	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		NH0476	B. WING		C 11/09/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
RACE RI	DGE		OIR ROAD NTON, NC 28655			
(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 ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
L 000	INITIAL COMMENTS	3	L 000			
	was conducted from 11-9-2022. Event ID intake was investigat	mplaint investigation survey 11-7-2022 through #TQEB11. The following ed NC 000193966. 1 of 1 were substantiated resulting				
L 049	.2210(A) REPORTIN ABUSE, NEGLECT	G, INVESTIGATING	L 049			
	to prevent patient ab misappropriation of p orientation and instru patients' rights and th	facility shall take measures use, patient neglect, or atient property, including ction of facility staff on ne screening of and ces for all prospective				
	facility failed to protect	as evidenced by: ew and staff interview the ct a resident's right to be free residents (Resident #5 and				
	The findings included	l:				
	at 1:18 PM revealed instances in which Na residents. She stated	facility Secretary on 11/8/22 she witnessed 2 different A #1 was inappropriate with d the 1st incident was				
	on 9/24/22. The Sec	vas delivering newspapers retary revealed she heard telling Resident #5 to get up.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		NH0476	B. WING		C 11/09/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
GRACE R	IDGE		IOIR ROAD NTON, NC 28655			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
L 049	Continued From page	e 1	L 049			
	resident's room and s mechanical stand-up She stated Resident tight as the mechanic circle by NA #1. The mechanical lift could Secretary stated the day (9/25/22). She of her wheelchair at the #5 was asking to go to Secretary stated Res asked about going to was observed to be a station. The Secretar take Resident #5 to t responded by saying short.	, "in a minute" and was on 11/8/22 at 1:45 PM stated #1 telling Resident #5 that				
	stated that on 9/17/2 room. She stated the the nursing station. I heard NA #1 getting was overheard sayin nurse said so" and "y bed." Nurse #1 state	se #1 on 11/8/22 at 1:04 PM 2 she was in the medication ere were multiple residents at Nurse # 1 sated that she loud with a resident. NA#1 g things like, "because my rou are not going back to ed when she arrived to the 1 was talking to Resident #6.				
	NA #1 was getting ag residents on the unit residents who were o	on 11/8/22 at 1:45 PM stated ggravated by a couple of to include Resident #6. The lescribed as confused by NA wanted to go to bed. NA #2				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		NH0476	B. WING		11	C I/ 09/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GRACE R	IDGE		OIR ROAD NTON, NC 28655			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
L 049	Continued From pag	e 2	L 049			
	"other people may ba described NA #1 as t hatefully. NA #2 reve	ed at the residents and said, aby you but I'm not." She also urning resident's wheelchair ealed she communicated to have to treat the residents				
L 050	.2210(B) REPORTIN ABUSE, NEGLECT	G, INVESTIGATING	L 050			
	Division of Health Se within 24 hours of the	facility shall ensure that the prvice Regulation is notified a facility's becoming aware of st health care personnel of 131E-256(a)(1).				
	facility failed to repor	as evidenced by: ew and staff interview the t allegations of abuse within ampled residents (Resident				
	The findings included	i:				
	concern" was sent to Administrator and the The email revealed the concerned about the that she witnessed.	26/22 written by the bject "SEPTEMBER 25th recipients to include the Director of Nursing (DON). he Secretary was very neglect and verbal abuse The concern further revealed certain residents could be				

GRACE RIDGE	A. BUILDING: B. WING STREET ADDRESS, CITY, STATE, ZIP CODE	COMPLETED C - 11/09/2022
NAME OF PROVIDER OR SUPPLIER GRACE RIDGE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO L 050 Continued From page 3 challenging at times, but this specific resident (identity not provided) was asking nicely over over and was being completely ignored. In hindsight she should have reported the yelling and aggressive way that this resident (identity provided) was spun across the room on her lit the day before by this same Nursing Assistant (NA) (identify not provided). She was clinging the lift and looked scared to death. The email stated this was not an exaggeration, it was an observation. Her knuckles were white just try to hold on to the lift. The Secretary wrote, "If treated a resident the way that she continued observe this specific NA (identify not provided do, she would expect someone else to do the		
