STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Martin County Department of Social Services conducted a follow-up survey and complaint investigations on April 24-27 and 30, 2018 and May 1-2, 2018 with an exit conference via telephone on May 2, 2018. A complaint investigation was initiated by the Martin County Department of Social Services on March 11, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls, ceilings and floor were kept clean and in good repair in the Special Care Unit for 2 common areas, 6 resident rooms, bathrooms and 2 hallways as evidenced by black discoloration and build up around the base of toilets; scuff marks, chipped, peeling and bubbled paint and stains on walls and doors; a large crack, dirt and water stains on ceilings; dirt build up and scuff marks on the floors; and sink cabinet bases with rotted, discolored and crumbled wood composite. The findings are: Observation of Resident room and bathroom #39	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 1 on 04/24/18 at 12:22pm revealed approximately 16 and ¼ inch bubbles in the paint on the wall to the right of the bed. -The paint was bubbled and peeling behind the commode. -There was black discoloration around the base of the commode. -There was black build up behind the commode and around the base of the floor. Observation of Resident room #41 on 4/24/18 at 12:25pm revealed black build up where the wall meets the floor under the window approximately 2 feet in length. -There was a small pile of dirt next to the bed closest to the door. -There was green-black build up approximately 10 inches long and 4 inches wide located on the floor between the residents' beds against the wall. -There was green-black build up on the floor that was approximately 2 ft by 3 ft located near the bathroom door. -The door knob was loose and coming away from the closet door. -There was green-black build up in the corner on the floor behind the bathroom door that was approximately 1 ft by inches. -There was green-black build up on the floor under the window that was approximately 3 feet in length. Observation of Resident room #47 on 04/24/18 at 12:33 pm revealed: -There was a gray discoloration on the floor in front of the dresser that was approximately 2.5 ft by 5 feet. -There was black build up on the floor along the wall near the window approximately the length of the wall.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 2 Observation of the shared bathroom for Resident rooms #47 and #49 on 04/24/18 at 12:34 pm revealed: -There was black build up on the floor behind the bathroom door approximately 15 inches long and 4 inches wide. -There was black build up on the right side of the commode near the wall that was approximately 3 inches by 3 inches. -There was white crusted hard water build up on the hot water handle. -There were 2 plastic pans in the sink cabinet filled approimately a half gallon of clear liquid in each pan. Observation of Resident Room #49 on 04/24/18 at 12:35 pm revealed: -There were sections of wall under the light switch where the dry wall was exposed in two places that were approximately 2 inches long and 3 inches wide. -There was yellow build up on the wall on the floor coving behind the door approximately the size of a quarter. -There was black build up on the floor along the wall behind the bed that approximately 2 ft long. -There was black build up under the handle to the closet approximately 3" in length. Observation on the hall on 04/24/18 at 12:42pm revealed: -There was a thick black build up in the corner on the left side of the hallway that was approximately 4 inches in length. -There were scuff marks and green -black build up on the floor on the left side of the hallway approximately 8 inches long. -There were scuff marks on the floor on the left side of the hallway approximately 8 inches long. -There was build up in the corner on the floor	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 3	D 074		

outside of the common area.
-There were long scuff marks on the wall approximately 2 feet in length at both wheelchair height and approximately 5 inches from the floor.
-The paint was chipped and bubbling along the length of the hall.
-There were scuff marks and dried stains along the hall outside of the common area.
-There were scuff marks and missing chips of paint in the hall outside of room #49.

Observation of the common sitting room on 04/24/18 at 12:45 pm revealed all three couches used by residents were worn down and ripped on the corners of the cushions.
Observations of the indoor porch common area on 04/24/18 at 12:48 pm revealed:
-Three of three rocking chairs had dirt caked on the bottom rails.
-There was a dent in the wall halfway up the length of the wall near the bathroom approximately 1 inch round area of broken dry wall.
-There was dried food and trash on the rail surrounding the porch area.
-There was dirt and build up on and between the porch rails.
-There was black splatter and black build up on the post next to sitting area.
-There was build up and dirt in the corner outside of the sitting area.

Observation of Resident room #54 on 04/24/18 at 12:54pm revealed:
-The lamp shade had a burn mark approximately 7 inches long.
-Another lamp shade had a stain approximately 2 inches long.
-There was a scrape along the wall behind the Resident's chair approximately 14 inches long

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 4	D 074		

with exposed dry wall.
-The ceiling had 2 water stains and a crack in the plaster approximately 18 inches long.

Observation on 04/24/18 at 12:58 pm of the hallway outside of room #54 revealed:
-There was a large crack in the ceiling approximately 2 feet long that forked into 2 cracks on one side.
-There was a crack in the ceiling approximately 4 inches long.
-There was dirt on the ceiling next to the small crack.

Observation on 04/24/18 at 1:03pm of bathroom for Resident room #56 revealed:
-There was a brown residue smear on the wall above the chair rail near the toliet tissue dispenser that was approximately 2 inches in length.
-The paint was chipped off the wall above the chair rail near the toliet tissue dispenser exposing the dry wall that was approximately 4 inches in length.
-There was black residue and dried stains in the corner of the sink cabinet approximately 2 inches by 3 inches.
-There was black residue on the front facing section of the sink cabinet that covered approximately one-third the length of the cabinet face.
-There was discoloration on the wall between the commode and sink with dried white spills that was approximately 1 ft wide by 3 feet in length.
-The inside of the bathroom door had dried brown liquid on the bottom half of the door.
-There was black build up in the corner behind the exit door.

Observation on 04/25/18 at 8:21am of room #43

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 5	D 074		

revealed a large scratch on the bathroom door approximately 5 inches long.

Interview with Maintenance Director on 04/25/18 at 9:18 am revealed:
-Work orders were written in a work order book in the medication room or staff leaves a note in the maintenance mail box for repairs.
-Daily room and hall rounds were made to spot check for necessary repairs or cleaning by maintenance.
-The Maintenance Director reported directly to administration.
-Administration also did spot checks for needed repairs and cleaning.
-The work that needed to be done was discussed daily in an interdepartmental meeting.
-It was reported to administration that the sink cabinets needed to be replaced due to wear in the daily meetings.
-There was no money in the budget for repairs that had been discussed.
-The Maintenance Director did the floor buffing, stripping and waxing when he time allowed.
-He was the supervisor for the laundry and housekeeping department.

Interview with Maintenance Director on 04/25/18 at 9:47 am revealed he does not check the housekeeping staff's work due to time constraints on his schedule.

Interview with a housekeeping on 04/24/18 at 9:31 am revealed:
-Housekeepers did not have assigned rooms to clean but rather helped each other get it done.
-The daily assignment for all rooms was dusting dressers and tables, sweeping the floors including under the bed and behind the furniture, dust the vent, clean the door frames, clean the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 6	D 074		

bathroom including sink and commode, and mopping.
-There was a cleaning schedule.

Interview with a second housekeeper on 04/26/18 at 8:15 am revealed:
-There were rooms assigned to each housekeeper.
-One person was assigned to clean all of the rooms daily in the Special Care Unit.
-Daily room cleaning included sweeping the floors and under the bed, moving the furniture to sweep behind, mopping, and scrubbing bathrooms, cleaning mirrors and windows and taking out the trash.
-The floors were buffed when the maintenance supervisor was "ready to do it."
-The black rings on the bottom of the commodes did not get cleaner looking after being cleaned.
-She scraped the floor build up 1-2 times per week and used germicide to remove the build up.

Observations of resident room #51 on 04/24/18 at 12:13pm revealed:
-There was a heavy brown/black buildup of dirt on the floor which was thicker in front of the resident's bed by the window, along the edges where the floor met the wall, in the corners and behind the door.
-The door to the shared bathroom had brown/black smudges, yellow stains and drip marks approximately 6 inches in width extending from above the door handle to the bottom of the door.

Observations of the shared bathroom for resident rooms #51 and #53 on 04/24/18 at 12:14pm revealed:
-The sink door did not close completely and there was a soiled (feces) incontinent brief inside the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 7 cabinet. -The bottom of the sink cabinet had rotted, crumbling wood composite for the width of the cabinet wall and approximately 4 inches from where the base of the cabinet met the floor. -The walls behind and on the side of the commode had a large area bubbled, peeling and chipped paint which extended from the top of the based board to the height of the hand rail on the wall. -There were black marks on the floor around the front and sides of the base of the toilet. Observations of resident room #53 on 04/24/18 at 12:22pm revealed: -There was a heavy brown/black buildup of dirt on the floor which was thicker along the edges where the floor met the wall, in the corners and behind the door. -The door to the shared bathroom had brown/black smudges, yellow stains and drip marks approximately 3 inches in width extending from above the door handle to the bottom of the door. Observations of resident room #55 on 04/24/18 at 12:22pm revealed: -There was a heavy brown/black buildup of dirt on the floor which was thicker along the edges where the floor met the wall, in the corners and behind the door. -The door to the shared bathroom had brown/black smudges, yellow stains and drip marks approximately 3 inches in width extending from above the door handle to the bottom of the door. Observations of the shared bathroom for resident rooms #55 and #57 on 04/24/18 at 12:27pm revealed:	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 8 -The sink cabinet door did not close completely. -The wall next to the sink cabinet where the door rubbed had an area of chipped paint approximately the size of a grapefruit. -The bottom of the sink cabinet had rotted, crumbling wood composite with warped paint for the width of the cabinet wall and approximately 4 inches from where the base of the cabinet met the floor. -The walls behind and on the side of the commode had a large area bubbled, peeling and chipped paint which extended from the top of the based board to the height of the hand rail on the wall. Observations of resident room #55 on 04/24/18 at 12:28pm revealed there was a heavy brown/black buildup of dirt on the floor which was thicker along the edges where the floor met the wall, in the corners and behind the door. Interview with a resident on 04/24/18 at 12:25pm revealed: -The resident and her roommate did most of cleaning in their room. -The staff cleaned the furniture in the common areas and cleaned the outside porch area. Second interview with a second housekeeper on 04/24/18 at 12:32pm revealed: -She had not noticed the rotting wood composite at the bottom of the sinks and the ill-fitting cabinet doors in shared resident bathrooms #51/#53 and #55/#57. -She had not yet cleaned the shared resident bathrooms #51 and #53, and #55 and #57 on 04/24/18 because she started at the other end of the hall. -The walls in the shared resident bathrooms #51 and #53, and #55 and #57 had been that way for	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 9	D 074		

"a long time" meaning more than a year.
-She had not reported the sink cabinet doors, the rotted areas on the bottom of the sink cabinets or the condition of the walls in shared resident bathrooms #51 and #53, and #55 and #57 to anyone.
-She had tried to clean the heavy dirt buildup on the floors and the brown/black areas did not come off when she mopped the floors.

Observations of the shared bathroom for resident room #58 on 04/24/18 at 1:20pm revealed:
-The walls behind and on the side of the commode had a small area bubbled, peeling and chipped paint above the based boards.
-The bottom of the sink cabinet had rotted, crumbling wood composite for the width of the cabinet wall and approximately 3 inches from where the base of the cabinet met the floor.

Observations of resident room #59 on 04/24/18 at 12:39pm revealed there was brown/black buildup of dirt on the floor which was thicker along the edges where the floor met the wall, in the corners and behind the door.

Observations of the shared bathroom for resident room #59 on 04/24/18 at 12:41pm revealed the walls behind and on the side of the commode had a small area bubbled, peeling and chipped paint above the base boards.

Observations of the common area near resident room #59 on 04/24/18 at 12:59pm revealed there was a dark brown/black buildup of dirt on the floor which was thicker at the doorway, in front of the sofa and chairs, in the corners and behind the door.

Observations of resident room #61 on 04/24/18 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 10 12:46pm revealed the floor was sticky and there was a heavy brown/black buildup of dirt on the floor which was thicker along the edges where the floor met the wall, in the corners and behind the door. Observations of the shared bathroom for resident room #61 on 04/24/18 at 12:47pm revealed the bottom of the sink cabinet had rotted, crumbling wood composite with chipped and peeled paint for the width of the cabinet wall and approximately 4 inches from where the base of the cabinet met the floor. Observations of the shared bathroom for resident room #62 on 04/24/18 at 12:44pm revealed the walls behind and on the side of the commode had a small area bubbled, peeling and chipped paint above the based boards. Second interview with a housekeeper on 04/30/18 at 11:56am revealed: -He worked on the Special Care Unit (SCU) when the regular housekeeper was off which was usually one to two days per week. -He had noticed the condition of sink cabinet bases and the walls in several resident bathrooms on the SCU and had reported the concern to the Maintenance Director a few days ago (04/27/18). -Housekeepers were responsible for cleaning bathrooms, floors and doors every day. -He used disinfectant wipes to clean resident doors daily. -The Maintenance Director was responsible for checking the housekeepers' work every day. Interview with Regional Director on 04/24/18 at 5:55pm and 04/27/18 at 11:00am revealed: -She was not aware of the dirt build up, ill-fitting	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 074	Continued From page 11 cabinet doors, rotted sink cabinet bases and bubbled paint on the bathroom walls in resident rooms #51 and #53 and #55 and #57 as examples of concerns found on the SCU. -She planned to visit each resident room and the common areas on the SCU with the Maintenance Director on 04/25/18. -There was one housekeeper on duty Monday through Saturday. -PCAs (personal care assistants) on 2nd and 3rd shift were supposed to spot clean and empty trash. -Maintenance usually did the buffing and waxing for the floors. -Maintenance was aware of the paint issues. -Housekeeping was responsible for wiping down the doors. -Staff usually told maintenance verbally about issues that needed to be repaired. -There were logs in the medication room where staff could report issues to the medication aides (MAs). -The MA wrote down the issue in the log and gave it to maintenance. -The Maintenance Director should check the log daily. -Administrators were supposed to do weekly walk throughs to check for issues. -She was unaware if this had been done by the prior and interim Administrators.	D 074		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 12 needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews the facility failed to provide personal care assistance specifially bathing in accordance with the care plan for 1 of 5 residents sampled (Resident #6) with skin irritation under the left breast unknown to staff. The findings are: Review of Resident #6's current FL-2 dated 10/15/17 revealed: -Diagnoses included Dementia, Colostomy, Diabetes Mellitus, and Hypertension. -Resident #6 was semi-ambulatory and required personal care assistance with bathing and dressing. -Resident #6 was incontinent of bladder and had a colostomy. Review of Resident #6's Assessment & Care Plan dated 02/08/18 revealed: -Resident #6 required extensive assistance bathing and toileting. -Resident #6 required limited assistance with dressing, grooming, and transferring. Observation of Resident #6's stomach on 4/26/18 at 4:57pm revealed: -The skin was bright red with patches of sloughing skin on the lower abdomen in a stomach fold, extending from the resident's left hip bone across the stomach to underneath the	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 13	D 269		

umbilicus, extending down onto the pubic bone, and 1 ½ inches wide.
-The skin was bright red with patches of sloughing skin on the upper left thigh in the fold area, extending from the resident's left hip bone approximately 9 inches down the leg and 1 ½ inches wide.
-There was an odor coming from the resident.

Interview with a personal care aide (PCA) on 04/26/18 at 10:44am revealed:
-She had saw Resident #6's stomach rash about two to three weeks ago.
-The rash on Resident #6's stomach was no longer there.

Interview with another PCA on 04/26/18 at 3:38pm revealed:
-Resident #6 had an irritation under her stomach and between her groin and thigh area.
-Resident #6 had had the rash about a month.
-She last saw the rash last week when she checked to see if the resident was wet.
-She thought the rash had cleared up but she was not sure what the rash looked like now.

Interview with another PCA on 04/26/18 at 3:45pm revealed:
-She last saw Resident #6's stomach about a week ago.
-Prior to that time, she remembered seeing the rash about a month ago and it was really red.
-The rash was less red this week and seemed to be healing.

