The       REGULATORY OR LSC IDENTIFYING INFORMATION)       TAC       CROSS-REFERENCED TO THE APPROPRIATE       DUTE         E       000       Initial Comments       E       000       Initial Comments       E       000         An unannounced recertification and complaint investigation survey was conducted 05/28/19 to 05/31/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BUYR11.       F 000       INITIAL COMMENTS       F 000         No deficiencies cited as a result of the complaint investigation. Event ID #BUYR11.       F 600       F 600       6/23/19         Stab       CFR(s): 483.21(b)(1)       S483.21(b)(1)       F 656       6/23/19         Stab       GFR(s): 483.21(b)(1)       S483.21(b)(1)       F 656       6/23/19         Stab       OFR(s): 483.21(b)(1)       R 656       6/23/19       6/23/19         Stab       Implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at \$483.10(c)(2) and \$463.10(c)(2) and \$463.10(c)(2) and \$463.10(c)(2) and \$463.20(c)(4) and measurable objectives and timeframes to meat a resident's indices care plan for each resident's highest practicable physical, mental, and psychosocial well-being as required under \$483.20(c) \$483.20(c) \$48.40(c) and \$48.30(c)(c)(0).       Implement accomprehensive person'qeneresident's indices tradicis in direce or \$483.20(c) \$4		-	ID HUMAN SERVICES			FO	RM APPROVED	
AND FLAN OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING       C       C         MAIL OF PROVIDER OF SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         STAILEY TOTAL LIVING CENTER       SUMMAY STATUBATE OF DEPICIENCES IL EXAL DEPICIENCY OR LISCIDENTIFYING INFORMATION)       ID PRETIX       PROVIDERS FMAUOF CONFECTION STAILEY, NO 28164       OPENING CONFECTIVE ACTION SHULD BE CODE DEPICIENCY OR LISCIDENTIFYING INFORMATION)       ID PRETIX       PROVIDERS FMAUOF CONFECTION CONFECTIVE ACTION SHULD BE CODE DEPICIENCY OR LISCIDENTIFYING INFORMATION)       ID PRETIX       PROVIDER FMAUOF CONFECTION CONFECTIVE ACTION SHULD BE CODE DEPICIENCY OR LISCIDENTIFYING INFORMATION)       ID PRETIX       PROVIDER INFORMATION CONFECTIVE ACTION SHULD BE CODE DEPICIENCY       CONFECTIVE CONFECTIVE ACTION SHULD BE CONFECTIVE ACTION SHULD ACTION SHULD BE CONFECTIVE ACTION SHULD BE CONFECTIV			MEDICAID SERVICES				<u>NO. 0938-0391</u>	
INME OF PROVIDER OR SUPPLIER         STREET ADDRESS.CITY, STATE_20*CODE           STALEY TALLIVING CENTER         STANLEY NOTALIVING CENTER         STANLEY NOTALIVING CENTER         STANLEY NOTALIVING CENTER         STANLEY, NC 23164         STANLEY NOTALIVING CENTER         STANLEY NOTALIVING CENTER         STANLEY NOTALIVING CENTER         STANLEY NOT CENTER	-			· ,				
STANLEY TOTAL LIVING CENTER       OPAIL DEPOSITION OF DEPOSITIC OF DEPOSITION OF DEPOSITION OF DEPOSITIC OF DEPOSITION OF DEPOSITIC OF DEPOSICIAL OF DEPOSITIC OF DEPOSITIC OF DEPOSITIC OF DEPOSITIC OF DEPOSI			345264	B. WING		-		
STANLEY TOTAL LIVING CENTER     STANLEY, NC 28164       (2010) PREFIX TAG     ISJAMARY STATEMENT OF DEFICIENCIES (excut PREficience) NUST GE PRECED BY FULL RECULATIONY ON LISC DEMINIPHING INFORMATION)     ID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (excut preficience)     000, 000, 000, 000, 000, 000, 000, 000,	NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
CHAID PRETRY TAG         SUMMARY STATEMENT OF DEPICIENCIES INCLASSING AND ALL STATEMENT OF DEPICIENCIES TAG         Display the products of the product of the p					514 OLD MOUNT HOLLY ROAD			
PREFIX TAG         LEAK OBJECTENCY MUST BE PRECEDED BY FULL REDULTIONY OR ISC DENTIFYING INFORMATION)         PREFIX IAG         CEAK CORREPORT & ATTON SHOULD BE CROSS-REFERENCE 10 THAT BAPPROPRIATE         COMMENTER DEFICIENCY           E 000         Initial Comments         E 000         F0 000         An unannounced recertification and complaint investigation survey was conducted 05/28/19 to 05/31/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BVYR11.         F 000         F 000           No deficiencies cited as a result of the complaint investigation. Event DJ #BVYR11.         