint and his left leg was on a foot pedal. The resident propelled himself in the wheelchair with his right foot. The resident was alert, oriented and well kempt. Resident #1 resided in a private room with a bathroom which was located approximately 8 feet from the resident's bed. The room was clean with no clutter observed. Resident #1 stated at times he waited over an hour for assistance after he used his call bell. Resident #1 indicated he felt very frustrated at times because he could not get assistance to the toilet when he was unable to physically get to the toilet himself. Resident #1 stated it was a terrible feeling when he soiled himself because no one would answer his call light. Resident #1 stated there were several times since admission to the facility he soiled himself			NTER		54 RED MULBERRY WAY	•	10/10/2017
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due to staff not responding to his call light. Resident #1 indicated the staff were apologetic when he soiled himself and told him they were busy assisting other residents. An interview was conducted with the Nurse Unit Manager (UM) on 10/18/2017 at 10:55 AM. The UM indicated Resident #1 was alert, oriented and never complained about much. The UM indicated there were times the NAs were unable to answer call lights timely and the nursing staff tried to answer them. The UM indicated he thought the call lights were answered pretty quickly.	F 241	several times when so would be on for 30 to responded. An observation and in Resident #1 on 10/17 resident was in his roarm was in a splint a pedal. The resident wheelchair with his roalert, oriented and work resided in a private rowas located approximates approximate resident's bed. The roclutter observed. Resident's bed. The roclutter observed. Resident was a terribled himself because no collight. Resident #1 stassince admission to the due to staff not response resident #1 indicate when he soiled himself because no collight. Resident #1 indicate when he soiled himself because no collight. Resident #1 indicate when he soiled himself because no collight. Resident #1 indicate when he soiled himself busy assisting other. An interview was cormound in the soiled himself because no colliging the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other. An interview was cormound in the soiled himself busy assisting other.	Interview was conducted with 7/2017 at 10:35 AM. The com in his wheelchair, his left and his left leg was on a foot propelled himself in the light foot. The resident was ell kempt. Resident #1 com with a bathroom which mately 8 feet from the com was clean with no sident #1 stated at times he for assistance after he used to #1 indicated he felt very ecause he could not get et when he was unable to to tollet himself. Resident #1 le feeling when he soiled one would answer his call lated there were several times he facility he soiled himself conding to his call light. Indicated him they were residents. Inducted with the Nurse Unit 10/18/2017 at 10:55 AM. The left #1 was alert, oriented and lout much. The UM indicated NAs were unable to answer the nursing staff tried to M indicated he thought the	F2	141		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER D HEALTH & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY LILLINGTON, NC 27546		10/10/2017
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F 241	worked on 1st shift was familiar with his care there were times ress for care due to the anand staff availability. times when Residen and soiled himself. Napologized to the result indicated the nursult the call lights. A telephone interview on 10/18/2017 at 2:2 worked on 3rd shift a regular assignment. care the residents remade it difficult to main indicated Resident # the night at times for NA #2 stated if she was did not get to him in went in his brief. NA hard but there were Resident #1 in time. did not help much be A telephone interview on 10/18/2017 at 2:5 Resident #1 was on the evening shift. NA times she was unable he called for assistant his brief. NA #3 indicated she when he soiled hims	AM. NA #1 stated she with Resident #1 and was needs. NA #1 indicated idents had to wait a long time cuity of some of the residents NA #1 stated she recalled the #1 waited for assistance IA #1 reported she sident when it happened. NA ses usually did not answer was conducted with NA #2 #4 PM. NA #2 reported she and Resident #1 was on her NA #2 stated the amount of quired on her assignment ever their needs. NA #2 1 called for assistance during assistance to the bathroom. It was with another resident and time to assist, the resident #2 indicated she tried very times she could not get to NA #2 reported the nurses excause they were busy too. We was conducted with NA #3 To PM. NA #3 stated the regular assignment on a #3 indicated there were ento get to Resident #1 when note and the resident went in atted she apologized to the end she was busy. NA #3 knew the resident felt bad	F 2	41		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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F 241	DON indicated the fawith call light responsexpectation was for timely manner to assiste in dignity. 2-Record review revadmitted to the facilia which included Frace (both bones in lower Gait and Mobility. Review of the Admise (MDS) dated 9/16/20 cognitively intact and assist with all Activity. The MDS indicated incontinent. Review of the Care dated 9/16/2017 indicated 1/2017 indicated 1/2017 indicated 1/2017 indicated 1/2017 indicated 1/2018	o/18/2017 at 4:57 PM. The acility knew there were issues use time. The DON stated the call lights to be answered in a sure residents maintained realed Resident #2 was ty on 9/9/2017 with diagnoses ture of Right Tibia and Fibula releg) and Abnormalities of ssion Minimum Data Set 017 reveled Resident #2 was direquired limited to extensive y of Daily Living (ADLs). The resident was occasionally Area Assessment (CAA) icated Resident #2 was ty for short term rehabilitation as from a motor vehicle indicated the resident required as with bathing, grooming and and ad assistance of one person abulation. The CAA reported pads or briefs to assist with continent episodes. The provided Resident #2 was the continent episodes. The provided Resident #2 was the continent episodes.	F 2	41			