Interview with the staff for the PCP on 04/27/18 at 9:59am revealed:
-Resident #6 was originally seen on 02/02/18 for a rash with onset 1-2 weeks prior.
-The rash was itchy, red, and excoriated in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 14	D 269		

abdominal fold.
-Resident #6 was diagnosed with yeast candidiasis.
-The resident was more at risk for this type of rash due to being diabetic and overweight and the rash could be hard to treat.
-It was important to keep the area dry and clean.

Interview with the Nurse Practitioner (NP) on 04/30/18 at 1:50pm revealed:
-She saw Resident #6 for the rash on her abdomen on 02/02/18 and had not seen the rash since that time.
-She prescribed an antifungal cream that should have helped clear the rash in a week or so.
-Resident #6 was non-ambulatory and usually in a wheelchair so sweating or leaking from her colostomy bag could have contributed to the rash not clearing.

Observation of Resident #6 on 04/27/18 at 1:50pm revealed staff assisted Resident #6 to show she had a rash under the left breast.

Interview with the Corporate Registered Nurse (RN) on 04/27/18 at 1:50pm revealed; "What we got here is yeast."

Interview with a personal care aide (PCA) on 04/26/18 at 10:44am revealed:
-Resident #6 was usually up and dressed in the morning when first shift staff arrived.
-If the resident became soiled or wet overnight, third shift staff would clean the resident.
-Resident #6 had dementia and could be forgetful.

Interview with a medication aide (MA) on 04/26/18 at 10:52am revealed:
-Resident #6 was pretty much total care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 15 -Resident #6 needed the most help with bathing, dressing, and toileting. -Resident #6 had not complained of any itching or pain. Interview with Resident #6 on 04/26/18 at 3:21pm revealed: -She did not ask for help with her baths. -She found it too hard to get into the bathtub and often washed up in the sink. -She did not recall any staff offering to give her a bath or clean the area under her stomach where she had a rash. Interview with a second PCA on 04/26/18 at 3:38pm revealed: -She assisted Resident #6 with showering. -Resident #6's daughter did most of her baths at night. -Resident #6's daughter would tell staff if she gave Resident #6 a bath and staff would document the resident had a bath. -Staff were to document in the Aide Weekly Task Schedule when the resident received a shower. -She did not remember the last time she gave resident a shower. Interview with a third PCA on 04/26/18 at 3:45pm revealed: -She assisted Resident #6 with bathing but sometimes the resident washed on her own. -Resident #6 was forgetful. -She thought Resident #6 was supposed to get a bath on first shift. -Resident #6 required extensive assistance with bathing and would not be able to bathe on her own. -There was a book that determined when residents got baths. -She now thought Resident #6 might have been	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 16 scheduled to get a bath on second shift. Interview with Resident #6 on 04/26/18 at 4:57pm revealed: -Her daughter usually visited two times weekly depending on her work schedule. -Her daughter had never given her a bath at the facility. -She bathed herself because "staff don't have time to do nothing." Review of the Aide Weekly Task Schedule dated 4/25/18 revealed the third PCA documented giving Resident #6 a bath. Review of the Aide Weekly Task Schedule for Resident #6 dated 04/18/18-04/24/18 revealed: -The third PCA documented giving Resident #6 a bath on 04/18/18 and 04/20/18. -The second PCA documented giving Resident #6 a bath on 04/23/18. Review of the Aide Weekly Task Schedules dated 01/31/18 through 04/25/18 revealed there were no documented refusals of bathing/personal hygiene. Interview with the second PCA on 04/26/18 at 5:10pm revealed: -She had given Resident #6 a bath on Monday 04/23/18. -She typically used the shared bathroom in Resident #6's room wash her up or the spa on the hall. -She could not recall whether Resident #6 was on the Monday, Wednesday, and Friday bathing schedule or the Tuesday, Thursday, and Saturday schedule.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 17 Interview with the Special Care Coordinator (SCC) on 04/26/18 at 5:20pm revealed: -She had completed the care plan for Resident #6. -She had not provided personal care assistance to Resident #6 in quite some time. -Resident #6 required assistance with bathing, dressing, toileting and her colostomy bag. -Resident #6 would require assistance with bathing because she was unsteady. -She could wash her face but would have trouble washing her back and lower extremities. -She was not aware of Resident #6's daughter ever giving her a bath at the facility. -Residents were supposed to receive baths three times weekly and get sponge baths on the other four days. -Refusals of baths should also be documented on the Aide Weekly Task Schedule. Interview with Resident #6 on 04/27/18 at 10:30am revealed: -She had taken a bath in the sink that morning of 04/27/18. -No one had offered to give her a bath but she knew when she was dirty. -She last remembered staff offering to give her a bath about two weeks ago. -"Staff were too busy to do anything." Interview with two first shift PCAs on 04/27/18 at 10:40am revealed: -Resident #6 was supposed to get baths on second shift. -Resident #6 was unable to bathe herself. -She would be unable to reach certain areas. -If a resident refused a bath, the PCA would document in the Aide Weekly Task Schedule. Interview with the Corporate RN on 04/27/18 at	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 18 1:55pm revealed "she's one I tell the girls you don't ask her if she's ready for a bath, just say come on let's go." Interview with a first shift PCA on 04/30/18 at 10:56am revealed: -Resident #6 required assistance with bathing, toileting, and colostomy care. -Resident #6 was unable to bathe herself. -Staff helped the resident dress in the mornings. -She had not seen any redness or rash under the resident's breast. -She had never seen or known Resident #6's daughter give the resident a bath. Observation of Resident #6 on 04/30/18 at 10:45am revealed there was an odor coming from the resident as she sat on the edge of her bed. Interview with the transporter on 04/30/18 at 11:08am revealed: -Resident #6 went to her (Nurse Practitioner) NP on 04/18/18. -The transporter sat in on this appointment with the NP. -Resident #6 did not mention any rashes to the doctor. -She had not been asked to schedule any appointments regarding Resident #6. -She was unaware that Resident #6 had a rash under her breast. Interview with the Supervisor on 04/30/18 at 12:06pm revealed: -She was unaware Resident #6 had an area under her breast. -Resident #6 had not complained about the area. -If PCA's discovered an issue with a resident while providing personal care, they were to report	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 19	D 269		

it to the Supervisor.
-The Supervisor would then document in the care notes and leave a note for the transporter to schedule an appointment.
-The Transporter would be able to follow up with the supervisor if more information was needed.

Interview with the Nurse Practitioner (NP) on 04/30/18 at 1:50pm revealed:
-Resident #6 needed assistance with bathing, toileting, and her colostomy bag.
-Resident #6 was unable to do those things at home prior to moving to the facility.
-She was unaware that Resident #6 had a rash under her breast.
-The facility had not called regarding any issues with the resident.
-She knew Resident #6 did not like to take baths.
-She had not been notified of Resident #6 refusing to bathe.

Interview with a second shift PCA on 04/30/18 at 3:30pm revealed:
-She last gave Resident #6 a bath a few weeks ago.
-Resident #6 did not have any skin rashes.
-She had not seen the rash on Resident #6's abdomen or under her breast.
-If she had found a rash on the resident, she would have reported it to the medication aide or Supervisor.
-Resident #6 refused a bath at least once in the last month because she said she did not like to be wet.
-PCAs were to ask residents three times if they refused a bath then document the refusal on the Aides Weekly Task Schedule.
-She recalled Resident #6's daughter coming to visit and taking the resident into the hall bathroom but she was not sure if Resident #6's daughter

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 20 gave her a bath. Interview with another second shift PCA on 04/30/18 at 3:25pm revealed: -She did not recall Resident #6 ever refusing a bath. -Resident #6 was forgetful and often did not remember when she had taken a bath. -She had given Resident #6 a bath in the last week. -She did not know there was a rash under Resident #6's breast. -Resident #6 had not complained about the area under her breast. Interview with a medication aide (MA) on 04/30/18 at 3:45pm revealed: -She was not aware Resident #6 had a rash under her breast. -PCAs were supposed to report to MAs if they discovered an issue with a resident while providing personal care. -The MA would then call the doctor. -If an appointment was needed, the MA would leave a note for the transporter to schedule or call the transporter if the need was more urgent. Interview with Resident #6's family member on 04/30/18 at 4:56pm revealed: -She visited the facility about two times a week. -She took a pack of cleansing cloths each week to help with Resident #6's colostomy care. -She had to replace the pack of cleansing cloths weekly. -Her mother was usually clean when she visited. -The staff were busy and sometimes the facility seemed understaffed. -Resident #6 had a history of refusing baths because she did not like to get wet or she would complain it was too cold.	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 21 -She had never given Resident #6 a bath at the facility but had cleaned Resident #6 up in the sink. -Resident #6 needed help with bathing because she would not be able to reach certain areas like under her stomach where she currently had a rash. -She was unaware of her mother having any other rashes. Interview with the Nurse Practitioner (NP) on 04/30/18 at 1:50pm revealed: -Resident #6 needed assistance with bathing, toileting, and her colostomy bag. -Resident #6 was unable to do those things at home prior to moving to the facility. -She was unaware that Resident #6 had a rash under her breast. -The facility had not called regarding any issues with the resident. -She knew Resident #6 did not like to take baths. -She had not been notified of Resident #6 refusing to bathe. Interview with the Regional Director on 04/30/18 at 4:35pm revealed: -If a staff member discovered skin tears, rashes, or other issues with a resident they should report it to the medication aide (MA) or supervisor. -The MA or Supervisor would then report the issue to the physician. -If a resident refused to bathe, the physician and family should be informed by the MA or supervisor. _____ The facility's failure of the facility to provide personal care assistance i.e. bathing in accordancee with the care plan for Resident #6 with skin irritation under the left breast unknown	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 269	Continued From page 22 to staff and a persisting rash in the groin area placed the reisdent at risk of infection and therfore was detrimnetal to the health, safety, and welfare the resident and constitues a Type B violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 16, 2018.	D 269		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews and record reviews, the facility failed to assure 3 of 7 sampled residents (#3, #5 and #7) were supervised for safety on the Special Care Unit (SCU) as evidenced by Resident #3 experiencing 4 incidents of injuries including sternal and spine fractures and a subdural hemorrhage with unknown causes and 4 documented falls from October 2017 through March 2018; Resident #7 experiencing 8 falls in less than 30 days with one documented head injury requiring emergency room evaluation; and Resident #5 having repeated undocumented and unreported falls as frequently as once per week .	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 23 The findings are: 1. Review of Resident #3's current FL-2 dated 11/21/17 revealed: -Diagnoses included Alzheimer's dementia, depression and paranoia. -Resident #7 was ambulatory, constantly disoriented and had wandering behaviors. Review of Resident #3's care plan dated 02/02/18 revealed: -Resident #3 loved to eat and walk, and her family was supportive. -Resident #3 was ambulatory, incontinent of bowel and bladder, and required extensive assistance with bathing and toileting. -There was no documentation of fall prevention interventions for Resident #3. Review of a care note for Resident #3 dated 10/01/17 (no time) revealed staff documented that Resident #3's nose and upper lip were a little swollen. Interview with the Regional Director on 04/26/18 at 9:35am revealed she was unable to find an accident/incident report dated 10/01/17 for Resident #3. Telephone interview with the former Special Care Coordinator (SCC) on 04/26/18 at 11:43am revealed she was unable to finish the interview at that time related to the care note documented 10/01/17. Telephone interview with Resident #3's Power of Attorney (POA) on 04/26/18 at 5:04pm revealed: -She remembered Resident #3 having had a swollen lip and swollen nose on 10/01/17 and it	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 24	D 270		

looked like Resident #3 had been hit.
-She thought there might have been some bruising also.
-She could not remember if she had found Resident #3 with the swollen lip and swollen nose, or if staff had found Resident #3 and reported it to her.
-She did not know what happened to Resident #3.

Telephone interview with a personal care aide (PCA) on 04/27/18 at 10:23am revealed:
-She did not know anything about Resident #3 having a swollen lip and swollen nose on 10/01/17.
-She did not know "what went on when she left the facility," but would come back to work and find residents with "skin tears, black eyes and bruises."
-She would ask questions of other staff members and staff would say the resident fell or they did not know what happened.

Interview with a second PCA on 04/27/18 at 4:45pm revealed she did not remember Resident #3 having a swollen lip and swollen nose on 10/01/17.

Interview with a Supervisor on 04/26/18 at 12:08pm revealed:
-She familiar with Resident #3, but was not aware of the resident having had a swollen lip and swollen nose on 10/01/17.
-No one had reported any incident related to Resident #3 having had a swollen lip and swollen nose to her.

Review of care notes dated 10/01/17 through 12/09/17 and the care plan dated 02/02/18 for Resident #3 revealed there was no documentation of any fall prevention measures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 25	D 270		

put in place for Resident #3.

There was no 72 hour post fall assessment form dated 10/01/17 for Resident #3 available for review.

Completed 15 and 30 minute check sheets dated 10/01/17 through 12/09/17 for Resident #3 were not available for review.

Review of a care note for Resident #3 dated 12/09/17 (no time) revealed staff documented that Resident #3's returned from the ER (emergency room), no changes and bandage to be removed in three days.

Interview with the Regional Director on 04/26/18 at 9:35am revealed she was unable to find an accident/incident report dated 12/09/17 for Resident #3.

Attempted interview on 05/01/18 at 6:27pm with the former staff that documented the 12/09/17 care note for Resident #3 was unsuccessful.

Review of Resident #3's hospital record of an ER visit for 12/09/17 revealed:
-Resident #3 presented to the ER on 12/09/17 at 9:12am after a fall and had a history of multiple falls.
-Resident #3 fell out of a chair from the seated position and hit the left side of her head.
-Resident #3 had an abrasion to her left scalp and an old abrasion on her left arm.

Telephone interview with Resident #3's POA on 04/26/18 at 5:04pm revealed:
-Staff reported Resident #3 fell on 12/09/17 because Resident #3 was fighting staff when the staff attempted to get the resident up from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 26	D 270		

chair in the dining room.
-Resident #3 fell, hit her head and had a large bump on her head.
-She did not understand if staff were trying to help Resident #3, how the resident could have fallen backwards because it seemed like they just let Resident #3 fall.
-She had tried to contact the Administrator about the fall on 12/09/17, but the Administrator never returned her calls.

Review of care notes dated 12/09/17 through 01/01/18 and the care plan dated 02/02/18 for Resident #3 revealed there was no documentation of any fall prevention measures put in place for Resident #3.

There was no 72 hour post fall assessment form dated 12/09/17 for Resident #3 available for review.

Completed 15 and 30 minute check sheets dated 12/09/17 through 01/01/18 for Resident #3 were not available for review.

Review of a care note for Resident #3 dated 01/01/18 at 12:18pm revealed:
-The SCC documented that Resident #3's was found on the bedroom floor by the personal care aide in the morning with an injury to the left side of the head.
-Resident #3 was sent to the ER and given intravenous fluids for dehydration.

Review an accident/incident report dated 01/01/18 for Resident #3 revealed:
-Resident #3 was found on the floor in her bedroom at 7:30am as the PCA was getting residents up for breakfast.
-Resident #3 had an injury to her head and was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 27	D 270		

transported to the ER.
-Resident #3's POA was notified.
-Resident #3's physician was not notified.
-The ER diagnoses were fall and dehydration and Resident #3 was to follow up with her physician.
-The staff that prepared the accident/incident report did not sign the report.

Review of an emergency medical services (EMS) report dated 01/01/18 for Resident #3 revealed:
-EMS received the call from the facility at 7:30am on 01/01/18 and were present with Resident #3 at 7:38am.
-Resident #3 was sitting upright on the floor in her room and had an obvious laceration on her forehead over her left eye which had "bled all over her pajamas."
-"The bleeding had self-controlled and the blood on the floor and pants was dried as if she had been there for a while."