F 000         F 000         F 000           Ss=D         CFR(s): 483.21(b)(1)         F 856         Develop/Implement Comprehensive Care Plans \$483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each includes measurable objectives and timeframes to meet a resident's solitonet with the resident rights set forth at \$483.10(c)(2) and \$483.21(b)(1) The facility must develop and implement a comprehensive care plan must describe the following - (1) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial needs that are identified by add but are not provided due to the resident's comprehensive assessment. The comprehensive care plan must describe the following - (1) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial needs that are identified by add but are not provide due to the resident's exercise of fights under \$483.10, including the right to refuse treatment under \$483.10, including the right to refuse treatment under \$483.10, including the	STANLEY	TOTAL LIVING CENTER			STANLEY, NC 28164			
An unannounced recertification and complaint investigation survey was conducted 05/28/19 to 05/31/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event 1D #BVYR11.F 000F 000INITIAL COMMENTSF 000No deficiencies cited as a result of the complaint investigation. Event 1D # BVYR11.F 000F 656Develop/Implement Comprehensive Care Plan S483.21(b)(1) The facility must develop and implement a comprehensive care Plan S483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at \$483.10(c)(2) and \$483.310(c)(2) and \$483.310(c)(2) and \$483.310(c)(2) and \$483.310(c)(2) and \$483.310(c)(2) and \$483.310(c)(2) and \$483.310(c)(2) and \$483.310(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest provide due to the resident's evercise of rights under \$483.24, \$483.25 or \$483.40; and (ii) Any services that would otherwise be required under \$483.24, \$483.25 or \$483.40; and (iii) Any services that would otherwise be required under \$483.24, \$483.25 or \$483.40; and (iii) Any services that would otherwise be required inder \$483.24, \$483.25 or \$483.40; and (iii) Any services that would otherwise be required inder \$483.24, \$483.25 or \$483.40; and (iii) Any services that would otherwise be required inder \$483.24, \$483.25 or \$483.40; and (iii) Any services that would otherwise be required inder \$483.24, \$483.25 or \$483.40; and (iii) Any services that w	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION	
investigation survey was conducted 05/28/19 to         05/31/19. The facility was found in compliance         with the requirement CFR 483.73, Emergency         Preparedness. Event ID #BVYR11.         F 000         No deficiencies cited as a result of the complaint         investigation. Event ID # BVYR11.         F 656         Develop/Implement Comprehensive Care Plan         § 483.21(b) Comprehensive Care Plans         § 483.21(b) Comprehensive Care Plans         § 483.21(b)(1) The facility must develop and         implement a comprehensive person-centered         care plan for each resident, consistent with the         resident rights set forth at §483.10(c)(2) and         § 483.31(b)(3), that includes measurable         objectives and timeframes to meet a resident's         medical, nursing, and mental and psychosocial         needs that are identified in the comprehensive are plan must         describe the following -         (1) The services that are to be furnished to attain         or maintain the resident's highest practicable         physical, mental, and psychosocial well-being as         required under §483.24, §483.25 or §483.40; and         (1) The services that would otherwise be required         under §483.10, including the right to refuse         treatment under §483.10(c)(6).	E 000	Initial Comments		E OC	00			
No deficiencies cited as a result of the complaint investigation. Event ID # BVYR11.       F 656         Develop/Implement Comprehensive Care Plan SS=D       F 656         GFR(s): 483.21(b)(1)       §483.21(b)(1)         §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40, and (ii) Any services that would otherwise be required under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any services the nursing facility will provide due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any services the nursing facility will provide as a result of PASARR, recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 000	investigation survey v 05/31/19. The facility with the requirement Preparedness. Even	vas conducted 05/28/19 to was found in compliance CFR 483.73, Emergency t ID #BVYR11.	For				