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pie w A 11 oi T w re T caste en 3 a lo w A MUT un sit tr qu A 11 w fat tr fo a til a	pisode and as need then requested. In interview was co 0/17/2017 at 2:30 Febserved sitting in he resident was also as observed to be exported the staff as he resident indicate aused him to soil he tated it felt terrible. In the resident in the could not holong. The resident sident he they were unauninterview was containager (UM) on 10 fem of the could not holong. The resident sident he UM indicated Reside he UM indicated the threat to answer cateff tried to answer county the call light with the call light with the call light with the care were times resident and staff availability. The resident resident in the care due to the and staff availability of the could himself. It was the could himself the could himself. It was the could himself the could himself the could himself. It was the could him himself the could hi	e care after each incontinent ded, and to assist for toileting anducted with Resident #2 on PM. The resident was is wheelchair in his room. The resident well kempt. The resident well kempt. The resident sisted with his ADL needs. The resident and oriented. The resident stated he was but was accustomed to it dicated sometimes he waited staff to answer his call light d his bowels or bladder that the staff apologized ble to get to him in time. Inducted with the Nurse Unit D/18/2017 at 10:55 AM. The ent #2 was alert and oriented. Here were times the NAs were all lights timely and the nursing them. The UM indicated he is were answered pretty Inducted with NA #1 on AM. NA #1 stated she with Resident #2 and was a needs. NA #1 indicated idents had to wait a long time cuity of some of the residents NA #1 stated she recalled to the sident when it happened. NA was aident when it happened.	F 2	41		

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F 241	on 10/18/2017 at 2:2: worked 3rd shift and regular assignment. It care the residents rec made it difficult to me indicated Resident # the night at times for NA #2 stated if she w did not get to him in t went in his brief. NA: hard, but there were Resident #2 in time. did not help much be A telephone interview on 10/18/2017 at 2:5 Resident #2 was on I the evening shift. NA times she was unable he called for assistant his brief. NA #3 indicates resident and explaine further indicated she when he soiled himse An interview was cor Nursing (DON) on 10 DON indicated the fa with call light response expectation was for co	was conducted with NA #2 4 PM. NA #2 reported she Resident #2 was on her NA #2 stated the amount of quired on her assignment eet their needs. NA #2 1 called for assistance during assistance to the bathroom. was with another resident and ime to assist, the resident #2 indicated she tried very times she could not get to NA #2 reported the nurses cause they were busy too. was conducted with NA #3 0 PM. NA # 3 stated her regular assignment on #3 indicated there were e to get to Resident #2 when ice and the resident went in ated she apologized to the ed she was busy. NA #3 knew the resident felt bad	F2	241		
F 353 SS=D	SUFFICIENT 24-HR	NURSING STAFF PER -(4)	F3	953	11/15/17	

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F 353	Continued From pag	e 7	F 3	53		
	The facility must have the appropriate comprovide nursing and resident safety and a practicable physical, well-being of each reresident assessment and considering the diagnoses of the fact accordance with the at §483.70(e). [As linked to Facility be implemented beg (Phase 2)] (a) Sufficient Staff. (a)(1) The facility mustifficient numbers of personnel on a 24 nursing care to all reresident care plans:	e sufficient nursing staff with petencies and skills sets to related services to assure attain or maintain the highest mental, and psychosocial esident, as determined by its and individual plans of care number, acuity and sility's resident population in facility assessment required Assessment, §483.70(e), will inning November 28, 2017 est provide services by a feach of the following types hour basis to provide sidents in accordance with				
	(a)(2) Except when we this section, the facil	rsonnel, including but not s. vaived under paragraph (e) of ity must designate a licensed charge nurse on each tour of				
		st ensure that licensed cific competencies and skill				