GRACE RIDGE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO L 050 Continued From page 3 challenging at times, but this specific resident (identity not provided) was asking nicely over over and was being completely ignored. In hindsight she should have reported the yelling and aggressive way that this resident (identity provided) was spun across the room on her lift the day before by this same Nursing Assistant (NA) (identify not provided). She was clinging the lift and looked scared to death. The email stated this was not an exaggeration, it was an observation. Her knuckles were white just try to hold on to the lift. The Secretary wrote, "If treated a resident the way that she continued observe this specific NA (identify not provided) do, she would expect someone else to do the	STREET ADDRESS CITY STATE ZIP CODE	
GRACE RIDGE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO L 050 Continued From page 3 challenging at times, but this specific resident (identity not provided) was asking nicely over over and was being completely ignored. In hindsight she should have reported the yelling and aggressive way that this resident (identity provided) was spun across the room on her lift the day before by this same Nursing Assistant (NA) (identify not provided). She was clinging the lift and looked scared to death. The email stated this was not an exaggeration, it was an observation. Her knuckles were white just try to hold on to the lift. The Secretary wrote, "If treated a resident the way that she continued observe this specific NA (identify not provided do, she would expect someone else to do the		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO L 050 Continued From page 3 challenging at times, but this specific resident (identity not provided) was asking nicely over over and was being completely ignored. In hindsight she should have reported the yelling and aggressive way that this resident (identity provided) was spun across the room on her lift the day before by this same Nursing Assistant (NA) (identify not provided). She was clinging the lift and looked scared to death. The email stated this was not an exaggeration, it was and observation. Her knuckles were white just try to hold on to the lift. The Secretary wrote, "If treated a resident the way that she continued observe this specific NA (identify not provided do, she would expect someone else to do the	500 LENOIR ROAD MORGANTON, NC 28655	
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(identity not provided) was asking nicely over over and was being completely ignored. In hindsight she should have reported the yelling and aggressive way that this resident (identity provided) was spun across the room on her lift the day before by this same Nursing Assistant (NA) (identify not provided). She was clinging the lift and looked scared to death. The email stated this was not an exaggeration, it was an observation. Her knuckles were white just try to hold on to the lift. The Secretary wrote, "If treated a resident the way that she continued observe this specific NA (identify not provided do, she would expect someone else to do the	L 050	
 more people did". The email revealed, every of negligent treatment or verbal/emotional abut that the Secretary had witnessed was always centered around one NA (identity not provided Review of 24-hour report dated 9/28/22 reveal an allegation of abuse occurred on 9/24/22. Tallegation stated NA #1 was overheard speak to Resident #5 in a disrespectful way. NA #1 a harsh tone and had gotten resident on a mechanical lift to take Resident #5 to the toile NA#1 had jerked the lift around and Resident had white knuckles. The report further revealed the facility became aware of the allegation on 9/25/22 at 2:00PM. The 24-hour report was momitted until 9/28/22. Interview with the facility Secretary on 11/8/22 1:18 PM revealed she witnessed 2 different instances in which she witnessed NA #1 was inappropriate with residents. She stated the 1 incident was observed when she was delivered. 	and g y not ft t g to ii n ving I to d) aled The ting had et. :#5 ed not 2 at	

Division of Health Service Regulation STATE FORM

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AND PLAN OF CORRECTION DERITIFICATION NUMBER: A. BUILDING: Communication NME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE S00 LENOIR ROAD MORGANTON, NC 28655 GRACE RIDE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FILL (EACH DEFICIENCY MUST BE PRECEEDED BY FILL (EACH DEFICIENCY AUST BE PRECEEDED BY FILL (EACH CORRECTIVE ACTION HOULD BE (CROSS-REFERENCE) TO THE APPROPRIATE (DEFICIENCY) DO (CACH CORRECTIVE ACTION HOULD BE (CROSS-REFERENCE) TO THE APPROPRIATE (DEFICIENCY) DO (DEFICIENCY) L 050 Continued From page 4 L 050 L 050 Continued From page 4	NAME OF PROVIDE GRACE RIDGE (X4) ID PREFIX TAG L 050 Cont #5 to peek	ER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR tinued From page	NH0476 STREET A 500 LEN MORGA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	B. WING DDRESS, CITY, STATE OIR ROAD NTON, NC 28655 ID PREFIX	, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	C 11/09/2022