investigation. Event ID # BVYR11. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services thar would otherwise are required services that services or specialized rehabilitative services that must indicate its	F 000	INITIAL COMMENTS		FUL	JU			
SS=D       CFR(s): 483.21(b)(1)         §483.21(b) Comprehensive Care Plans       §483.21(b)(1) The facility must develop and         implement a comprehensive person-centered       care plan for each resident, consistent with the         resident rights set forth at §483.10(c)(2) and       §483.10(c)(3), that includes measurable         objectives and timeframes to meet a resident's       medical, nursing, and mental and psychosocial         needs that are identified in the comprehensive       assessment. The comprehensive care plan must         describe the following -       (i) The services that are to be furnished to attain         or maintain the resident's highest practicable       physical, mental, and psychosocial well-being as         required under §483.25 or §483.40 but are not       provided due to the resident's be required         under §483.10, including the right to refuse       treatment under §483.10(c)(6).         (iii) Any specialized services or specialized       rehabilitative services the nursing facility will         provide due to the resident's services or specialized       rehabilitative services the nursing facility will         provide as a result of PASARR       recommendations. If a facility disagrees with the         findings of the PASARR, it must indicate its       the								
§483.21(b)(1) The facility must develop and         implement a comprehensive person-centered         care plan for each resident, consistent with the         resident rights set forth at §483.10(c)(2) and         §443.10(c)(3), that includes measurable         objectives and timeframes to meet a resident's         medical, nursing, and mental and psychosocial         needs that are identified in the comprehensive         assessment. The comprehensive care plan must         describe the following -         (i) The services that are to be furnished to attain         or maintain the resident's highest practicable         physical, mental, and psychosocial well-being as         required under §483.24, §483.25 or §483.40; and         (ii) Any services that would otherwise be required         under §483.24, §483.25 or §483.40; and         (iii) Any services that would otherwise be required         under §483.10, including the right to refuse         treatment under §483.10(c)(6).         (iii) Any specialized services or specialized         rehabilitative services the nursing facility will         provide as a result of PASARR         recommendations. If a facility disagrees with the         findings of the PASARR, it must indicate its			Comprehensive Care Plan	F 65	56		6/23/19	
		§483.21(b)(1) The fact implement a compret care plan for each res resident rights set for §483.10(c)(3), that into objectives and timefra medical, nursing, and needs that are identifi assessment. The con- describe the following (i) The services that a or maintain the reside physical, mental, and required under §483.2 (ii) Any services that a under §483.24, §483. provided due to the re- under §483.10, include treatment under §483 (iii) Any specialized so rehabilitative services provide as a result of	cility must develop and densive person-centered sident, consistent with the that §483.10(c)(2) and cludes measurable ames to meet a resident's mental and psychosocial ded in the comprehensive hprehensive care plan must develop and the comprehensive develop and the					
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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.