Review of Resident #3's hospital record of an ER visit for 01/01/18 revealed:
-Resident #3 presented to the ER on 01/01/18 at 7:59am after a fall "from the upright position while walking."
-Resident #3 sustained an injury to her head, abrasion, contusion, hematoma, swelling and tenderness.
-The discharge diagnoses and instructions were not included with the record.

Telephone interview with Resident #3's POA on 04/26/18 at 5:04pm revealed:
-On 01/01/18, Resident #3 was found by staff at the change of shift sitting on the floor in her room with blood on her head, blood on her pajamas and blood on the floor.
-Resident #3 had been sitting on the floor so long that the blood was dry on the residents face and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 28	D 270		

pajamas and the floor.

Interview with a third PCA on 04/30/18 at 11:23am revealed:
-She was assigned to Resident #3 on 01/01/18, and she was getting residents up for breakfast that morning when she got to Resident #3's room and found the resident sitting in the middle of the floor in her room.
-Resident #3 was bleeding from her head, had blood on clothes and "the blood looked dried up like she had been sitting there a good little while."
-She ran up the hallway to get the Supervisor and the Supervisor went down to Resident #7's room and checked her.
-The PCA that was assigned to Resident #7 for 3rd shift on 12/31/17, left early that shift.
-She did not know the name of the PCA or exactly when the PCA left.

Telephone interview with a fourth PCA on 05/02/18 at 11:04am revealed:
-She worked 3rd shift on 12/31/17, but was not assigned to Resident #3.
-She did not think the PCA who was supposed to have Resident #3's section came to work for 3rd shift on 12/31/17, or the PCA left early.
-Whenever there were not enough PCAs or there was a call out, the Supervisor would walk the halls on the special care unit and would have seen Resident #3 on the floor.
-She received a call from the Supervisor that was on duty for 3rd shift on 12/31/17 at approximately 11:00am on 01/01/18 and the Supervisor told her Resident #3 was found on the floor at change of shift and asked if the PCA was assigned to Resident #3's section.
-The Supervisor did not know who was assigned to Resident #3 for 3rd shift on 12/31/17.
-The Supervisor said they did not know how long

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 29 Resident #3 had been on the floor. Attempted interview with the 3rd shift Supervisor on 05/02/18 at 11:18am was unsuccessful. Interview with the SCC on 04/30/18 at 4:12pm revealed: -Resident #3 was sent to the ER before the SCC arrived to work that day (01/01/18). -She was not aware that Resident #3 had dried blood from her head injury on her pajamas and she was not able to say how long Resident #3 was sitting on the floor after the injury. -She had not been notified of any 3rd shift staff from 12/31/17, leaving the shift early the morning of 01/01/18. Telephone interview with the Regional Director on 05/01/18 at 1:24pm revealed she was not aware of any staff leaving the 3rd shift early on 12/31/17. Review of care notes dated 01/01/18 through 02/03/18 and the care plan dated 02/02/18 for Resident #3 revealed there was no documentation of any fall prevention measures put in place for Resident #3. There was no 72 hour post fall assessment form dated 01/01/18 for Resident #3 available for review. Completed 15 and 30 minute check sheets dated 01/01/18 through 02/03/18 for Resident #3 were not available for review. Review of care notes for Resident #3 dated 02/03/18 revealed: -Staff documented (no time) that Resident #3's was asleep in a chair and fell out. -Staff did a range of motion (ROM) check on	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 30	D 270		

Resident #3's left arm and the resident did not have any bruises, abrasions or skin tears.
-Staff notified Resident #3's family member.
-A second staff documented (no time) the PCA went to get Resident #3 for dinner but the resident could not walk on her right leg.
-Resident #3 had a knot and a bruise on her left hip.
-Staff was calling Resident #3's family member as the family member walked into the facility and the family member took Resident #3 to the ER.

Review an accident/incident report dated 02/03/18 for Resident #3 revealed:
-Resident #3 fell at 1:08pm, staff got the resident up, assessed her and found no skin tears, abrasions or bruises.
-Staff did ROM on the resident's left arm, the resident seemed to have no pain and the resident was laid down to nap.
-Resident #3's POA was notified and asked that staff "lay her down."
-Resident #3's physician was not notified.

Review of Resident #3's ER discharge instructions dated 02/03/18 revealed:
-Resident #3 was seen in the ER on 02/03/18 for an accidental fall.
-The discharge diagnoses were a contusion of the left hip and abrasion of the left shoulder.
-Resident #3 was to follow up with her physician as soon as possible.

Telephone interview with Resident #3's POA on 04/26/18 at 5:04pm revealed:
-On 02/03/18, staff reported Resident #3 was placed in a regular chair with no side arms near the indoor front porch area after lunch.
-The chair was normally used for staff who were responsible for monitoring the halls.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 31	D 270		

-Resident #3 was usually sleepy after eating lunch and the resident had fell asleep and fell out of the chair.
-She went to see Resident #3 at the facility approximately three hours after receiving the call that Resident #3 had fallen out of the chair.
-When she arrived at the facility, staff came to her and reported Resident #3 could not walk.
-She took Resident #3 to the ER and x-rays were done but there was no break and Resident #3 was up and walking after a dose of acetaminophen. (Acetaminophen is an anti-inflammatory used to treat pain and swelling.)

Interview with a second MA on 04/30/18 at 3:56pm revealed:
-She could not remember if Resident #3 fell in the dining room or in her room, but initially Resident #3 was fine.
-Later the same day, Resident #3 was trying to go to the dining room for dinner and was not able to walk.
-Resident #3's family member was coming into the facility, so she told the family member Resident #3 was not able to walk on her right leg.
-The family member asked the MA to send Resident #3 to the ER, but then the family member ended up taking Resident #3 to the ER.

Review of care notes dated 02/03/18 through 02/12/18 and the care plan dated 02/02/18 for Resident #3 revealed there was no documentation of any fall prevention measures put in place for Resident #3.

There was no 72 hour post fall assessment form dated 02/03/18 for Resident #3 available for review.

Completed 15 and 30 minute check sheets dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 32 02/03/18 through 02/12/18 for Resident #3 were not available for review. Review of a care note for Resident #3 dated 02/12/18 at 11:13am revealed: -Staff documented that Resident #3's was sitting at the table at snack time and slipped out of the chair onto the floor. -Resident #3 "seemed okay at this time" and the family member was notified. Review an accident/incident report dated 02/12/18 for Resident #3 revealed: -Resident #3 was found on the floor "on her butt" after a fall/slip at 11:00am, staff got the resident up, "checked her over and seems to be ok." -Resident #3's POA was notified. -Resident #3's physician was not notified. Telephone interview with Resident #3's POA on 04/26/18 at 5:04pm revealed she was not notified about Resident #3 having slipped out of a chair on 02/12/18. Interview with a medication aide (MA) on 04/26/18 at 3:17pm revealed: -On 02/12/18, Resident #3 was in the dining room eating a snack, fell or rather slipped out of the chair and landed in the seated position. -She did ROM on Resident #3, the resident was not hurt, the family member was notified and said they would be at the facility later that day. Review of care notes dated 02/12/18 through 03/08/18 and the care plan dated 02/02/18 for Resident #3 revealed there was no documentation of any fall prevention measures put in place for Resident #3. There was no 72 hour post fall assessment form	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 33	D 270		

dated 02/12/18 for Resident #3 available for review.

Completed 15 and 30 minute check sheets dated 02/12/18 through 03/08/18 for Resident #3 were not available for review.

Review of a care note for Resident #3 dated 03/08/17 revealed at 6:50am, the 3rd shift Supervisor documented a PCA reported Resident #3 had a skin tear on her left arm and that it was "not known how it happened."

Interview with the Regional Director on 04/26/18 at 9:35am revealed she was unable to find any accident/incident report dated 03/08/18 for Resident #3.

Interview with a fifth PCA on 03/13/18 at 4:20 pm revealed:
-She reported to the Supervisor on 03/08/18, that Resident #3 had a skin tear on her left arm, it was more like a cut on Resident #3's left arm because it was lying open and it was a fresh wound.
-She worked 1st shift on Wednesday 03/07/18, and when she left Resident #3 was doing fine.
-She stood Resident #3 up to get her dressed for breakfast and the resident went to the right after standing up.
-She walked Resident #3 to the dining room, but had to hold her by the waist to keep her from falling.
-Resident #3 did not eat much for breakfast.
-She kept Resident #3 in the living room because she wanted to keep an eye on her.
-Resident #3 slept almost the whole day and was not walking up and down the hall.
-She put a yellow T-shirt on Resident #3 but did not notice in yellowish bruises on her chest, but every time she touched Resident #3, the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 34	D 270		

acted as if she was in pain.
-She reported Resident #3's change in behavior to the former SCC.

Telephone interview with the former SCC on 04/26/18 at 11:43am revealed:
-She did not know exactly what happened to Resident #3 the week of 03/05/18.
-A PCA had reported Resident #3 had not been "acting right."
-She was just getting in to work at the facility, so she put her belongings down and went to check on Resident #3.
-She had checked Resident #3 for bruises or injuries to indicate the resident might have fallen.
-Resident #3 did not have any bruises or obvious injuries and there was no note in her record about a fall or "anything like that."
-There was a note about a skin tear and "that was it."
-She had seen the bandage on Resident #3's arm when she checked the resident, but not the actual skin tear.
-This happened the week before the former SCC left the facility (03/12/18) and she could not remember exactly which day.
-She was unable to finish the interview at that time.

Interview with a MA on 04/26/18 at 3:17pm revealed:
-The 3rd shift Supervisor told the 1st shift Supervisor Resident #3 had a skin tear.
-The 3rd shift Supervisor documented the skin tear because the 1st shift Supervisor told her to.
-The MA did not know what happened after that, but the 3rd shift Supervisor should have applied a bandage and completed an incident report.

Interview with a second Supervisor on 04/26/18 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 35 7:20am revealed: -During the change of shift (from 3rd shift to 1st shift at approximately 7:00am on 03/08/18), the 1st shift PCA found a skin tear on Resident #3. -The PCA came to the nurse's station and reported Resident #3 had a skin tear on her left arm. -It was change of shift, so she "passed it on" to the next shift medication aide. -She did not go and check on Resident #3 before leaving that day. -She worked a double shift on the Saturday before Resident #3 left the facility (03/11/18) and Resident #3 was "herself" meaning Resident #3 did not have any change from her baseline condition and behavior from 3:00pm Saturday until she went to bed. -Resident #3 was fine before she went to bed that Saturday night (03/10/18) and fine that Sunday morning (03/11/18). Review of care notes dated 03/08/18 through 03/11/18 and the care plan dated 02/02/18 for Resident #3 revealed there was no documentation of any fall prevention measures put in place for Resident #3. There was no 72 hour post fall assessment form dated 03/08/18 for Resident #3 available for review. Completed 15 and 30 minute check sheets dated 03/08/18 through 03/11/18 for Resident #3 were not available for review. Review of Resident #3's ER records for 03/11/18 revealed: -Resident #3 presented ambulatory to the ER on 03/11/17 at 12:41pm with complaints of a chest injury with pain over the mid-sternal area for three	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 36	D 270		

days.
-Resident was transferred to a local hospital for admission for diagnoses including posterior displaced fracture of the sternal end of the clavicle and traumatic subdural hemorrhage.

Review of the hospital records dated 03/11/18 through 03/16/18 for Resident #3 revealed:
-Resident #3 was transferred from a local hospital for a possible fall verses assault with injuries including a subdural hematoma, sternal fracture and T7 spinal fracture.
-Family members reported Resident #3 was not quite right and there were no reported injuries except a fall last Monday (03/05/18) with a left forehead contusion.
-Family members reported they had seen Resident #3 last Thursday (03/08/18) and the resident appeared to have pain in her chest and back, on 03/11/18 the family members found bruises on Resident #3's chest and back.
-On 03/11/18 the admitting hospital's ER physician's note on 03/11/18 noted Resident #3 had bruising in the left front parietal area (forehead), yellowish discoloration, bruising and localized swelling in the anterior chest, and bruising in mid upper back area.

Interview with the Regional Director on 04/26/18 at 9:35am revealed she was unable to find any accident/incident report dated 03/05/18 for Resident #3.

Telephone interview with Resident #3's POA on 04/26/18 at 5:04pm revealed:
-On Sunday (03/11/18), another family member visited Resident #3 at the facility and contacted the POA to tell her Resident #3 had bruises on her chest and back.
-The family member told the staff she was taking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 37	D 270		

Resident #3 out and then took Resident #3 to the ER where they found a sternal fracture, spinal fracture and subdural hematoma.
-She called the facility on 03/11/18 and asked to speak with the Administrator and was provided a phone number with a voice message that calls would be returned on Monday (03/12/18).
-She called the facility again and asked for the on-call administrative phone number and the staff was "very ugly" and did not provide the number.
-It was not long after 03/11/18, when the Regional Director contacted her and said she was sorry for what happened to Resident #3.
-She had not been contacted any further by anyone at the facility.

Telephone interview with Resident #3's family member on 04/26/18 at 7:00pm revealed:
-She put Resident #3's pajamas on her before she left the facility on 03/08/18 and did not notice any bruising.
-She visited Resident #3 at the facility on Friday (03/09/18), at approximately 7:00pm and again helped Resident #3 into her pajamas before leaving.
-Resident #3's chest and back area "looked odd, but not bruised" on Friday (03/09/18).
-On Sunday (03/11/18), she found Resident #3 lying in the fetal position crosswise in her bed with pajamas on and a dry incontinence brief.
-She thought it was "odd" for Resident #3 to still be in bed with pajamas on because it was close to lunch time and none of the staff had said anything.
-She took Resident #3 to bathroom to change her incontinence brief, wash her up and get her dressed which was when she noticed the yellow bruises on Resident #3's chest, back, shoulder and neck areas.
-She took pictures of the bruises on Resident #3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 38	D 270		

and sent them to Resident #3's POA in a text message; the POA said to take Resident #3 to the emergency room.
-She took Resident #3 from the facility without telling the staff where she was taking the resident.
-She had "no idea that (Resident #3) had been injured that badly."

Telephone interview with an officer of the local police department on 04/24/18 at 10:51am revealed:
-The hospital had contacted the police department regarding Resident #3's injuries.
-The physicians at the hospital reported Resident #3's injuries "were equivalent to a car wreck."
-The police department was concerned because facility staff could not say what happened to Resident #3.
-Not knowing what happened to a resident in the facility's care on a memory care unit was "just as bad as an assault and was serious neglect at the least."

Telephone interview with a PCA on 04/27/18 at 10:23am revealed:
-Resident #3 laid around all day on Saturday and Sunday, she got Resident #3 dressed around 2:30pm before the end of her shift on Saturday and had not noticed any bruises or yellow marks on the resident.
-Resident #3 did not like to get up early, so when she started her shift she would check on Resident #3, but waited for the resident to get up which was usually after breakfast.

Interview with a second PCA on 04/27/18 at 4:45pm revealed she was surprised to hear Resident #3 had fractured bones, she did not know what happened to Resident #3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 39 Interview with a second MA on 04/30/18 at 3:56pm revealed: -The last week Resident #3 (03/05/18) was sleeping more and eating less. -She reported the change in Resident #3 to the Special Care Coordinator (SCC), but she could not remember when she reported the change that week. Telephone interview with the former Administrator on 04/26/18 at 7:43pm revealed: -She was made aware of the injuries to Resident #3 when a social worker (SW) from the hospital and the Adult Protective Services (APS) worker contacted her on Sunday (03/11/18) evening and told her that Resident #3 had injuries that looked like the resident had been severely beaten or in a car accident. -The hospital SW and the APS worker said Resident #3's chest and spine were fractured and the resident had bleeding on the brain. -Resident #3 had a skin tear on her arm that came from a fall approximately three weeks before 03/11/18. -If another skin tear occurred after that, staff should have documented that in the record and completed an incident report. -The corporate administration staff had conducted an investigation on what happened to Resident #3, but she did not know the outcome of the investigation. Interview with the Regional Director on 04/26/18 at 12:55pm revealed: -The facility had conducted an internal investigation into what happened to Resident #3 just prior to the resident leaving the facility on 03/11/18. -There was no information that anything	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 40	D 270		

happened while Resident #3 was at the facility.
-She was aware of the skin tear on Resident #3's left arm that was documented on 03/08/18.
-The cause of the skin tear was not known.