NHM476 B: WING 11/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 LENOIR ROAD GRACE RIDGE STREET ADDRESS, CITY, STATE, ZIP CODE 500 LENOIR ROAD (PAL) PRETX REGULATORY OR LSC. IDENTIFYING INFORMATION, RORGANTON, NC 28655 PROVIDER'S PLAN OF CORRECTION ADDLD BE RECEPED BY PLLL D (PAC) DEFICIENCY WAST DE PRECEPED BY PLLL ID PRETX REGULATORY OR LSC. IDENTIFYING INFORMATION, ID D L 050 Continued From page 4 L 050 L 050 FOOD DEFICIENCY, STATE DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DATE DOMESTICAL DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DATE L 050 Continued From page 4 L 050 L 050 FROM DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DEFICIENCY, DIST DE PROVDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRUNTE DEFICIENCY, DIST DEFICIENCY, DIST DE PROVDER'S DATE DEFICIENCY, DIST DE PROVDER'S DATE DEFICIENCY, DIST DEFICIENCY, DIST DE PROVDER'S DATE DEFICIENCY	GRACE RIDGE (X4) ID PREFIX TAG L 050 Cont #5 tc peek	SUMMARY ST (EACH DEFICIENC REGULATORY OR tinued From page	STREET A 500 LEN MORGA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DDRESS, CITY, STATE OIR ROAD NTON, NC 28655 ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	11/09/2022
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MORGANTON, NC 28655 [Mi] D. PREEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREEX TAG PROVIDERS FLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCY INC AND STORE AND ACTION SHOULD BE CROSS-REFERENCY TO SHOULD BE DEFICIENCY) Comment Construction Comment Construction Construction Comment Construction Construction Comment Construction Construction Comment Construction Construction	(X4) ID PREFIX TAG L 050 Cont #5 to peek	(EACH DEFICIENC REGULATORY OR tinued From page	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	(X5)
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but I'm not". She also described NA #1 as turning resident's wheelchair hatefully. NA #2 revealed she communicated to NA #1 that she didn't have to treat the residents that way. She also told Resident #5 that she wasn't in the mood today. NA #2 revealed she was supposed to report incidents of abuse to the nurse who would communicate the incident to the DON or the Administrator. She indicated that she had not reported the incident, but Nurse #1 was aware	hang quick quick Resi insta obset the r to the #5 w toilet stand state the b Minu she l and s Inter NA # incid by a Resi as co go to resid but l' resid she o to tre Resi and s	on a mechanical s t. She stated Res ging on tight as the kly in a circle by he kly rolled the mediated ident #5. The Se ance was the nex- erved Resident #3 nursing station. For vould frequently a t or to bed. NA # doing at the nursing et she asked NA bathroom. NA #1 ute" and was sho had received abu- she should have rview with NA #2 #1 described NA #2 #1 described NA #2 #1 described NA #2 dent (9/24/22). Si o couple of resided ident #6. The res- confused by NA #2 dents and said, "c l'm not". She also dent's wheelchair communicated to eat the residents ident #5 that she #2 revealed she we dents of abuse to imunicate the inci- ninistrator. She in	cility secretary stated she nt's room and saw Resident stand-up lift that had wheels sident #5 was observed he mechanical lift was rolled NA #1. The way NA #1 chanical lift could have hurt cretary stated the 2nd t day (9/25/22). She 5 sitting her wheelchair at Resident #5 was asking to go a Secretary stated Resident asked about going to the 1 was observed to be ng station. The Secretary #1 to take Resident #5 to 1 responded by saying, "in a rt. The Secretary stated that use training from the facility, reported it immediately. on 11/8/22 at 1:45 PM stated #1 as irritated the day of the he was getting aggravated nts on the unit to include sidents who were described 2 were saying they wanted to ted NA #1 snapped at the other people may baby you to described NA #1 as turning thatefully. NA #2 revealed o NA #1 that she didn't have that way. She also told wasn't in the mood today. was supposed to report the nurse who would ident to the DON or the ndicated that she had not			
reported the incident, but Nurse #1 was aware			, but Nurse #1 was aware ould have told. She further			

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STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		NH0476	B. WING		11	C / 09/2022
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L 050	Continued From page	5	L 050	DEFICIEI		
2 000		rator contacting the facility to				
	revealed staff were to to the nursing superv the Administrator was stated it would be the that conducted invest was blatant abuse the accused staff. She si the incident involving (9/26/22) when she c she expected the inci in which it occurred. reported the incident revealed that due to r phone, it would be the have been aware of t the Secretary. Allegat	N on 11/8/22 at 2:21 PM o report instances of abuse isor in the instance she or a not in the building. She e Administrator and herself tigations. In the instance it e facility would suspend the tated she became aware of Resident #5 on Monday ame into work. She stated ident to be reported the day The Secretary should have on Saturday (9/24/22). She not getting emails on her e Administrator that would he email dated 9/26/22 from tions were to be reported to agency within 24 hours of e of the allegation.				