06/14/2019

PRINTED: 06/26/2019

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED . 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		345264	B. WING _			C 05/31/2019		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				51	14 OLD MOUNT HOLLY ROAD			
STANLEY	EY TOTAL LIVING CENTER			S	TANLEY, NC 28164			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 656	rationale in the reside (iv)In consultation with resident's representat (A) The resident's goad desired outcomes. (B) The resident's pre- future discharge. Faci whether the resident's community was asses local contact agencies entities, for this purpo (C) Discharge plans in plan, as appropriate, in requirements set forth section. This REQUIREMENT by: Based on observation record review, the face plan interventions for 3 residents observed and #61). Both require for transfers but were from bed to wheelcha of gait belt. Findings included: 1. Resident #73 was 3/29/19 with the follow femur fracture, dement difficulty walking. Review of a document dated 3/29/19 revealed assistance needed for was 2 persons with ga	nt's medical record. In the resident and the ive(s)- als for admission and ference and potential for lities must document a desire to return to the seed and any referrals to a and/or other appropriate se. In the comprehensive care in accordance with the an in paragraph (c) of this is not met as evidenced Ins, staff interviews and ility failed to implement care transfer assistance for 2 of for transfers (Resident #73 red 2 persons with gait belt observed to be transferred ir with 1 person without use admitted to the facility on ving diagnoses: displaced ntia, muscle weakness and t entitled "Get to Know Me" ed the type of transfer/staff r transfers for Resident #73	F	556	Upon immediate awareness by the Nu #1 at 6:41am on 5/31/19 that a nursing assistant had transferred Resident #73 and Resident #61 by herself without an assistance as noted in the care plan for each resident, the nursing assistant wa terminated from employment following facility personnel and safety policies. Resident #73 and Resident #61 did not experience any adverse effects or harm related to being transferred by one staf member alone. Every Transfer/Lift Assessment was audited and compared to each residem care plan and corresponding Get To Kr Me form to ensure accuracy between 6/4/19 – 6/7/19 by Nursing Managers. Any concerns noted between the three forms (assessment form, care plan, an Get To Know Me form) were corrected	ly r is t f t now		

Facility ID: 953470

If continuation sheet Page 2 of 7

PRINTED: 06/26/2019

		MEDICAID SERVICES		LE CONSTRUCTION		10. 0938-03 TE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER:	` '			COMPLETED		
						С		
		345264	B. WING	0	5/31/2019			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•			
STANLEY TOTAL LIVING CENTER				514 OLD MOUNT HOLLY ROAD				
				STANLEY, NC 28164				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTION SHOULD       REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATION)		SHOULD BE	(X5) COMPLETIO DATE				
F 656	Continued From page	e 2	F 65	6				
		3 "meets all requirements		noting each residents' current	requirement			
	for 1-person gait belt	transfer but also has had		for transfer (transfer without as	sistance,			
	recent hip and/or kne			transfer with 1 staff using gait				
		related to care = 2-person		transfer with 2 staff using gait				
	gait belt transfer."			transfer with a mechanical lift)				
	Boviow of the Admiss	sion Minimum Data Set		staff were made aware of any made via the 24 hour nurse and				
	(MDS) Assessment d			reports as well as the commun				
	Resident #73 was mo			kiosks.				
		73 required extensive						
		of two or more persons.		The Staff Development Coordi				
	Review of Resident #	73's care plan dated 4/15/19		conduct a mandatory in-servic nursing staff between 6/12/19				
	revealed the resident	required assistance with all		review the following details in t	he current			
	-	ing (ADL) with the goal of		Transfer/Mechanical Lift policy				
		dependently as possible. ons listed was Resident #73		<ul> <li>requirements to follow the resident plan and GTKM form as written</li> </ul>				
		ce of 2 persons with gait belt		transfers				
	for transfers.	ce of 2 persons with gait beit		•facility policy and procedures				
				a resident for review of the Tra				
		made on 5/31/19 at 5:48 AM		Assessment if a resident expe				
		g transferred by Nurse Aide wheelchair. NA #1 had		improvement or decline in stat				
	· · ·	er arms around NA #1's neck		<ul> <li>potential safety concerns for a related to failure to follow the 1</li> </ul>				
	-	esident #73 up while holding		Assessment as it has been write				
		torso to stand and pivot to		care planned for each resident				
		≠1 did not use a gait belt		•facility policy and procedures				
	during the transfer.			follow the Transfer policy for re safety	esident			
	An interview was con	iducted with NA #1 on						
		NA #1 stated she was		Beginning on 6/10/19, each lic				
		t #73 and had worked with		nurse assigned to each unit/ha				
	her before. NA #1 st			observe (2) resident transfers				
		bed by herself. NA #1 further formation can be found in		either a mechanical lift or a 2-p assist is required every 12 hou				
		Me" book. During the		X 2 weeks followed by weekly				
	interview, NA #1 look	-		and finally monthly X 3 months				
		"Getting to Know Me" book		transfers are being done corre				
		nt #73 required 2 persons		planned. Any concerns will be				