Telephone interview with Resident #3's POA on 04/26/18 at 5:04pm revealed:
-She and another family member visited Resident #3 at the facility daily or at least every other day.
-Often times when she arrived at the facility, the staff did not know where Resident #3 was.
-She was not sure there was always enough staff on duty to take care of the residents.
-She was not aware of any interventions put in place such as a close watch for Resident #3 following falls and injuries beginning 10/01/17 through 03/11/18.

Telephone interview with Resident #3's family member on 04/26/18 at 7:00pm revealed:
-Staff would always say they were short staffed.
-Most of the time when she visited Resident #3 at the facility, the staff were usually in the "central hub" which was the center hall near the dining room, main common area and the indoor front porch.
-Staff did not go down the hall and check on the residents.
-"Pretty much every time" she visited Resident #3 she had to "clean her up" by changing her incontinence brief and clothing.
-Sometimes she had to assist Resident #3 and other residents in the dining room with eating their food.
-The facility staff had not discussed any interventions to help prevent Resident #3 from falling.

Interviews with four PCAs on 04/27/18 and one PCA on 05/01/18 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 41	D 270		

-No one knew what happened to Resident #3 to cause the injuries found in the ER on 03/11/18.
-Resident #3 walked around the SCU and went in other residents' rooms, some residents would fuss, but she would tell the other residents that Resident #3 did not mean any harm.
-If Resident #3 was not up and walking and "not herself, then something was definitely wrong with her."
-Resident #3 was not a fall risk.
-Two PCAs had never seen or heard of Resident #3 falling, except in January 2018, when Resident #3 had a knot on her head from a fall.
-Resident #3 did not have anything like a floor mat or a concave mattress and she did not recall doing 15 or 30 minute checks on Resident #3.
-Residents were checked every two hours.
-The PCAs did every 15 or 30 minute checks for residents that were up and active, combative or on hospice.
-Staff documented on the check sheet when a resident was on every 15 or 30 minute checks.
-Sometimes staff might initiate undocumented 15 minute checks for a resident for just one shift because from one shift to the next, the resident might not be the same.

The completed 15 and 30 minute check sheets for Resident #3 were not available for review.

Telephone interview with the Regional Director on 05/01/18 at 6:02pm revealed she was unable to locate documentation of 15 minute checks for Resident #3.

Interview with a 3rd shift supervisor on 04/26/18 at 7:20am revealed:
-Resident #3 was not talkative, she walked constantly and roamed everywhere on the SCU.
-Resident #3 did what she wanted to do and if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 42	D 270		

there was something Resident #3 did not want to do, she would pull away.
-Resident were checked every two hours on 3rd shift.
-Residents were checked and changed for incontinence at 2:00am and 4:00am.
-Staff would get residents up for the day after the 4:00am check and change.

Attempted interview with Resident #3's Primary Care Provider on 04/27/18 at 12:45pm was unsuccessful.

Telephone interview with Resident #3's physician's staff on 04/27/18 at 12:45pm revealed:
-The last time Resident #3 was seen by her physician was on 10/19/17, for dementia, recurrent falls and fatigue.
-There were no visits after 10/19/18.
-There were no contacts from the facility documented in Resident #3"s record at the physician's office.
-There was no notification to the physician's office regarding injuries and an ER visit on 03/11/18.

Telephone interview with the former Administrator on 04/26/18 at 7:43pm revealed:
-Resident #3 was put on the fall assessment program (between December 2017 and March 2018), but Resident #3 was not one to sit still.
-The fall assessment program meant staff were encouraged to keep Resident #3 in one area because staff was in the hall monitoring every 30 minutes.
-PCAs documented 30 minute checks on sheets kept in a book, completed check sheets were given to the SCC for review and then filed in the resident's record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 43 Refer to interview with a medication aide (MA) on 04/30/18 at 3:56pm. Refer to interview with the Special Care Coordinator (SCC) on 04/27/18 at 4:11pm. Refer to interview with the Regional Director on 04/30/18 at 11:00am. 2. Review of Resident #7's current FL-2 dated 05/25/17 revealed: -Diagnoses included Alzheimer's dementia, non-Hodgkin's lymphoma, hypothyroidism, hypotension, paranoid schizophrenia, weight loss, hypercalcemia and pancytopenia. -Resident #7 was ambulatory and intermittently disoriented. Review of Resident #7's current care plan dated 06/20/17 revealed: -Resident #7 was ambulatory, sometimes disoriented and had occasional bowel and bladder incontinence. -Resident #7 required limited assistance with toileting and was independent with ambulation. -There was no documentation of fall prevention interventions for Resident #7. Observation on 04/26/18 at 8:00am revealed: -Resident #7 was sitting reclined in a geriatric chair in the center hallway on the SCU. -There was a large purple bruise covering Resident #7's right eye, eyebrow and cheek. -Resident #7 did not respond verbally to staff. Interview with a personal care aide (PCA) on 04/26/18 at 8:00am revealed: -She did not how Resident #7 had gotten the large bruise around her right eye, right cheek and right eyebrow.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 44 -Whatever happened, happened on 2nd shift about a week ago (04/19/18). Observations of Resident #7 on 04/27/18 at 12:55pm revealed: -Resident #7 had both legs almost on the floor and was trying to get out of bed. -Staff had be to be called and immediately came to Resident #7's room. -Staff assisted Resident #7 to get dressed because Resident #7 said she wanted to get up. Observations of Resident #7 on 04/27/18 at 1:30pm revealed Resident #7 was sitting in a geriatric chair. Observations of Resident #7 on 04/27/18 at 1:49pm revealed: -Resident #7 was sitting up in a geriatric chair at the side of her bed and had three nickel sized scabbed areas on her left shin. -The PCA picked Resident #7 up from the geriatric chair and transferred the resident to her bed. -There was no redness on Resident #7's right hip, but there was redness on Resident #7's sacrum/coccyx area and left buttock. Review of a care note for Resident #7 dated 09/19/17 (no time) revealed: -Staff documented Resident #7 was standing in the hallway and fell face first, hit the left side of her head on the floor and had a large knot on the left side of her upper eye. -Hospice was notified and at the facility to evaluate Resident #7. -Resident #7 was to be monitored by staff every 15 minutes. Completed 15 and 30 minute check sheets dated	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 45 09/19/17 through 11/05/17 for Resident #7 were not available for review. Telephone interview with the Regional Director on 05/01/18 at 6:02pm revealed she was unable to locate documentation of 15 minute checks for Resident #7. An accident/incident report dated 09/19/17, for Resident #7 was not available for review. Review of Hospice Notes for Resident #7 revealed there was no note related to the resident's fall on 09/19/17. Review of care notes dated 09/19/17 through 11/05/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 09/19/17 for Resident #7 available for review. Review of a care note for Resident #7 dated 11/05/17 (no time) revealed: -Staff documented Resident #7 fell in her room at approximately 5:45pm. -Hospice was notified and Resident #7 was given Ativan for agitation. (Ativan is a Benzodiazepine used to treat anxiety and agitation.) An accident/incident report dated 11/05/17, for Resident #7 was not available for review. Review of Hospice Notes for Resident #7 revealed there was no note related to the resident's fall on 11/05/17.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 46 Review of care notes dated 11/05/18 through 02/02/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 11/05/17 for Resident #7 available for review. Completed 15 and 30 minute check sheets dated 11/05/17 through 02/02/18 for Resident #3 were not available for review. Review of a care note for Resident #7 dated 02/02/18 (no time) revealed: -Staff documented Resident #7 had a bump on her forehead that the resident said was not painful. -Hospice was notified and at the facility to evaluate Resident #7. An accident/incident report dated 02/02/18, for Resident #7 was not available for review. Review of a Hospice Note for Resident #7 dated 02/02/18 (no time) revealed: -Resident #7 was sitting in the dining room alone and had no symptoms of pain noted or reported. -There was no documentation regarding a bump on Resident #7's forehead. Review of care notes dated 02/02/18 through 03/22/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 02/02/18 for Resident #7 available for	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 47	D 270		

review.

Completed 15 and 30 minute check sheets dated 02/02/18 through 03/22/18 for Resident #3 were not available for review.

Review of a care note for Resident #7 dated 03/22/18 (no time) revealed:
-Staff documented Resident #7 fell while walking into the dining room with a hospice nurse present.
-The hospice nurse said Resident #7 was fine and did not need further evaluation at the emergency room (ER).

Review of an accident/incident report for Resident #7 dated 03/22/18 revealed:
-Resident #7 fell in the dining room at 11:15am with the hospice nurse present.
-The hospice nurse evaluated Resident #7 and contacted the resident's family member.
-Resident #7's Physician's Assistant (PA) was not notified.

Review of a Hospice Note for Resident #7 dated 03/22/18 (no time) revealed:
-The hospice nurse documented Resident #7 fell in her room and hit her head on the door frame.
-Resident #7 was eating lunch without difficulty.
-Staff were instructed to call hospice with any changes.

Interview with a second PCA on 04/27/18 at 4:45pm revealed:
-Resident #7 was very independent, if staff "told her not to do something, staff would go back and (Resident #7) would have done did it."
-At the end of March 2018, Resident #7 wanted to eat dinner in her room and was sitting in a chair.
-She left Resident #7 sitting in the chair and had told the resident not to get up while she went to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 48	D 270		

get a towel to wash Resident #7's hands.
-She turned around and saw Resident #7 peeking out of her doorway and then the resident fell before she could get to the resident.

Review of care notes for Resident #7 revealed there was no documentation of a fall between 03/23/18 and 03/26/18.

An accident/incident report dated between 03/23/18 and 03/26/18, for Resident #7 was not available for review.

Review of care notes dated 03/22/18 through 03/27/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7.

There was no 72 hour post fall assessment form dated from 03/22/18 through 03/27/18 for Resident #7 available for review.

Completed 15 and 30 minute check sheets dated 03/22/18 through 03/27/18 for Resident #3 were not available for review.

Review of a care note for Resident #7 dated 03/27/18 (no time) revealed:
-Staff documented a thump noise was heard and Resident #7 was found on the floor with the chair on top of her.
-Staff checked Resident #7's arms, legs and head, and the resident "appeared to be fine."
-Staff assisted Resident #7 with getting in the bed and notified hospice who would be at the facility later on 03/27/18 to evaluate Resident #7.

Review of an accident/incident report for Resident #7 dated 03/27/18 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 49 -Resident #7 was found on the floor in her room at 4:35am. - Resident #7 was asleep in her chair when staff heard a noise and found the resident on the floor with the chair on top of her and did not have any injuries. -Resident #7 was checked, assisted to bed and hospice was notified. -Resident #7's family member and PA were not notified. Review of Hospice Notes for Resident #7 revealed there was no note related to the resident's fall on 03/27/18. Review of care notes dated 03/27/18 through 04/04/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 03/27/18 for Resident #7 available for review. Completed 15 and 30 minute check sheets dated 03/27/18 through 04/04/18 for Resident #3 were not available for review. Review of a care note for Resident #7 dated 04/04/18 (no time) revealed: -The Special Care Coordinator (SCC) documented Resident #7 was found on the floor and was checked for bruising, redness and injury with none apparent at that time. -Resident #7's family member and doctor were notified. An accident/incident report dated 04/04/18, for Resident #7 was not available for review.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 50 Review of Hospice Notes for Resident #7 revealed there was no note related to the resident's fall on 04/04/18. Review of care notes dated 04/04/18 through 04/06/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 04/04/18 for Resident #7 available for review. Completed 15 and 30 minute check sheets dated 04/04/18 through 04/06/18 for Resident #3 were not available for review. Review of care notes for Resident #7 dated 04/06/18 and 04/07/18 revealed: -On 04/06/18 (no time), the SCC documented Resident #7 was found on the floor twice within a 15 minute time span and was checked for bruising, redness and injury with a bruise starting to appear above the right buttocks. -Resident #7's did not have any complaints of pain and her family member and doctor were notified. -On 04/07/18 at 11:40pm, staff documented Resident #7 returned from the ER with no new orders. Review of an accident/incident report for Resident #7 dated 04/06/18 revealed: -Resident #7 was found on the floor in her room at 5:35pm. -Resident #7 was checked for redness, bruising and injury and found to have a bruise starting to appear above the right buttock.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 51 -Resident #7's family member and PA were not notified. -There was a check mark in the box for "no" next to was the resident transported to the ER. Review of a second accident/incident report for Resident #7 dated 04/06/18 revealed: -Resident #7 was found on the floor in her room at 5:50pm. -Resident #7 was checked for redness, bruising and injury and a bruise was noted above the right buttock. -Resident #7's family member and PA were not notified. -There was a check mark in the box for "no" next to was the resident transported to the ER. Interview with the SCC on 04/30/18 at 4:12pm revealed: -She notified Resident #7's PA that the resident had had fallen twice in 15 minutes. -The PA instructed staff to continue to monitor the resident. -She attempted to contact hospice as well, but did not get a call back. Review of care notes dated 04/06/18 through 04/07/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 04/06/18 for Resident #7 available for review. Completed 15 and 30 minute check sheets dated 04/06/18 through 04/07/18 for Resident #3 were not available for review.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 52	D 270		

Review of a care note for Resident #7 dated 04/07/18 (no time) revealed:
-Staff documented Resident #7 fell and hit her head.
-Hospice was notified and Resident #7 was sent to the ER.

Review of an accident/incident report for Resident #7 dated 04/07/18 revealed:
-Resident #7 fell in her room at 5:30pm and had a bruise on the right side of her head.
-Resident #7 was helped up and checked by the medication aide (MA).
-Hospice was notified and Resident #7 was sent to the ER.

Review of ER discharge instructions for Resident #7 dated 04/07/18 revealed:
-Resident #7 was seen in the ER for a facial or scalp contusion and a fall.
-Resident #7 was to follow up with her primary doctor within one week.

Review of care notes dated 04/07/18 through 04/09/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7.

There was no 72 hour post fall assessment form dated 04/07/18 for Resident #7 available for review.

Completed 15 and 30 minute check sheets dated 04/07/18 through 04/09/18 for Resident #3 were not available for review.