	(investigation) dated attached witness stat by Nurse # 1 who sta approximately 1:30pn medication room, she loud and stern and wi with someone. The v stated NA# 1 said con my nurse said so and are not putting you ba you need to stop, and	ement dated 9/27/22 written ted on 9/17/22 at				
	Nurse #1 rounded the #2 and NA #1 were si several residents sitti	e corner, she noted both NA itting at their desk with ng in wheelchairs in the nly then Nurse # 1 realized				

	T OF DEFICIENCIES OF CORRECTION	Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		NH0476	B. WING		C 11/09/2022	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RACE R		500 LEN	OIR ROAD			
	IDGE	MORGAI	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
L 050	Continued From page	9 6	L 050			
	#1 revealed Resident understand I can't go statement further reve "we will be very lucky into the office over tha got to learn some pat speaking to her in tha respectful and not acc return to Nurse #1 tha how the residents we Review of NA #1's Te revealed "problem ide reported by a teamma concerned with NA #7 (identification not prov observed you speakir while the resident was concerned regarding the resident in the lift. scared, with hands th This reported incident During the investigation reports expressing the tone of voice; interact frustration and rude a to residents. On 9/17 brought you into the co conversation with Reso overheard you speakin stern, and somewhat observed interactions or our resident's rights Interview with Nurse a stated that on 9/17/22 room. She stated the	to bed". The witness ealed Nurse #1 told NA #1, if we both don't get called at episode, you have either ients or walk away, that t way was not right, not ceptable". NA #1 stated in at Nurse #1 had not heard re calling her Expletives. rmination dated 10/3/22 entification" that stated it was ate that they were I's interaction with a resident vided) on 9/24/22. They ng harshly to the resident s in the lift. They were also the way you were handling The resident appeared at were clenched and white. I led to an investigation. on they received other e same concerns regarding ions; your expressed nd disrespectful statements /22, the charge nurse office after overhearing your sident #6. The charge nurse ing to the resident in a loud, harsh tone. These reported do not support our behavior is policy. #1 on 11/8/22 at 1:04 PM 2 she was in the medication re were multiple residents at lurse # 1 sated that she				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	CORRECTION	IDENTIFICATION NOWIDEN.	A. BUILDING:			
		NH0476	B. WING		11	C / /09/2022
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BRACE RI	DGE		IOIR ROAD NTON, NC 28655			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET DATE
L 050	Continued From page	e 7	L 050			
	was overheard saying	g things like, because my				
	nurse said so", and "	you are not going back to				
		d when she arrived to the				
		1 was talking to Resident #6.				
		had reported the incident to				
		during report. She had not				
	•	to management. She stated				
	writing her witness st	orted the incident prior to atement on 9/27/22.				
	Interview with the DC	N on 11/8/22 at 2:21 PM				
		were to be reported to the				
	-	ency within 24 hours of the				
	facility knowledge of	the allegation. She stated				
	-	ade aware of the incident				
		0/17/22 until the facility began				
	-	the incident reported for				
	9/25/22 in which a wi					
	provided. The incide					
	24 hours of the facilit	and was not reported within				
		ministrator on 11/9/22 at 9:08				
		ons of abuse were to report				
	-	ate agency within 24 hours of				
		ge. The Administrator stated				
		sible for communicating				
	instance of abuse im	mediately.				