Facility ID: 953470

If continuation sheet Page 3 of 7

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DAT	E SURVEY
				С	
	345264	B. WING		0	5/31/2019
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
TOTAL LIVING CENTER			514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
Continued From page	e 3	F 65	6		
stated she forgot to Io Me book" before she because she had alw #73 by herself. NA # transferred the reside belt should have been An interview conducted at 6:41 AM revealed I persons assistance w Nurse #1 stated NA # transferred Resident = said NA #1 should ha member to help her, a used a gait belt to tra An interview conducted Supervisor on 5/31/19 was her expectation t the transfer/lift status Know Me" book. The NA #1 should have get to help her with the tr bed to wheelchair. An interview was con Nursing (DON) on 5/3 DON stated she expect follow the care plan a the safest assistance further stated it was the disciplinary action and any staff member obs status because they of	bok at the "Getting to Know transferred the resident ays transferred Resident 1 stated she should not have ent by herself and that a gait in used. ed with Nurse #1 on 5/31/19 Resident #73 required 2 vith gait belt for transfers. #1 should not have #73 by herself. Nurse #1 ve gotten another staff and that they should have nsfer the resident. ed with the House 9 at 9:35 AM revealed that it that the nurse aides follow indicated in the "Get to e House Supervisor stated otten another staff member ansfer of Resident #73 from ducted with the Director of 31/19 at 10:00 AM. The ected the nurse aides to is to what had been deemed for transfers. The DON he facility's policy that d re-education be given to served not following the lift		disciplinary process up to and termination for failure to follow plan as written. All findings from the transfer of conducted by the licensed nu including any corrections/disc actions related to transfers wi reviewed by Director of Nursin completion of each. The DOI report findings and any correct taken to the QAPI Committee	I including v the care observations rses iplinary II be ng upon N will then ctive actions monthly for	
	Continued From page assistance with gait b stated she forgot to lo Me book" before she because she had alw #73 by herself. NA # transferred the reside belt should have beer An interview conducte at 6:41 AM revealed 1 persons assistance w Nurse #1 stated NA # transferred Resident said NA #1 should ha member to help her, a used a gait belt to tra An interview conducte Supervisor on 5/31/19 was her expectation to the transfer/lift status Know Me" book. The NA #1 should have gu to help her with the tr bed to wheelchair. An interview was con Nursing (DON) on 5/3 DON stated she expect follow the care plan a the safest assistance further stated it was to disciplinary action an any staff member obs	CORRECTION IDENTIFICATION NUMBER: 345264 ROVIDER OR SUPPLIER TOTAL LIVING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 assistance with gait belt for transfers. NA #1 stated she forgot to look at the "Getting to Know Me book" before she transferred the resident because she had always transferred Resident #73 by herself. NA #1 stated she should not have transferred the resident by herself and that a gait belt should have been used. An interview conducted with Nurse #1 on 5/31/19 at 6:41 AM revealed Resident #73 required 2 persons assistance with gait belt for transfers. Nurse #1 stated NA #1 should not have transferred Resident #73 by herself. Nurse #1 said NA #1 should have gotten another staff member to help her, and that they should have used a gait belt to transfer the resident. An interview conducted with the House Supervisor on 5/31/19 at 9:35 AM revealed that it was her expectation that the nurse aides follow the transfer/lift status indicated in the "Get to Know Me" book. The House Supervisor stated NA #1 should have gotten another staff member to help her with the transfer of Resident #73 from bed to wheelchair. An interview was conducted with the Director of Nursing (DON) on 5/31/19 at 10:00 AM. The DON stated she expected the nurse aides to follow the care plan as to what had been deemed the safest assistance for transfers. The DON further stated it was the facility's policy that disciplinary action and re-education be given to any staff member observed not following the lift status because they considered this a serious	DF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIP         CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIP         A BUILDING       345264       B. WING         ROVIDER OR SUPPLIER       TOTAL LIVING CENTER       ID         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 3       assistance with gait belt for transfers. NA #1       stated she forgot to look at the "Getting to Know Me book" before she transferred the resident       F 65         Watabase       because she had always transferred Resident       #73 by herself. NA #1 stated she should not have transferred the resident by herself and that a gait belt should have been used.       Na interview conducted with Nurse #1 on 5/31/19 at 6:41 AM revealed Resident #73 required 2 persons assistance with gait belt for transfers. Nurse #1 stated NA #1 should not have transferred Resident #73 by herself. Nurse #1 said NA #1 should have gotten another staff member to help her, and that they should have used a gait belt to transfer the resident.       An interview conducted with the House Supervisor on 5/31/19 at 9:35 AM revealed that it was her expectation that the nurse aides follow the transfer/lift status indicated in the "Get to Know Me" book. The House Supervisor stated NA #1 should have gotten another staff member to help her with the transfer of Resident #73 from bed to wheelchair.         An interview was conducted with the Director of Nursing (DON) on 5/31/19 at 10:00 AM. The DON stated she expected the nurse aides to follow the care plan as to what had been deemed the	pFDEFICIENCIES       (X1) PROVIDERSUPPLIER/CLA       (X2) MULTIPLE CONSTRUCTION         CORRECTION       145264       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, 2IP COD         TOTAL LIVING CENTER       STREET ADDRESS, CITY, STATE, 2IP COD         SUMMARY STATEMENT OF DEFICIENCIES       B. WING         (RACH DEFICIENCY WIST FOR PERCENDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 3       B. F 656         assistance with gait belt for transfers. NA #1 stated she forgot to look at the "Getting to Know Me book" before she transferred the resident because she had always transferred Resident #73 by herself. NA #1 stated she should not have transferred the resident by herself and that a gait belt should have been used.       F 656         An interview conducted with Nurse #1 on 5/31/19 at 6.41 AM revealed Resident #73 required 2 persons assistance with gait belt for transfers. Nurse #1 stated NA #1 should not have transferred the lock and that we should have used a gait belt to transfer the resident.       All findings from the transfer wi reviewed by Director of Nursi completion of each. The DOI report findings and any corrections/disc actions related to transfer wi reviewed by lore to report findings and any correct taken to the DAPI Committee any further recommendations         Supervisor on 5/31/19 at 9:35 AM revealed that it was her expectation that the purse aides to follow the care plan as to what had been deemed the safest assistance for transfer of Resident #73 from bed to wheelchair.       An interview was conducted with the Director of Nursing (DON) on 5/31/19 at 10:00	CFCERCISE       (X1) PROVIDERSUPPLIENCLIA DENTIFICATION NUMBER       C22 MULTIPLE CONSTRUCTION A BUILDING       (X2) MULTIPLE CONSTRUCTION A BUILDING       (X2) MULTIPLE CONSTRUCTION A BUILDING         ROVIDER OR SUPPLIER       345264       B. WING       (X2) MULTIPLE CONSTRUCTION A BUILDING       (X2) MULTIPLE CONSTRUCTION BIOLOGE ADDENCES       (X