Review of care notes for Resident #7 dated 04/09/18 through 04/11/18 revealed:
-On 04/09/18 (no time), staff documented

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 53 Resident #7 was found on the floor in her room, helped up and carried to bed and had a skin tear on her left leg. -On 04/10/18 (no time), staff documented that hospice was contacted because the staff was concerned about a decline in Resident #7, the resident was "very weak and could hardly talk." -Staff documented hospice was not aware of Resident #7's fall on 04/09/18, and a hospice nurse would be at the facility to evaluate Resident #7. -On 04/10/18 (no time), staff documented a wheelchair for Resident #7 was discussed with hospice. -On 04/10/18 (no time), staff documented Resident #7's right eye was black from the fall on 04/07/18. -On 04/11/18 (no time), staff documented Resident #7 was seen by her PA and a geriatric chair was ordered. An accident/incident report dated 04/09/18, for Resident #7 was not available for review. Review of Hospice Notes for Resident #7 dated 06/28/17 through 04/20/18 revealed: -There were no notes related to Resident #7's falls on 04/06/18, 04/07/18 or 04/09/18. -On 04/10/18 (no time), the hospice nurse documented Resident #7 had a bruise to her right forehead and eye with a knot on her right forehead and a skin tear to her left shin. -Resident #7 complained of a headache. Review of a "Physician's Consultation Report" for Resident #7 dated 04/11/18 revealed the PA ordered a geriatric chair on 04/11/18. Review of a PA visit note for Resident #7 dated 04/11/18 revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 54 -Resident #7 was seen for an ER follow up visit, staff reported frequent falls and a geriatric chair was ordered. -The physical exam noted Resident #7 was weak and unable to ambulate safely. -There was no documentation of any bruises or skin tears. Review of care notes dated 04/09/18 through 04/17/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures put in place for Resident #7. There was no 72 hour post fall assessment form dated 04/09/18 for Resident #7 available for review. Completed 15 and 30 minute check sheets dated 04/09/18 through 04/17/18 for Resident #3 were not available for review. Review of care notes for Resident #7 dated 04/17/18 revealed: -On 04/17/18 at 4:40am, a supervisor documented the PCA found Resident #7 on the floor, the resident said she was trying to go to the bathroom and was wrapped up in blankets. -The Supervisor checked Resident #7, walked the resident to her bed and there was no indication of pain, hospice was notified. -On 04/17/18 (no time), staff documented Resident #7 received the geriatric chair. An accident/incident report dated 04/17/18 at 4:40am, for Resident #7 was not available for review. Review of a Hospice Note for Resident #7 dated 04/17/18 (no time) revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 55 -The hospice nurse documented facility staff reported Resident #7 had a "slide to the floor after getting tangled in the covers while getting out of bed." -On assessment Resident #7 had no apparent distress, continued to decline in overall health status and was thin and frail. -The hospice nurse documented facility staff were educated on safety. Review of care notes for Resident #7 dated 04/18/18 revealed: -Staff documented Resident #7 was "told constantly not to get out of bed," staff helped Resident #7 lay back on the bed and "two hours later Resident #7 was found on the floor." -Resident #7 was cleaned and "put back on the bed." Review of an accident/incident report for Resident #7 dated 04/17/18 revealed: -Staff documented Resident #7 fell at 9:00pm, the resident was found on the floor, helped back onto the bed and was" checked out" by the MA. -Staff documented Resident #7 "was told plenty of times not to try to get up by herself, the MA "cleaned and changed clothes" for Resident #7. -Staff called Resident #7's family member and there was no answer. -The PA and hospice were not notified. Review of Hospice Notes for Resident #7 revealed there was no note regarding Resident #7's fall on 04/17/18 at 9:00pm. Review of care notes dated 04/17/18 through 04/18/18 and the care plan dated 06/20/17 for Resident #7 revealed there was no documentation of any fall prevention measures in addition to the geriatric chair put in place for	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 56 Resident #7. There was no 72 hour post fall assessment form dated 04/17/18 for Resident #7 available for review. Completed 15 and 30 minute check sheets dated 04/17/18 through 04/18/18 for Resident #3 were not available for review. Based on observations, interviews and record reviews, it was determined Resident #7 was not interviewable. Telephone interview with Resident #7's family member on 05/01/18 at 12:55pm revealed: -Sometimes the facility might call and notify her that Resident #7 fell and sometimes they did not. -She might go to the facility and staff would tell her when she got there, "Oh (name of Resident #7) fell last night." -That happened a couple of times. Interview with a MA on 04/30/18 at 3:56pm revealed: -On 04/17/18, she went to look for Resident #7 and found the resident lying on the floor in her room near the closet. -Resident #7 had an unwitnessed fall. -She had notified Resident #7's family member and no one else. -After a resident had a fall, staff kept an eye on the resident. -Before Resident #7 got the geriatric chair, the resident was constantly getting up, so she told the PCAs to "keep an eye on (Resident #7), like check her every 15 minutes." -There was no documentation of PCAs checking Resident #7 every 15 minutes because that was just what the MA did on her shift.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 57 -She could not say what staff did monitor Resident #7 on other shifts. Interview with a PCA on 04/27/18 at 1:49pm revealed: -Resident #7 had frequent falls, but the resident did not fall on 1st shift, she usually fell on 2nd shift. -Resident #7 talked at times and the resident was very thin and weak. -She was not aware of Resident #7 being on every 15 or 30 minute checks, but when she worked she checked Resident #7 every 15 minutes because sometimes she would find Resident #7 half off of her bed. -She would also get Resident #7 up into the geriatric chair and take the resident out into the hallway so the PCA monitoring the halls could keep an eye on Resident #7. Interview with a third PCA on 04/27/18 at 3:45pm revealed: -She knew Resident #7 had fallen once when the resident tried to get up after staff had told Resident #7 not to get up by herself. -There was another time Resident #7 was sent to the emergency room (ER) because she had a knot on her head. -The only intervention she had seen was Resident #7 was in a geriatric chair once in her room. -She was not aware of a floor mat or 15 or 30 minute checks for Resident #7. Telephone interview with a fourth PCA on 05/01/18 at 2:35pm revealed: -On 04/30/18, Resident #7 was in the bed, then the PCA went back to check the resident 15 minutes later and the resident was at the edge of the bed.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 58	D 270		

-She caught Resident #7 just in time.
-She was not sure when the 15 minute checks were put into place for Resident #7.
-The PCAs did every 15 or 30 minute checks for residents that were up and active, combative or on hospice.
-Staff documented on the check sheet when a resident was on every 15 or 30 minute checks.
-Sometimes staff might initiate undocumented 15 minute checks for a resident for just one shift because from one shift to the next, the resident might not be the same.

Telephone interview with the hospice primary Registered Nurse (RN) for Resident #7 on 04/30/18 at 3:45pm revealed:
-She took over as Resident #7's primary RN on 04/13/18 and did not know the details of Resident #7's falls prior to 04/13/18.
-As far as she knew, the facility staff contacted hospice whenever Resident #7 fell.
-There was an order dated 04/18/18 for a hospital bed with side rails and a scoop mattress to help prevent falls for Resident #7, she was not "well versed" in Resident #7's fall history and prior fall prevention interventions.
-She brought the order to the facility the same day the doctor signed the order (04/18/18) and did not know why the hospital bed with side rails and concave mattress had not been delivered to the facility.
-Resident #7's Physician/Physician Assistant were the resident's primary care provider and the hospice physician consulted.

Telephone interview with the hospice Program Director on 04/30/18 at 1:08pm revealed:
-Resident #7 had experienced mental status changes and a rapid decline over the last several weeks and was unable to remember that she was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 59	D 270		

too weak to get up on her own.
-Resident #7 needed assistance to stand, transfer and ambulate all the time.
-Hospice staff had provided the geriatric chair for Resident #7 to be out in the common areas with other residents and where staff could keep an eye on her at all times.
-Hospice staff continuously did education for safety measures with staff at the facility.
-She was not sure what the facility's policy was on who staff was supposed to contact for concerns about a resident on hospice.
-Normally the staff contacted hospice and hospice took care of the situation, meaning the hospice nurse assessed the resident and contacted the physician as needed.

Interview with the Special Care Coordinator (SCC) on 04/27/18 at 4:11pm and 04/30/18 at 4:12pm revealed:
-She was aware Resident #7 had quite a few falls in the last month.
-She had notified Resident #7's Physician Assistant (PA) of the two falls on 04/06/18.
-Hospice was notified of the "majority of" Resident #7's falls.
-Resident #7 was not on 15 or 30 minute checks when she fell on 04/06/18, and there were no other interventions in place to help prevent falls except a geriatric chair ordered by the PA.
-There were no fall prevention measures implemented for Resident #7 prior to the geriatric chair ordered by the resident's PA.
-Staff were expected to check Resident #7 frequently.
-There was not a specific frequency of how often checks were made, but no longer than every two hours between checks.

Telephone interview with Resident #7's PA on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 60 05/01/18 at 2:00pm revealed: -She was aware Resident #7 had fallen recently, but she had not been notified of eight falls between 03/22/18 and 04/18/18. -Resident #7 had been ambulatory with a walker, but after she spoke with staff at the facility a geriatric chair was order to help decrease the falls. -The original order date for the geriatric chair was on 04/11/18. -The facility staff normally notified hospice and the hospice nurse went to the facility and assessed the resident. -Residents on hospice were not sent to the ER unless it was absolutely necessary. -She was not aware of a delay in getting a hospital bed with side rails and a scoop mattress ordered by hospice for Resident #7 to help decrease falls. -She expected all physician's orders to be put in place in a timely manner, 24-48 hours. Refer to interview with a medication aide (MA) on 04/30/18 at 3:56pm. Refer to interview with the Special Care Coordinator (SCC) on 04/27/18 at 4:11pm. Refer to interview with the Regional Director on 04/30/18 at 11:00am. 3. Review of Resident #5 FL-2 on 04/25/18 at 10:05am revealed diagnosis of dementia of the Alzheimer's type, diabetes, hypertension, tremors, incontinence and history of deep vein thrombosis of the upper extremities. Review of care plan on 04/25/18 at 10:30am revealed Resident #5 needed limited hands on assistance with both toileting and ambulation.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 61 Review of Physician Assistant's (PA) notes dated 06/22/17 revealed: -The Resident had a short, shuffling gait. -The Resident had mild, generalized weakness and deconditioning. Review of PA notes dated 08/02/17 revealed Resident #5 did have a walker to use for safety. Review of staff notes in Resident's #5 chart dated 07/17/17 revealed Resident #5 was unbalanced. Review of the care plan dated 02/17/18 revealed Resident #5 needed limited hands on assistance for ambulation. Observation of the hallway in the Special Care Unit (SCU) on 04/26/18 at 8:10am revealed: -5 high school nursing students were assisting other residents. -Resident #5 was walking down the hall with his rollator walker. -Resident #5 left his rollator on the left side of the hall and walked to his room on the right side of the hall. -There were two personal care aides (PCA) that walked by Resident #5 at separate times when he was walking without his rollator. -Resident #5 went to his bathroom. -The bathroom door had a do not use sign posted on it. -The resident did not turn on the light when he went to the bathroom to use the commode. -The resident's pants ended at the top of his shoes. Interview with Special Care Coordinator (SCC) on 04/26/18 at 12:22pm revealed: -The resident falls about "1-2 times every other	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 62	D 270		

week" while walking but did not know if this was documented in his chart.
-He shuffled when he walked.
-He used the rollator.
-She expected the PCA to get the rollator for him to use if he did not have it.
-His pants were too long and he was tripping.
-She expected the PCA to make sure his pants were not too long and that his shoes were tied.
-She called his family to request either shorter pants or sweatpants with a cuff around the ankle.
-She requested for the Physician Assistant to order Physical Therapy on 04/25/18.
-He needed help and encouragement with his daily activities.
-He needed assistance in the bathroom.
-The PCA should be in the bathroom with him.
-There was an incident report for each time he has fallen.
-The incident report could be completed by the MA, PCA, SCC or administrator.
-There was a falls risk meeting that was planned but had not been scheduled.

Observation of Resident #5 sitting in the common room on 04/30/18 at 12:47 revealed:
-His shoe laces were long and touched the floor.
-His boots were not tied and were loose fitting.
-Resident #5 pants ended at the top of his boots.

Interview with the SCC on 04/27/18 at 4:11pm revealed:
-75% of her job responsibility was on the Special Care Unit.
-Most of her day was spent handling paperwork in her office.
-She supervised the staff by "walking the halls" every 2-2 ½ hrs or when she needed to get something from the printer in the front of the building.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 63 Interview with a PCA on 04/26/18 at 2:58pm revealed: -She did not "pay him no mind (when he was walking without the walker) because I was focused on a (another) sick resident". -The resident normally asked for help when he needed it. -She was not aware of any interventions for falls prevention for resident #5. -He was independent in his daily activities. -The last documented fall was when the Resident was with her on 04/24/18. -She lifted the resident by his pants and he fell to his knees because "his legs did not work" when he fell last time. Interview with a second PCA on 04/26/18 at 8:10am revealed: -He always worked with Resident #5. -Resident #5 fell 1-2 times per week. -Every time Resident #5 fell, he got back up. -Resident #5 did not let people help him at times. -Resident #5 refused to use the rollator at times. -He did not know if the resident had physician orders to use the rollator when he walked. -He took the out of order sign off the bathroom door. -He did not know why the sign was posted on the bathroom door. A second Interview with the second PCA on 04/26/18 at 3:04pm revealed: -He saw Resident #5 going the bathroom but did not think he needed help. -He did not think the resident needed any help in the bathroom. -He used the bathroom by himself. -The resident hardly fell. -He used the rollator 87% of the time.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 64 Interview with a family member on 04/26/18 at 1:19pm revealed: -She did not remember how many falls the resident had. -He was able to walk independently when he was admitted but had started having trouble with falls and episodes of losing this balance since then. -He used his rollator when his balance was off. -She thought someone at the facility encouraged him to use the walker. -Sometimes the resident walked well. -No one called her to request shorter pants or sweatpants for Resident #5. Interview with another PCA on 04/26/18 at 3:45pm revealed: -There were falls every week in the SCU. -The goal was for no falls. -She worked with the resident every 2 weeks or so. -The resident walked bent over. -The resident used his rollator. -If the resident was not using his rollator he could be "agreeable to using it 9 of 10 times". -If the resident yelled at her, she waited a few minutes so he would calm down and was able to be redirected. -She was unaware that Resident #5 fell. -She said the resident wore "high water pants like me" most of the time so falling over long pants was unlikely. Interview with Physician Assistant (PA) on 04/25/18 at 11:40am revealed: -Resident #5 had a history of intermittent difficulty with gait. -He had been to Physical Therapy in the past for his gait. -The facility notified her that the resident had	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 65 been falling but did not specify how many falls he had. -She was aware Resident #5 fell once in April. -She expected to be notified when a resident fell. -The Special Care Coordinator usually let her know when someone fell. Interview with medication aide on 04/26/18 at 3:17pm revealed: -She was aware the resident fell at times. -The PCA should be checking the resident every 30 minutes. -She did not know how Resident #5 was supervised since "there was a lot of flip flop" with staff. -The Resident should use the rollator all the time. Interview with the Regional Director on 04/30/18 at 11:00am revealed the facility was able to implement interventions to lessen than chance of a resident falling including chair alarms, non-slip socks, proper shoes, and 15 minute checks. Interview with Interim Administrator on 04/26/18 at 12:28pm revealed: -She worked in the facility two days per week. -After a fall the facility should follow up with the family and the physician. -The facility would watch the resident to see if the fall was repetitive and would then write care plans to reflect care given. -The MA or SIC usually wrote these reports. -She wrote at least one of these reports. -There was a falls risk meeting planned but it had not happen yet. Review of a document titled "Steps to take when a resident falls" (provided as the facility's fall policy) revealed: -Implement orders/recommendations given by the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 66	D 270		

physician.
-Start the 72 hour post fall assessment form.
-Implement safety measure (see falls safety measure guidelines).
-Communicate with the next shift: nature of the fall, steps taken for the resident, follow up orders, 72 hour post assessment form and safety measure that were implemented.

Interview with a medication aide (MA) on 04/30/18 at 3:56pm revealed:
-When a resident had an unwitnessed fall she checked the resident for any injuries.
-Residents in the special care unit (SCU) were not always aware if they were hurting so she would keep an eye on the resident and report any changes to the Special Care Coordinator (SCC).
-If a resident had a head injury then the resident was sent to the emergency room.
-A resident's primary care provider (PCP) was notified after the facility got an update from the hospital.
-For residents on hospice, the MA called hospice to notify them if a resident fell before the resident was sent to the emergency room.
-After a resident had a fall, staff kept an eye on the resident.