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F 353	Continued From pagesets necessary to calidentified through redescribed in the plant (a)(4) Providing care assessing, evaluating resident care plans aneeds. This REQUIREMENT by: Based on record refamily interviews and failed to have adequed continent residents were not answered and Resident #2' episodes for continent Findings included: This citation is cross on observations, reconductions and staff interviews, residents' dignity by toileting assistance answered for 2 of 3 incontinent episodes (Resident #1 and Resident	ge 8 are for residents' needs, as sident assessments, and n of care. e includes but is not limited to ag, planning and implementing and responding to resident's IT is not met as evidenced views, staff, resident and d observations, the facility late staffing to ensure were toileted when call lights for 2 of 3 residents (Resident and a which resulted in incontinent lent residents. It is referenced to F241- Based cord are view, family, resident and the facility failed to maintain failing to meet the needs for when call bells were not residents which resulted in a for continent residents			eficiency cited: ident #2 did not stance due to all bells timely. nting acceptable eeducated on call light policy by to be completed o ensure the POC e conducted daily, weeks, 3x/week x 2 weeks by ADON ucated on call bell orientation. d residents will be responsiveness a	
	response time was or responsible party re her at home and be could not get assistate family member repo station at times and	member stated the call light often over 40 minutes. The ported the resident would call very frustrated because he ance to the bathroom. The rted she called the nursing asked for assistance for the illed her at home. The		designated staff. 4. Call bell audits and rewill be brought to Risk I determine trends and funeeded. 5. Call bell audits and rewill be presented by DC meeting for review for the sudits and rewill be presented by DC meeting for the sudits and rewill be presented by DC meeting for rewill be pres	Meetings to urther action if resident interviews ON at QAPI	

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	(NA) worked hard, ar meet the needs of the member stated the Nather resident soiled his just couldn't leave ottocare. The family member several times when several times in an application of the several times are was in a splint a pedal. The resident wheelchair with his rialert, oriented and we resided in a private rewas located approximates application of the several times be assistance to the toile physically get to the stated there were several to the facility he soile responding to his call the staff were apologically and told him they we residents. An interview was contolarly 2017 at 2:30 Pobserved sitting in his	icated the Nursing Assistants and there was not enough to be residents timely. The family as were apologetic when imself, and she knew they her residents in the middle of inber indicated there were she visited, the call light ast 30 to 40 minutes before Interview was conducted with 1/2017 at 10:35 AM. The soom in his wheelchair, his left and his left leg was on a foot propelled himself in the ght foot. The resident was sell kempt. Resident #1 soom with a bathroom which mately 8 feet from the lent #1 stated at times he for assistance after he used at #1 indicated he felt very because he could not get et when he was unable to soilet himself. Resident #1 veral times since admission d himself due to staff not all light. Resident #1 indicated etic when he soiled himself re busy assisting other	F3		discrepancies are noted, further action will be implemented.	as .	

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	ROVIDER OR SUPPLIER D HEALTH & REHAB CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY LILLINGTON, NC 27546		10/10/2017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 353	caused him to soil hi indicated there were waited over 45 minut light. The resident fu him they were unable amount of residents. An interview was cor Manager (UM) on 10 UM indicated Reside unit. The UM reporte alert, oriented and not The UM indicated the unable to answer cal staff tried to answer as taff tried to answer as taff tried to answer for a staff tried to answer of 10/18/2017 at 11:52 worked on 1st shift we Resident #2 and was needs. NA #1 indicat residents had to wait the acuity of some of availability. NA #1 staresidents waited for a themselves. NA #1 rethe residents when it there was not enoug the residents and off not provided. NA #1 did not answer the call the provided of the call the provided of the call the acuity of some of availability. And #1 and the residents and off not provided. NA #1 did not answer the call the provided of the call the acuity of some of availability. And #1 are sidents and off not provided. NA #1 and not answer the call the provided of the acuity of some of availability and the residents and off not provided. NA #1 and not answer the call the provided of the acuity of a stated the amoun required on her assignment.	and the call bell response time imself often. The resident imany instances in which he dies for staff to answer his call of the indicated the staff told die to get to him due to the often when they were responsible for. Inducted with the Nurse Unit of 1/18/2017 at 10:55 AM. The offen the staff and #2 were on his offen to do both of the residents were over complained about much offen the were times the NAs were offen to have a light to the familiar with their care offen there were times the nursing offen there were times the staff and staff at least the recalled times when the desistance and soiled offen the residents and staff at least to meet the needs offen the staff to meet the needs offen times needed care was indicated the nurses usually all lights.	F 3	53			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG	(X	(X3) DATE SURVEY COMPLETED		
		345173	B. WING			C	
	ROVIDER OR SUPPLIER D HEALTH & REHAB CE			STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY LILLINGTON, NC 27546	.	10/18/2017	
(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 COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 353	and Resident #2 callenight at times for ass #2 stated if she was not get to them in time went in their briefs. In hard but there were the residents in time to persidents were because they were times she residents when they residents when they residents went in the apologized to the reswas busy. NA #3 furthenough nursing assist residents and there were times and there were times and there were times and there were sidents and there were sidents and there were sidents did not get. An interview was confuring (DON) on 10 DON indicated the fawith call light response facility developed a persident persident was not fully stated the expectation adequate staffing to the side of the same times. The plan was not fully stated the expectation adequate staffing to the same times.	ed for assistance during the istance to the bathroom. NA with another resident and did not assist, the residents IA #2 indicated she tried very times she could not get to the rovide the care they needed. The indicated with NA #3	F3	353			