If continuation sheet Page 4 of 7

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	0. 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 05/31/2019		
		345264	B. WING					
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE	•		
STANLEY TOTAL LIVING CENTER					514 OLD MOUNT HOLLY ROAD STANLEY, NC 28164			
(X4) ID PREFIX TAG				IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 656	<ul> <li>expectation that staff transfer/lift policy.</li> <li>2. Resident #61 was 1/4/19 with the follow disease, dementia, at ulcer of left heel.</li> <li>Review of Resident # revealed the resident Activities of Daily Livi performing ADL as inc One of the interventior required extensive as gait belt for transfers.</li> <li>Review of the Quarte (MDS) Assessment d Resident #61 was ser Resident #61 required assistance of two or reduced 4/4/19 revealed for was 2 persons with g</li> <li>Review of Transfer/Lirevealed Resident #66 for 1-person gait belt recent hip and/or kne behavioral concerns regait belt transfer."</li> <li>An observation was more for the f</li></ul>	follow the care plan and the admitted to the facility on ing diagnoses: Alzheimer's nxiety disorder and pressure 61's care plan dated 4/1/19 required assistance for all ng (ADL) with the goal of dependently as possible. ons listed was Resident #61 sistance of 2 persons with rly Minimum Data Set lated 4/4/19 revealed verely cognitively impaired. d extensive physical more persons. Int entitled "Get to Know Me" d the type of transfer/staff r transfers for Resident #61 ait belt. ft Assessment dated 4/10/19 1 "meets all requirements transfer but also has had	F	650	6			

If continuation sheet Page 5 of 7

PRINTED: 06/26/2019

CENTER STATEMENT (	-	D HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE	E CONSTRUCTION		FORM OMB NC (X3) DATE	0: 06/26/2019 APPROVED 0: 0938-0391 SURVEY LETED
AND FLAN OF	CORRECTION	A. BL		ING _			C	
		345264	B. WING			_		31/2019
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST			
STANLEY TOTAL LIVING CENTER					514 OLD MOUNT HOLLY R STANLEY, NC 28164	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	the wheelchair. Durin was observed to have bearing weight. NA # during the transfer. An interview was com 5/31/19 at 6:15 AM. If she might be in troubl had some difficulty stat transfer. NA #1 state required 1-person ass she was not sure. NA with Resident #61, bu up out of the bed. NA the bed at that time be requesting to be gotte further stated the tran found in the "Getting for the interview, NA #1 Is information from the " and revealed Resider assistance with gait b stated she should not resident by herself an have been used. NA looked at the "Getting she transferred the re do. An interview conducted at 6:41 AM revealed F persons assistance w Nurse #1 stated NA # transferred Resident # said NA #1 should ha	torso to stand and pivot to ig the transfer, Resident #61 e difficulty standing up and 1 did not use a gait belt ducted with NA #1 on NA #1 stated she thought e after noting Resident #61 anding up during the d she thought Resident #61 sistance with transfers, but A #1 said she was familiar it she did not usually get her A #1 got Resident #61 out of ecause Resident #61 was en out of the bed. NA #1 sfer information can be to Know Me" book. During poked up the transfer Getting to Know Me" book at #61 required 2 persons elt for transfers. NA #1 have transferred the d that a gait belt should #1 stated she should have to Know Me" book before sident, which she forgot to ed with Nurse #1 on 5/31/19 Resident #61 required 2 ith gait belt for transfers. 1 should not have #61 by herself. Nurse #1 ve gotten another staff and that they should have	F	656				

Facility ID: 953470

If continuation sheet Page 6 of 7

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 06/26/2019 APPROVED D: 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345264	B. WING			C 05/31/2019		
NAME OF PI	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP COI	DE		
STANLEY TOTAL LIVING CENTER					14 OLD MOUNT HOLLY ROAD TANLEY, NC 28164			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	3	PROVIDER'S PLAN OF CO	RRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BI E APPROPRIA		COMPLETION DATE
F 656	Continued From page	9 6	F	656				
	An interview conducte							
		9 at 9:35 AM revealed that it hat the nurse aides follow						
		indicated in the "Get to						
		House Supervisor stated botten another staff member						
		ansfer of Resident #61 from						
	bed to wheelchair.							
		ducted with the Director of						
		31/19 at 10:00 AM. The acted the nurse aides to						
	follow the care plan a	s to what had been deemed						
	the safest assistance further stated it was the	for transfers. The DON						
	disciplinary action and	d re-education be given to						
	-	served not following the lift considered this a serious						
		ad with the Advaiciation as						
	5/31/19 at 10:16 AM r	ed with the Administrator on revealed it was her						
		follow the care plan and the						
	transfer/lift policy.							

Facility ID: 953470

If continuation sheet Page 7 of 7