Interview with the Special Care Coordinator (SCC) on 04/27/18 at 4:11pm revealed:
-When a resident had a fall, the personal care aide (PCA) reported to the medication aide, Supervisor or SCC.
-The MA, Supervisor or SCC was responsible for checking to see if the resident hit their head, had any bruises or if anything was broken.
-The MA, Supervisor or SCC was responsible for completing the accident/incident report and writing a note in the resident's record.
-The MA, Supervisor or SCC was responsible for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 67 notifying the resident's family member, physician and administration. -She would consult with a resident's physician for a walker, wheelchair, concave mattress and/or bed alarm for a resident with multiple falls. Interview with the Regional Director on 04/30/18 at 11:00am revealed: -Fall safety measure guidelines meant any measures the facility staff could implement like chair alarms, make sure residents wear appropriate fitting shoes or non-slip socks and sometimes 15 minute checks; anything that could be done to help decrease falls. -Normally when a resident had frequent falls, a fall mat would be put in place if the resident had fallen out of bed. -The environment would have also been checked for any hazards and if the resident was ambulatory then staff were expected to assist the resident. _____ The facility failed to supervise 3 of 7 residents on the special care unit who required increased supervision for frequent falls and injuries. The facility's failure to supervise Resident #3 resulted in the resident experiencing 4 incidents of injury with unknown causes and 4 documented falls from October 2017 through March 2018, with a significant fall in January 2018, where Resident #3 was found with a head injury and dried blood on her clothing and the floor, and presented to the emergency room in March 2018 with injuries including sternal and spinal fractures and a subdural hemorrhage of an unknown origin. The facility's failure to adequately supervise Resident #3 was serious neglect and resulted in serious physical injury which constitutes a Type A1 Violation.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 270	Continued From page 68 The facility provided a plan of protection in accordance with G.S. 131D-34 on 4/26/18 for this violation. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 1, 2018.	D 270		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to meet healthcare needs timely for 5 of 7 residents (#2, #3, #4, #5, and #6) sampled with an eye injury of unknown origin (#2), chest bruising and change in condition (#3), red irritated stomach rash not responding to prescribed treatment (#6), itchy rash on the chest, abdomen, back, and arms (5), and a diabetic resident with thick discolored long toenails (#4). The findings are: 1. Review of Resident #3's current FL-2 dated 11/21/17 revealed: -Diagnoses included Alzheimer's dementia, depression and paranoia. -Resident #7 was ambulatory, constantly	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 69	D 273		

disoriented and had wandering behaviors.

Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 12/07/11 and discharged on 03/13/18.

Telephone interview with Resident #3's Power of Attorney (POA) on 4/26/18 at 5:04pm revealed:
-She visited Resident #3 at the facility on Tuesday (03/06/18) briefly and the resident was fine, her usual self.
-She did not visit that Wednesday (03/07/18), but did visit Resident #3 at the facility on Thursday (03/08/18), and Resident #3 was not feeling so well.
-On Thursday (03/07/18), Resident #3 was grabbing at her left chest/side area when she moved and the staff had reported Resident #3 was not eating.
-She visited Resident #3 at the facility on Friday (03/09/18), from approximately 1:00pm until 5:00pm and Resident #3 was "not herself," she was "just lying in the bed."
-Another family member visited Resident #3 at the facility on Friday (03/09/18) at approximately 7:00pm.
-She did not visit Resident #3 on Saturday (03/10/18).
-She had spoken with a personal care aide (PCA) a couple of times about Resident #3 not feeling right and holding her breath on Thursday, 03/08/18 and Friday, 03/09/18.
-On Sunday (03/11/18), another family member visited Resident #3 at the facility and contacted the POA to tell her Resident #3 had bruises on her chest and back.
-The family member told the staff she was taking Resident #3 out and then took Resident #3 to the emergency room (ER) where Resident #3 was found to have a sternal fracture, spinal fracture

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 70	D 273		

and subdural hematoma.
-The ER doctor said he did not know how Resident #3 could have gotten her injuries from a fall, he had never seen a sternal fracture with bone displacement and the injury was more like Resident #3 had been hit with a bat or involved in a motor vehicle accident.
-She called the facility on 03/11/18 and asked to speak with the Administrator and was provided a phone number with a voice message that calls would be returned on Monday (03/12/18).
-She called the facility again and asked for the on-call administrative phone number and the staff was "very ugly" and did not provide the number.
-It was not long after 03/11/18, when the Regional Director contacted her and said she was sorry for what happened to Resident #3.
-She had not been contacted any further by anyone at the facility.
-The staff did not call Resident #3's physician when something happened, the staff called the POA or called the rescue squad.
-She thought the staff called the POA first because she and another family member were so involved with Resident #3's care.

Telephone interview with Resident #3's family member on 04/26/18 at 7:00pm revealed:
-She visited Resident #3 at the facility on Thursday (03/08/18) about dinner time and Resident #3 was at the table in the dining room.
-Resident #3 loved to eat and she did not drink and did not eat very much on 03/08/18.
-Resident #3 "clutched her left rib cage like she was guarding it" as the family member tried to help her up from the chair.
-One of the staff had told the family member on Thursday (03/08/18), that Resident #3 had not been feeling well.
-She visited Resident #3 at the facility on Friday

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 71	D 273		

(03/09/18), at approximately 7:00pm and again helped Resident #3 into her pajamas before leaving.
-Resident #3's chest and back area "looked odd, but not bruised" on Friday (03/09/18).
-On Friday (03/09/18), she thought Resident #3 was just tired because it was near bedtime when she visited, but she did visit because Resident #3's POA had concerns that Resident #3 was not eating on 03/09/18.
-On Thursday (03/08/18) the staff told her and Resident #3's POA that Resident #3 was not feeling well on 03/08/18.
-She did not visit on Resident #3 on Saturday (03/10/18), but she visited Resident #3 at the facility on Sunday (03/11/18).
-On Sunday (03/11/18), she found Resident #3 lying in the fetal position crosswise in her bed with pajamas on and a dry incontinence brief.
-She thought it was "odd" for Resident #3 to still be in bed with pajamas on because it was close to lunch time and none of the staff had said anything.
-Resident #3 was obviously not herself on Sunday and required help to get up.

Review of care notes for Resident #3 dated 03/08/17 through 03/13/18 revealed:
-On 03/08/18 at 6:50am, the 3rd shift Supervisor documented a PCA reported Resident #3 had a skin tear on her left arm and that it was "not known how it happened."
-On 03/11/18, marked "late entry" (no time), staff documented Resident #3's family member "came and said she wanted to sign (Resident #3) out."
-Prior to 03/08/18, the previous entry was on 02/12/18 and the last entry was on 03/13/18 (late entry) documenting a family member came to pick up Resident #3's do not resuscitate order.
-There was no documentation regarding a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 72	D 273		

change in condition for Resident #3 and no documentation the resident's physician was contacted.

Interview with the Regional Director on 04/26/18 at 9:35am revealed she was unable to find any accident/incident report dated 03/08/18 for Resident #3.

Review of Resident #3's ER records for 03/11/18 revealed:
-Resident #3 presented ambulatory to the ER on 03/11/17 at 12:41pm with complaints of a chest injury with pain over the mid-sternal area for three days.
-Resident was transferred to a local hospital for admission for diagnoses including posterior displaced fracture of the sternal end of the clavicle and traumatic subdural hemorrhage.

Review of the hospital records dated 03/11/18 through 03/16/18 for Resident #3 revealed:
-Resident #3 was transferred from a local hospital for a possible fall verses assault with injuries including a subdural hematoma, sternal fracture and T7 spinal fracture.
-Family members reported Resident #3 was not quite right and there were no reported injuries except a fall last Monday (03/05/18) with a left forehead contusion.
-Family members reported they had seen Resident #3 last Thursday (03/08/18) and the resident appeared to have pain in her chest and back, on 03/11/18 the family members found bruises on Resident #3's chest and back.
-On 03/11/18 the admitting hospital's ER physician's note on 03/11/18 noted Resident #3 had bruising in the left front parietal area (forehead), yellowish discoloration, bruising and localized swelling in the anterior chest, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 73 bruising in mid upper back area. Interview with a PCA on 03/13/18 at 4:20 pm revealed: -She worked 1st shift on Wednesday 03/07/18, and when she left that day at the end of her shift, Resident #3 was doing fine. -On Thursday (03/08/18), Resident #3 was not the same and had a skin tear on her left arm. -She reported to the Supervisor on 03/08/18, that Resident #3 had a skin tear on her left arm, "it was more like a cut" on Resident #3 left arm "because it was lying open and it was a fresh wound." -She stood Resident #3 up to get her dressed for breakfast and the resident "went to the right" after standing up. -She walked Resident #3 to the dining room, but had to hold her by the waist to keep her from falling. -Resident #3 did not eat much or breakfast. -She keep Resident #3 in the living room because she wanted to keep an eye on her. -Resident #3 slept almost the whole day and was not walking up and down the hall as usual. -She put a yellow T-shirt on Resident #3 but did not notice any yellowish bruises on her chest, but every time she touched Resident #3, the resident acted as if she was in pain. -She reported Resident #3's change in behavior to the Special Care Coordinator (SCC) on 03/08/18 and she did not do anything. Interview with a second PCA on 04/27/18 at 3:45pm revealed: -She had taken care of Resident #3 on Tuesday (03/06/18) on 2nd shift, and the resident was up walking around and eating without any problem. -She was assigned to Resident #3 on Friday (03/09/18) for 2nd shift, but the resident's family	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 74	D 273		

member took and put Resident #3 to bed that evening.
-She had taken care of Resident #3 on Saturday (03/10/18) on 2nd shift, and Resident #3 walked "a little bit, but then went back to her room and stayed there. (Resident #3) was like that on Friday (03/09/18) also."
-She and another PCA got Resident #3 washed and dressed for bed on Saturday evening (03/10/18).
-She did not see any bruises, marks or bandages on Resident #3 when she undressed the resident.
-She did not know Resident #3 had been eating until Resident #3's family member told her.
-She had reported Resident #3 staying in her room to the medication aide (MA) on duty on Friday (03/09/18) on 2nd shift.

Interview with a third PCA on 04/30/18 at 5:22pm revealed:
-Resident #3 was sick because she was not eating on Wednesday (03/07/18) or Thursday (03/09/18).
-Resident #3's family member visited and thought the resident might have a urinary tract infection.
-That night there was a "spot" (skin tear) on Resident #3's elbow, the MA put an adhesive bandage on it.
-She reported Resident #3 not eating to the MA when the adhesive bandage was placed.

Telephone interview with a fourth PCA on 04/27/18 at 10:23am revealed:
-She worked Monday (03/05/18), Tuesday (03/06/18) and Wednesday (03/07/18) on 1st shift and Resident #3 was up walking around, going in other residents' rooms and picking up stuff, eating well, doing fine; Resident #3 never sat still and loved to eat.
-She was off from work on Thursday (03/08/18)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 75	D 273		

and Friday (03/09/18), but returned for 1st shift on Saturday (03/10/18) and Sunday (03/11/18).
-Resident #3 laid around all day on Saturday and Sunday, she got Resident #3 dressed around 2:30pm before the end of her shift on Saturday and had not noticed any bruises or yellow marks on the resident.

Interview with a fifth PCA on 04/27/18 at 4:45pm revealed:
-She was not assigned to care for Resident #3 the week of 03/05/18, but she did notice that Resident #3 did not walk the halls the way she normally did.
-She had not noticed Resident #3 hurting, she thought Resident #3 was "just tired."

Interview with a sixth PCA on 04/30/18 at 11:46am revealed:
-When she was concerned about a change in a resident's condition, she first asked the resident what was going on, then she would report to the Supervisor and/or SCC.
-The PCAs did not document concerns and who they reported it too, they were only responsible for documenting in the personal care record if a resident refused care.
-There was a training within the last week by the corporate Registered Nurse (RN) where the PCAs were going to have to start writing down any concerns about residents and who the PCA told.

Interview with a MA on 04/30/18 at 3:56pm revealed:
-She had noticed Resident #3 was sleeping more and eating less during the last week the resident was at the facility.
-She reported the change in Resident #3 to the SCC, but she did not remember when she told

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 76 the SCC. Interview with a Supervisor on 04/26/18 at 7:20am revealed: -She worked a double shift on the Saturday before Resident #3 left the facility (03/11/18) and Resident #3 was "herself" meaning Resident #3 did not have any change from her baseline condition and behavior from 3:00pm Saturday until she went to bed. -Resident #3 was fine before she went to bed that Saturday night (03/10/18) and fine that Sunday morning (03/11/18). Telephone interview with Resident #3's physician's staff on 04/27/18 at 12:45pm revealed: -The last time Resident #3 was seen by her physician was on 10/19/17, for dementia, recurrent falls and fatigue. -There were no visits after 10/19/18. -There were no contacts from the facility documented in Resident #3's record at the physician's office. -There was no notification to the physician's office regarding injuries and an ER visit on 03/11/18. Telephone interview with the former Special Care Coordinator (SCC) on 04/26/18 at 11:43am revealed: -She did not know exactly what happened to Resident #3 the week of 03/05/18. -A personal care aide (PCA) had reported Resident #3 had not been "acting right." -She was just getting in to work at the facility, so she put her belongings down and went to check on Resident #3. -She had checked Resident #3 for bruises or injuries to indicate the resident might have fallen. -Resident #3 did not have any bruises or obvious	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 77	D 273		

injuries and there was no note in her record about a fall or "anything like that."
-There was a note about a skin tear and "that was it."
-She had seen the bandage on Resident #3's arm when she checked the resident, but not the actual skin tear.
-This happened the week before the former SCC left the facility (03/12/18) and she could not remember exactly which day.
-She was unable to finish the interview at that time.

Telephone interview with the former Administrator on 04/26/18 at 7:43pm revealed:
-Prior to 03/11/18, Resident #3 had been walking around the Special Care Unit (SCU).
-Resident #3 walked with her head down and at times walked into walls and bumped her head.
-None of the staff had reported to her that Resident #3 had not been feeling well.

Interview with the Regional Director on 04/30/18 at 12:15pm revealed:
-When staff were interviewed about Resident #3 and the events which may or may not have occurred the week of 03/05/18, some staff reported Resident #3 was eating less and sleeping more and other staff did not see a change in Resident #3.
-She did not know whether the staff had reported changes to Resident #3's physician or not.
-The concerns for what happened with Resident #3 had prompted staff training to report any change in resident's condition and the Supervisors were responsible for documenting what was done about any observed changes in a resident condition.

2. Review of Resident #2's current FL-2 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 78 11/14/17 revealed: -Diagnoses included Alzheimers dementia, intellectual disability, diabetes mellitus, high blood pressure, coronary artery disease, and schizophrenia. -Resident #2 was semi-ambulatory and intermittently disoriented. Review of a Physician's Consultation Report dated 01/10/18 revealed an order for a hoyer lift. Review of Care Notes for Resident #2 revealed: -On 02/24/18, staff documented "resident have a bruise beside his right eye. Nurse told me it was already [there] today." -On 02/25/18, staff documented "aide reported resident right eye had a bruise. I asked him did anybody hit him and did he hurt around his eye he replied "NO" and NOBODY hit him." -On 02/26/18, staff documented "Admin [administrator] notified family of the area on eye. MD was notified." Review of hospital emergency department discharge instructions dated 03/07/18 for Resident #2 revealed diagnoses included conjunctival hemorrhage right eye, contusion of eyeball and orbital tissues right eye, contusion of unspecified lower leg, and contusion of right lower leg. Review of Resident #2's record revealed there were no prior hospital visits between 02/24/18 when staff initially documented a bruise beside the resident's right eye and 03/07/18 when Resident #2 was seen in the emergency room. Review of Report of Health Services to Residents reports for Resident #2 revealed: -On 02/26/18 staff documented "it was reported	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 79	D 273		

that resident has a bruise on the corner of his [right] eye noted on 02/23/18. Resident is not complaining of any pain around the area."
-There was a faxed copy of the 02/26/18 Report of Health Services report sent to the Physician Assistant (PA).
-The PA responded "ok" and dated the signature on 02/28/18.