L 051	.2210(C) REPORTIN ABUSE, NEGLECT	G, INVESTIGATING	L 051			
		facility shall investigate				
		t listed in G.S. 131E-256(a)				
		Il information pertaining to				
		nd shall take the necessary ler incidents while the				
	investigation is in pro					
		g. 000.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY
			A. BUILDING:		с	
		NH0476	B. WING		11/09/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GRACE R	IDGE	500 LEN	OIR ROAD			
	DGE	MORGA	NTON, NC 28655			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLE DATE
L 051	Continued From page	9 8	L 051			
	This Rule is not met	as evidenced by:				
		ew and staff interview the				
		uard residents following an				
	allegation of abuse fo #5).	or 1 of 2 residents (Resident				
	The findings included	:				
	An email dated 9/26/2	22 written by the Secretary				
	2	TEMBER 25th concern"				
		s to include the Administrator				
		ursing (DON). The email				
		cretary apologized for ion on Sunday morning				
		revealed the Secretary was				
		t the neglect and verbal				
	-	ssed. The concern further				
	revealed she underst	ood that certain residents				
		at times, but this specific				
	· · ·	provided) was asking nicely				
		as being completely ignored.				
		Id have reported the yelling				
		hat this resident (identity not across the room on her lift				
	, , ,	s same Nursing Assistant				
		vided). She was clinging to				
	· · · ·	ared to death. The email				1
		n exaggeration, it was an				
		ickles were white just trying				1
		The Secretary wrote, "If I				1
		way that she continued to				
		NA (identify not provided)				
	-	someone else to do the she would appreciate it if				1
		e email revealed, every bit of				
	neglectful treatment c					1

STATEMENT	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	DI CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
GRACE R	IDGE		IOIR ROAD NTON, NC 28655			
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L 051	Continued From pag	e 9	L 051			
		id witnessed was always NA (identity not provided).				
	an allegation of abus allegation stated NA to Resident #5 in a d a harsh tone and had mechanical lift to tak NA#1 had jerked the had white knuckles. the facility became a 9/25/22 at 2:00PM. Review of the facilitie (investigation) dated attached witness stat 9/28/22 that stated st resident neglect from (9/24/22). NA #1 had negative attitude and was kind of rude spe couple of residents w with her, if she was of talking to them rude. continued that at 12: another resident and tell all day that NA #7	tement by NA # 2 dated he witnessed verbal abuse,				
	residents. Interview with the fac 1:18 PM revealed sh	re with taking care of cility Secretary on 11/8/22 at e witnessed 2 different ne witnessed NA #1 was				
	incident was observe newspapers on 9/24/ she heard someone	sidents. She stated the 1st ed when she was delivering /22. The Secretary revealed yelling and telling Resident cility secretary stated she				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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L 051	Continued From pag	e 10	L 051			
	#5 on a mechanical s on it. She stated Re hanging on tight as ti quickly rolled the me Resident #5. The Se instance was the ney observed Resident # the nursing station. It to the restroom. The #5 would frequently a toilet or to bed. NA # standing at the nursi stated she asked NA the bathroom. NA # Minute" and was sho she had received abl and she should have Interview with NA #2 NA #1 described NA incident (9/24/22). S by a couple of reside Resident #6. The re as confused by NA #2 were saying ti #2 stated NA #1 sna said, "other people in She also described N wheelchair hatefully. communicated to NA treat the residents th Resident #5 that she NA #2 revealed she	nt's room and saw Resident stand-up lift that had wheels sident #5 was observed he mechanical lift was rolled NA #1. The way NA #1 chanical lift could have hurt ecretary stated the 2nd kt day (9/25/22). She 55 sitting her wheelchair at Resident #5 was asking to go e Secretary stated Resident asked about going to the #1 was observed to be ng station. The Secretary % #1 to take Resident #5 to 1 responded by saying, "in a ort. The Secretary stated that use training from the facility, e reported it immediately. * on 11/8/22 at 1:45 PM stated #1 as irritated the day of the She was getting aggravated ents on the unit to include sidents who were described hey wanted to go to bed. NA pped at the residents and hay baby you but I'm not." NA #1 as turning resident's NA #2 revealed she A#1 that she didn't have to at way. She also told e wasn't in the mood today. was supposed to report				
		the nurse who would dident to the DON or the				
	Review of the facilitie	es staffing schedule revealed				

	OF DEFICIENCIES			ONSTRUCTION		E SURVEY PLETED	
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L 051	Continued From pag	e 11	L 051				
	NA #1 worked 3 days abuse on 9/25/22, 9/	s following the allegation of 26/22 and 9/27/22.					
	11/8/22 at 2:21 PM removed NA #1 from allegation of abuse. investigation reveale was allowed to contin the investigation date from the schedule or Interview with the Ad AM revealed NA#1 w following the allegation	d there was a concern; she nue to work. As a result of ed 9/28/22 she was removed					