Review of a progress note dated 03/07/18 by the Physician Assistant (PA) revealed:
-Resident #2 was seen at the facility for follow up.
-The chief complaints were listed as Alzheimers, diabetes, hypertension, and psychiatric conditions.
-The physical examination of the resident's eyes was documented as "conjunctiva and lids reveal no signs or symptoms of infection bilaterally."
-The physical examination of the resident's extremities was documented as "no edema present. Wearing compression stockings."

Interview with the PA on 04/25/18 at 11:15am revealed:
-She had seen Resident #2 twice which was on 01/10/18 for an initial assessment and 03/07/18 for follow up to reported aggressive behavior.
-She did not recall anything about Resident #2 having a conjunctival hemorrhage and eye contusion.
-On 03/07/18, she did not see any indications of the resident being "slapped", and there was nothing in the notes about any eye issues.
-When she saw Resident #2 on 03/07/18, it could have been prior to the resident going to the hospital emergency room for evaluation.
-The facility normally would notify her of resident injuries.
-She had been notified of Resident #2 using a lot of "racist" comments when the resident got

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 80	D 273		

agitated.
-A conjunctival hemorrhage could come from anything including a sneeze.
-A contusion to the eye could occur from a fall.
-A hit in the eye could obviously cause a contusion or hemorrhage.
-Sometimes it was difficult to recall every incident.
-She was unsure why there was no follow up.
-She expected the facility to send a resident out for evaluation within 24 hours of an incident unless she was able to see the resident.

Interview with the Regional Director on 04/26/18 at 12:40pm revealed:
-There had been an investigation conducted at the facility regarding Resident #2's black eye.
-The best that could be determined was when a staff had used the hoyer lift alone, the resident was struck with the hoyer lift.
-Ongoing training with staff had been identified and implemented as a staff need.

Interview with a personal care aide (PCA) on 04/26/18 at 7:15pm revealed:
-An incident occurred about 1 - 3 months ago.
-A staff member told him she had hit the resident in the hall after the resident spit on her twice.
-"She didn't say she hit him, she said she popped him. She did not say where".
-He did not believe anybody had hit the resident in the face.
-He saw Resident #2 with the black eye when he went to check on the resident during his shift.
-He thought the black eye could have occurred when someone on another shift was using the hoyer lift.
-The resident's eye was a purplish color.
-He thought it was the resident's right eye.
-He reported what he saw to a former Medication Aide/Supervisor [named].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 81 The former Medication Aide/Supervisor could not be contacted for interview. Telephone interview with the former Administrator on 04/26/18 at 7:43pm revealed: -A Personal Care Aide (PCA) had reported finding Resident #2 with a black eye when the PCA was doing his walk through on the Special Care Unit (SCU). -The PCA found Resident #2 around breakfast time approximately one month ago (03/26/18) on a Saturday. -The PCA reported Resident #2's black eye to the medication aide (MA)/Supervisor on duty. -She went to see Resident #2 the following day (a Sunday) and interviewed the resident. -Resident #2 denied being hit so she and the Regional Director started an investigation immediately. -She conducted interviews with staff in the facility and the Regional Director conducted interviews over the phone with staff not in the facility. -She was at a training for the conclusion of the investigation, but corporate staff had determined that Resident #2 was accidently hit in the face by a hydraulic lift device. Telephone interview with a personal care aide (PCA) on 04/27/18 at 10:23am revealed: -Another PCA was on the men's hall getting residents up for breakfast, and the PCA came to her and reported he had found Resident #2 with a black eye. -Resident #2 did not have a black eye when she worked on Saturday from 7:00am - 3:00pm. -When Resident #2 was brought to the dining room for breakfast he had a black ring around his eye, more like a black mark above his eye. -There was no redness or swelling on Resident	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 82 #2's face and she did not know what happened to Resident #2 for the remainder of that day. Second telephone interview with the former Administrator on 05/01/18 at 7:32pm revealed: -Resident #2 said he was not hurt when she saw him on Sunday so she did not send him to the emergency room (ER) for evaluation. -The incident that caused Resident #2's black eye occurred on Saturday. -There were quite a few hours from when the incident occurred and when it was reported to her by staff. -She would have expected staff to have sent Resident #2 to the ER on Saturday for "that type of injury." Refer to interview with a personal care aide (PCA) on 04/30/18 at 11:46am. Refer to interview with the Regional Director on 04/30/18 at 4:35pm. 3. Review of Resident #6's current FL-2 dated 10/15/17 revealed: -Diagnoses included Dementia, Colostomy, Diabetes Mellitus, and Hypertension. -Resident #6 was semi-ambulatory and required personal care assistance with bathing and dressing. -Resident #6 was incontinent of bladder and had a colostomy. Review of Resident #6's Assessment & Care Plan dated 02/08/18 revealed: - Resident #6 required extensive assistance bathing and toileting. -Resident #6 required limited assistance with dressing, grooming, and transferring.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 83	D 273		

Review of a physician order dated 02/03/18 revealed Resident #6 was prescribed an antifungal cream to be applied to the area once daily.

Review of Resident #6's care notes dated 01/19/18 revealed:
-A caregiver reported to the Supervisor that Resident #6 was red under her stomach in the fold area.
-The Supervisor told the transporter to make an appointment for Resident #6 with her primary care provider (PCP).

Review of the Physician's Consultation Report dated 02/02/18 revealed:
-Resident #6 was diagnosed with candidiasis intertrigo.
-She was prescribed antifungal cream daily and advised to keep the area clean and dry.

Interview with a personal care aide (PCA) on 04/26/18 at 10:44am revealed:
-She had last used the cream on Resident #6's stomach rash about two to three weeks ago.
-The rash was no longer there.

Interview with a medication aide (MA) on 04/26/18 at 10:52am revealed:
-Resident #6 was pretty much total care.
-She had some rash and redness in the stomach fold area.
-She had been prescribed a cream in February to treat the rash.
-She saw the area that morning and it was now less red.
-Resident #6 did not complain of itching or pain with the rash.
-Resident #6 last saw her PCP on 4/18/18.
-She was unsure if the PCP examined the rash

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 84 on that date. Interview with Resident #6 on 04/26/18 at 11:40am revealed: -She still had a rash under her stomach. -She had to remind the personal care aides (PCAs) to apply the cream to the area. -The medication aide (MA) applied the cream that morning 04/26/18 but had not applied it the day before. -"When I remind them they do it." Interview with Resident #6 on 04/26/18 at 3:21pm revealed: -Her incontinent briefs and pants irritated the area under her stomach. -She reminded staff about four to five times a week to apply cream to the rash. Interview with a second PCA on 04/26/18 at 3:38pm revealed: -Resident #6 had an irritation under her stomach and between her groin and thigh area. -She thought the irritation was worsened by the leaking of Resident #6's colostomy bag. -Resident #6 had had the rash about a month. -She last saw the rash last week when she checked to see if the resident was wet. -She thought the rash had cleared up but she was not sure what the rash looked like now. Interview with a third PCA on 04/26/18 at 3:45pm revealed: -She last saw Resident #6's stomach about a week ago. -Prior to that time, she remembered seeing the rash about a month ago and it was really red. -The rash was less red this week and seemed to be healing. -She had not reported the condition of the rash to	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 85 anyone because it seemed to be improving. Observation of Resident #6's stomach on 4/26/18 at 4:57pm revealed: -The skin was bright red with patches of sloughing skin on the lower abdomen in a stomach fold, extending from the resident's left hip bone across the stomach to underneath the umbilicus, extending down onto the pubic bone, and 1 ½ inches wide. -The skin was bright red with patches of sloughing skin on the upper left thigh in the fold area, extending from the resident's left hip bone approximately 9 inches down the leg and 1 ½ inches wide. Interview with Resident #6 on 04/26/18 at 4:57pm revealed Resident #6 described the rash as very itchy and reported that it burned when the cream was applied. Interview with the Special Care Unit Coordinator (SCUC) on 04/26/18 at 5:20 pm revealed: -She had not provided any personal care tasks to Resident #6 in some time. -It had been about a month or more since she saw the rash under Resident #6's stomach. -She did not recall how the rash looked at that time. -PCAs were expected to report any concerns with a resident's skin to the MA or Supervisor. -The MA/Supervisor would then notify the PCP. -The PCA or MA would then document in the resident's Care Notes. Interview with the staff for the PCP on 04/27/18 at 9:59am revealed: -Resident #6 was seen for a hospital follow-up on 04/18/18 due to virus, dehydration, and diarrhea. -There was no mention of the Nurse Practitioner	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 86 (NP) examining the rash in the 04/18/18 office note. -Resident #6 was originally seen on 02/02/18 for a rash with onset 1-2 weeks prior. -The rash was itchy, red, and excoriated in the abdominal fold. -Resident #6 was diagnosed with yeast candidiasis. -Resident #6 was prescribed antifungal cream to be applied once daily. -The cream should have provided some relief for the resident within the first week of use. The facility had not contacted the office regarding Resident #6's rash since the 02/02/18 visit. -The facility did request a refill on the antifungal cream on 04/11/18. -If the rash persisted, the NP would have likely asked the resident to come back in to the office or possibly would have sent a referral to dermatology. -The resident was more at risk for this type of rash due to being diabetic and overweight and the rash could be hard to treat. -Sloughing of the skin might indicate the rash was getting worse. -It was important to keep the area dry and clean. -The facility transporter usually sat in on Resident #6's appointments with the NP. -The facility nursing staff often did not communicate with the transporter about the resident's medical needs. Observation of Resident #6 on 4/27/18 at 1:50pm revealed: -The skin was reddish-brown with patches of sloughing skin on the lower abdomen in a stomach fold, extending from the resident's left hip bone across the stomach to underneath the umbilicus, extending down onto the pubic bone, and 1 ½ inches wide.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 87 -The skin was bright red with patches of sloughing skin on the upper left thigh in the fold area, extending from the resident's left hip bone approximately 9 inches down the leg and 1 ½ inches wide. Interview with the MA on 04/27/18 at 2:18pm revealed: -Resident #6 had a bright red rash in the creases of her groin all the way across the bottom of her abdomen when it first appeared in February. -The third shift Supervisor first reported the rash in February. -She saw the area that morning and it was "red and raw." -Another MA came into the room to assist her applying cream to the rash this morning. -Resident #6 had not complained of burning with the rash since February. -She believed the rash looked a lot better since February. Interview with a second MA on 04/27/18 at 2:25pm revealed: -She had worked with Resident #6 in February of 2018 but did not remember how the rash looked then. -She had helped another MA apply cream to Resident #6's rash the morning of 04/27/18. -The rash "looked bad" and was "really red." -She would have notified the doctor if she were the assigned MA. -Resident #6 was forgetful and would likely be unable to tell the doctor about her rash. -"Resident #6 probably doesn't know she has a rash." Interview with another PCA on 04/30/18 at 10:56am revealed: -Resident #6 had a rash under her stomach.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 88 -She saw the area last week when she applied some cream to it. -Prior to this, she saw the rash about two to three weeks before then. -The rash looked the same and was still red. -Resident #6 did not complain about the rash and the supervisor knew about the rash already. Interview with the transporter on 04/30/18 at 11:08am revealed: -She transported Resident #6 to the PCP on 04/18/18 for a hospital follow-up. -She sat in with Resident #6 while she was seeing the provider. -She was unaware Resident #6 had a rash and the NP did not examine the rash during the appointment. Interview with Resident #6's family member on 04/30/18 at 4:56pm revealed: -She visited the facility one to two times weekly. -She became aware of her Resident #6's rash on the abdomen when Resident #6 was hospitalized earlier that month. -The nurses in the hospital applied cream to the area. -Resident #6 had not complained about the rash otherwise. Interview with the Supervisor on 4/30/18 at 12:06pm revealed: -She was aware Resident #6 had a rash in her groin area. -Resident #6 had been seen by her PCP on 04/18/18 and she assumed the resident's rash was examined at that time. -She had not notified the doctor that the resident still had a rash despite the rash persisting for three months. -She had not contacted the doctor about the rash	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 89	D 273		

because the resident had not complained.

Interview with the Nurse Practitioner (NP) on 04/30/18 at 1:50pm revealed:
-She saw Resident #6 for the rash on her abdomen on 02/02/18 and had not seen the rash since that time.
-She prescribed an antifungal cream that should have helped clear the rash in a week or so.
-She would have expected the facility to call her office if the rash persisted.
-The resident may have needed to come in for another appointment or be referred to dermatology.
-Resident #6 was non-ambulatory and usually in a wheelchair so sweating or leaking from her colostomy bag could have contributed to the rash not clearing.

Refer to interview with the Regional Director on 04/30/18 at 4:35pm.

b. Review of Resident #6's hospital discharge summary dated 04/09/18 revealed the physician should be notified if the resident had ankle swelling that stays after rest or elevation of the extremity or generalized swelling.

Observation of Resident #6 on 04/26/18 at 7:13am revealed Resident #6 was seated on the edge of her bed with her right shoe on and the left shoe in hand.

Interview with Resident #6 on 04/26/18 at 7:13am revealed her feet were swollen and she was unable to put on her left shoe.

Interview with a personal care aide (PCA) on 04/26/18 at 10:44am revealed:
-Resident #6's feet were always swollen but the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 90	D 273		

swelling had gotten worse over the last few months.
-She had not reported the resident's feet swelling to anyone because she was already taking fluid pills.

Interview with a medication aide (MA) on 04/26/18 at 10:52am revealed:
-Resident #6's feet were swollen most of the time.
-Staff encouraged the resident to keep her feet elevated.
-Resident #6 did not complain of pain with the swelling.
-She did not know if the PCP had been contacted about Resident #6's swollen feet.

Interview with a second PCA on 04/26/18 at 3:45pm revealed:
-Resident #6's feet were swollen but she had not complained about the swelling.
-Her feet had the same amount of swelling as usual so she had not reported the swelling to the MA.

Interview with the staff for the PCP on 04/27/18 at 9:59am revealed:
-Resident #6 was last seen on 04/18/18 but there was no mention of concerns with the resident's feet being swollen in the office note.
-She was seen for a diabetic foot exam on 03/29/18 but there was no mention of swelling in the resident's feet in the office note.
-Resident #6's feet were always swollen when she came to the office.
-The resident had been prescribed a diuretic to help with the swelling.
-There were no documented calls from the facility regarding the resident's feet swelling.

Observation of Resident #6 on 4/27/18 at 1:50pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 91	D 273		

revealed the left foot and left lower leg extending halfway up the calf was swollen with a 2 inch indentation and areas of red and reddish-brown skin blotches scattered on the lower leg.

Observation of Resident #6 on 04/27/18 at 5:00 p.m. revealed Resident #6 was seated in her wheelchair with swollen feet protruding from the tops of her shoes.

Observation of Resident #6 on 04/30/18 at 10:45am revealed the resident was seated in the dayroom wearing slippers.

Interview with Resident #6 on 04/30/18 at 10:45am revealed:
-Her feet were too swollen that morning to put on shoes.
-She could usually get her right shoe on but her left foot was always swollen.
-Her feet were not swollen when she came home from the hospital on 04/09/18 " ...probably because I had been relaxing in bed with my feet up."

Interview with a PCA on 04/30/18 at 10:50am revealed:
-Resident #6's feet were swollen all the time.
-Her left foot was constantly more swollen than the right.
-Staff usually had to assist the resident with putting on her shoes.
-There were times when the resident's feet were too swollen to put on her shoes.

Interview with another PCA on 04/30/18 at 10:56am revealed:
-Resident #6 was unable to put on her own shoes so staff had to assist her.
-She had never seen Resident #6's feet not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 92	D 273		

swollen.
-One of Resident #6's feet were more swollen than the other foot.
-Sometimes Resident #6's feet were too swollen to put on her shoes.
-She had not reported this to anyone because the Supervisor knew about Resident #6's swollen feet.

Interview with another PCA on 04/30/18 at 3:25pm revealed:
-Resident #6's feet were always swollen but her left foot was usually the most swollen.
-Sometimes Resident #6's feet were too swollen to put on her shoes.
-She always reported the swelling to the MA when this happened.

Interview with the Supervisor on 04/30/18 at 12:06pm revealed:
-Resident #6's left foot usually swelled more than her right foot.
-She did not remember if Resident #6's feet were swollen when she came back from the hospital on 04/09/18.
-She had not contacted the doctor regarding Resident #6's feet swelling.
-She would call the doctor if Resident #6 complained about pain or was having problems due to her feet swelling.

Interview with Resident #6's family member on 04/30/18 at 4:56pm revealed:
-Resident #6 had an injury to her leg some years ago and since that time she had chronic swelling in her feet.
-She did not recall whether Resident #6's feet were swollen after returning to the facility from the hospital earlier that month.
-Resident #6 took fluid pills to help with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 93	D 273		

swelling.
-Resident #6 was sometimes unable to wear shoes due to the swelling in her feet.
-She had not mentioned this to the staff.

Interview with the NP on 04/30/18 at 1:50pm revealed:
-Resident #6 had chronic foot swelling.
-She was being treated with a diuretic and potassium chloride.
-She had not received any calls from the facility about the resident's feet being swollen.
-She was not aware Resident #6 was having more swelling on the left side.
-If swelling had worsened, she would have expected the facility to call.
-She would be concerned if the resident was unable to put on her shoes due to swelling.

Interview with the Regional Director on 04/30/18 at 4:35pm revealed:
-If a staff member discovered a rash or that a resident was having swelling they should report it to the medication aide (MA) or supervisor.
-The MA or Supervisor would then report the issue to the physician.

4. Review of Resident #5 FL-2 on 04/25/18 at 10:05am revealed diagnosis of dementia of the Alzheimer's type, diabetes, hypertension, tremors, incontinence and history of deep vein thrombosis of the upper extremities.

Observation of Resident #5 on 04/30/18 at 12:10 pm revealed:
-The Resident was scratching his chest, abdomen, back and arms.
-There were numerous small, dark spots on his chest, abdomen, and arms.
-Some of the spots were healed and some were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 94 open sores. Observation of Resident #5 on 04/30/18 at 12:45pm revealed Resident #5 was scratching his back. Interview with Resident #5 on 04/30/18 revealed: -He said he had small sores on his skin. -He did not know how long they had been there. Interview with the Personal Care Aide (PCA) on 04/30/18 at 12:28pm revealed she was unaware Resident #5 was scratching his body. Interview with medication aide on 04/30/18 at 1:56pm revealed: -She did not know Resident #5 had spots on his body. -The PCA should have told her the resident's skin condition. -No one does skin checks. -Someone should have noticed he was scratching his skin. -The spots was probably not just from today. Interview with the physician assistant (PA) on 04/30/18 at 1:37pm revealed: -A skin issue was not reported to her office for Resident #5 until 04/29/18. -Staff would call or put a note in her folder at the facility when a resident condition needs to be reported. -If a resident condition was severe staff would call the PA or her office. -She was not aware the Resident had a skin issue. -She knew he had dry skin in the past. -He was not currently on medication for skin irritation.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 95 The facility failed to provide the resident's April 2018 medication administration record as requested on 05/01/18 at 1:24pm. 5. Review of Resident #4's current FL-2 dated 1/11/18 revealed diagnoses included diabetes, hypertension, chronic obstructive pulmonary disease (COPD), asthma, dementia and repeated falls. Review of Resident #4's Resident Register revealed an admission date of 11/30/16. Review of Resident #4's record revealed no documentation of podiatry evaluation or care since admission, or any documentation of any pending or scheduled podiatry appointments. Review of Resident #4's nurses' notes and communication with her physician revealed no documentation of the current condition of the resident's toenails, pending or scheduled podiatry appointments, or notifications to the physician or podiatrist of the need for podiatry care. Interview with Resident #4 on 4/24/18 at 12:40pm revealed: -She did not like to shower and only had bed baths. -She had long toenails. -She did not know who cut her nails. -She could not remember the last time her toenails were cut. Observation of Resident #4's feet on 4/24/18 at 12:40pm revealed: -The skin on both feet was clean, intact and without skin breakdown. -All ten toenails were thicker than normal and	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 96	D 273		

yellow in color.
-All ten toenails extended over the nail bed.
-The great toenail on each foot extended approximately ¼ inch over the nail bed.

Interview with a personal care aide (PCA) on 4/24/18 at 12:55pm revealed:
-She took care of Resident #4 sometimes on the assisted living (AL) side, but usually worked on the special care unit (SCU)
-On the SCU, resident nails were to be cut by the PCAs during bath time.
-She did not know what the process was for performing nail care on the AL residents.

Interview with another PCA on 4/25/18 at 9:15am revealed:
-She was aware Resident #4 was a diabettic.
-She would cut Resident #4's fingernails during bath time of they were long.
-The process for nail care for a diabetic is that they should report to the supervisor if the resident's toenails were long and the supervisor would schedule an appointment with the podiatrist.
-She did not cut Resident #4's toenails since she was a diabetic.
-She did not know if Resident #4 went to a podiatrist.
-She did not know who cut Resident #4's toenails.
-She had not told anyone that Resident #4's toenails needed to be cut.

Interview with the Special Care Coordinator (SCC) on 4/26/18 at 3:15pm revealed:
-She worked on the SCU but would walk over to the AL side to check in with staff to see how things were going.
-The process for nail care was the PCA should report to the supervisor if the nails needed to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 97	D 273		

cut and the supervisor would report it to the transportation staff member who would schedule the podiatry appointment.
-She was not aware that Resident #4's toenails were long.
-She did not know if Resident #4 ever went to the podiatrist.

Interview with the Supervisor on 4/27/18 at 9:00am revealed:
-She was not aware that Resident's #4's nails were long.
-She did not know when Resident #4 last had nail care by the podiatrist.
-The process was the MA should inform the Supervisor and the Supervisor would tell the transportation staff member to schedule the appointment with the podiatrist.

Interview with Resident #4 on 4/27/18 at 9:10am revealed:
-She was not sure when she last had her toenails cut.
-She had gone to the podiatrist before but could not remember the last time she went.
-"My toenails are all long and I would like them cut."

Interview with the Regional Director on 4/27/18 at 10:15am revealed:
-The process for nail care for diabetics was the PCA would inform the supervisor if it was needed and the supervisor would have the transportation staff member schedule the appointment with the podiatrist.
-The LHPS nurse should also evaluate the resident quarterly and inform the supervisor if nail care was needed.
-She was not aware that Resident #4's toenails were long and that Resident #4 wanted her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 98	D 273		

toenails cut.
-She would inform the transportation staff person to schedule an appointment with podiatry.
-She did not know the last time Resident #4 went to the podiatrist.
-She was not aware that there was no documentation of Resident #4 going to a podiatrist.

Attempted interview with Resident #4's family member on 4/27/18 at 10:39am was unsuccessful.

Interview with Resident #4's physician's nurse revealed:
-There was no documentation that Resident #4 had a referral to the podiatrist.
-There was no physician's order for podiatry for Resident #4.
-On 3/18/17, Resident #4 had a foot exam and was ordered diabetic shoes.
-On 5/18/17, Resident #4 reported having numbness in her feet.

Interview with a PCA on 4/30/18 at 11:15am revealed:
-She would report to the Supervisor if Resident #4's toenails needed to be cut.
-She bathed Resident #4 a couple of days ago and did not remember looking at her toenails.
-Yesterday the Supervisor and the transportation staff member looked at Resident #4's toenails.

Interview with the transportation staff member on 4/30/18 at 11:25pm revealed:
-If someone needed their toenails cut, the Supervisor would write her a note to schedule an appointment with the podiatrist.
-She visited all residents on the AL side yesterday with the Supervisor to check their toenails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 99 -No one told her to look at the resident's toenails, she just thought "it was a good idea". -"We identified 8 residents who need podiatry appointments because their toenails are too long, and 2 of them are diabetics." Interview with Resident #4's podiatrist on 4/30/18 at 1:10pm revealed: -Resident #4 was last seen by him on 10/14/15 because she had fallen and broken her foot. -He may have cut Resident #4's nails in the past but does not recall when. -The facility could schedule an appointment with their office for residents who need their toenails cut. Interview with Resident #4's Physicians Assistant on 4/30/18 at 2:00pm revealed: -Resident #4 had been under her care since before 2016. -It was her expectation that the staff would make the podiatry appointments for Resident #4 and she would be informed if Resident #4 needed a referral to podiatry to get her toenails cut. -She was not aware that Resident #4 had not seen the podiatrist since her admission to the facility. _____ The facility failed to assure timely health care referral and follow up for 5 of 7 residents which resulted in Resident #3 presenting to the emergency room with sternal and thoracic fractures and a subdural hematoma four days after witnessed but unreported changes in her conditon and pain to her chest; and Resident #2 having an orbital contusion untreated for 11 days. The facility's failure to seek medical attention for Resident #3 and delay in medical attention for Resident #2 was serious neglect and may have contributed to increased pain from physical	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 273	Continued From page 100 injuries which constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G. S. 131D-34 on 04/27/18 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 1, 2018.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to implement physician's orders for 1 of 7 sampled residents (#7) for a scoop mattress and hospital bed with side rails for fall prevention for a resident with a history of 8 falls in less than 30 days. The findings are: Review of Resident #7's current FL-2 dated 05/25/17 revealed: -Diagnoses included Alzheimer's dementia, non-Hodgkin's lymphoma, hypothyroidism, hypotension, paranoid schizophrenia, weight loss,	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 101	D 276		

hypercalcemia and pancytopenia.
-Resident #7 was ambulatory and intermittently disoriented.

Review of Resident #7's current care plan dated 06/20/17 revealed:
-Resident #7 was ambulatory, sometimes disoriented and had occasional bowel and bladder incontinence.
-Resident #7 required limited assistance with toileting and was independent with ambulation.
-There was no documentation of fall prevention measures for Resident #7.

Review of a hospice physician order for Resident #7 dated 04/18/18 revealed an order for a scoop mattress and half rails added to hospital bed for assistance with turning and positioning.

Review of care notes for Resident #7 revealed:
-Staff documented Resident #7 had fallen on 09/19/17, 11/05/17, 03/22/18, 03/27/18, 04/04/18, twice on 04/06/18, 04/07/18, 04/09/18, 04/17/18 and 04/18/18.
-Resident #7 hit her head on 09/19/17, sustained a bruise on her right buttock on 04/06/18, sustained a black eye on 04/07/18 and a left leg skin tear on 04/09/18.

Observation of Resident #7's bed on 04/26/18 at 8:00am revealed a hospital bed with no side rails and a regular mattress, there was no concave mattress or side rails.

Observation of Resident #7's bed on 04/27/18 at 1:49pm revealed a hospital bed with no side rails and a regular mattress, there was no concave mattress or side rails.

Observation of Resident #7's bed on 04/30/18 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 102 11:22am revealed a hospital bed with no side rails and a regular mattress, there was no concave mattress or side rails. Based on observations, interviews and record reviews, it was determined Resident #7 was not interviewable. Interview with a personal care aide (PCA) on 04/30/18 at 11:23am revealed: -She did not know anything about concave mattress, side rails or frequent checks for Resident #7. -Resident #7 fell a lot when she was up and walked around, lately Resident #7 stayed in the bed most of the time. Interview with a medication aide (MA) on 04/30/18 at 12:33pm revealed: -Her first time seeing the order for the physician's order dated 04/19/18 for a hospital bed with side rails and a scoop mattress for Resident #7 was on 04/30/18. -When hospice had new orders sometimes the hospice nurse gave the order to the MA, sometimes to the Special Care Coordinator (SCC) and sometimes the order was faxed to the facility. Interview with a second MA on 04/30/18 at 3:56pm revealed she did not know anything about an order dated 04/19/18 for a hospital bed with side rails and a scoop mattress for Resident #7. Telephone interview with the hospice Program Director on 04/30/18 at 1:08pm revealed: -When there was a hospice order for equipment or supplies, the hospice staff placed the order with the supply company directly and the supply company delivered the equipment and/or supplies	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 103	D 276		

to the facility the same day or the next day.
-She had just spoke to someone from the facility about the hospital bed with side rails and the scoop mattress, she could not remember the name of the person.
-She contacted the medical equipment supply company and a delivery to the facility was expected on 04/30/18.

Telephone interview with the medical supply company's office manager on 05/01/18 at 3:19pm revealed:
-Someone called on 04/30/18 about Resident #7 getting a hospital bed with side rails and a scoop mattress, she could not remember the name of who called.
-The side rails were added to Resident #7's hospital bed in the facility on 04/30/18.
-A scoop mattress was not available to deliver to the facility on 04/30/18.
-The medical supply company had not received an order for the side rails and the scoop mattress, just the phone call on 04/30/18.

Interview with the SCC on 04/30/18 at 4:12pm revealed:
-The corporate Registered Nurse (RN) picked up the order from hospice on 04/30/18 for the hospital bed with side rails and a scoop mattress for Resident #7.
-She was not aware of the order in the Resident #7's record dated 04/19/18.
-She was not given the order from hospice and was not aware of the need for follow up.
-She did not know who the order was given to by hospice.
-Normally hospice discussed plans and orders when they visited residents at the facility, but in this case they did not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 104 Telephone interview with the hospice primary Registered Nurse (RN) for Resident #7 on 04/30/18 at 3:45pm revealed: -She took over as Resident #7's primary RN on 04/13/18 and did not know the details of Resident #7's falls prior to 04/13/18. -There was an order for a hospital bed with side rails and a scoop mattress to help prevent falls for Resident #7 dated 04/18/18. -She brought the order to the facility the same day the doctor signed the order. Telephone interview with Resident #7's PA on 05/01/18 at 2:00pm revealed: -She was not aware of a delay in getting a hospital bed with side rails and a scoop mattress ordered by hospice for Resident #7 to help decrease falls. -She expected all physician's orders to be put in place in a timely manner, 24-48 hours. Interview with the Regional Director on 04/30/18 at 1:40pm revealed the SCC/Resident Care Coordinator (RCC) and/or medication aides (MAs) were responsible for primary care provider (PCP) orders. Telephone interview with the Regional Director on 05/01/18 at 1:24pm revealed: -Normally hospice kept facility staff "in the loop" and she did not know why that was not the case related to orders for Resident #7. -If hospice staff did not hand the order to the MA or SCC, she expected hospice staff would verbally communicate any orders with the SCC. -All new orders were placed in a new order notebook by the MA, Supervisor or SCC. -Each day the SCC was responsible for reviewing the previous day's orders.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 105	D 338		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation and interviews, the facility failed to assure two residents (#13 and #16) were free from mental and verbal abuse as evidenced by Resident #13 being cursed at and told to "stop faking" by a staff member, and Resident #16 having a roll that she was eating being "snatched" out of her hand by a staff member and not given back to her after she pleaded that she wanted it. The findings are: 1. Observation on 4/26/18 at 12:05pm revealed a patient care assistant (PCA) was pushing Resident #13 in her wheelchair to her room. Interview with the PCA on 4/26/18 at 12:05 revealed she was taking Resident #13 to her room because someone told her to do so since the resident was laying her head on the lunch table. Observation on 4/26/18 at 12:07pm revealed: -The PCA that brought Resident #13 to her room	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 106	D 338		

was heard talking loudly to the resident while in her room.
-The PCA said 3 times to the resident, "Hold your head up (Resident #13)."
-The PCA said "Stop faking".
-The PCA said "This don't make no damn sense".

Interview with the PCA on 4/26/18 at 12:15pm revealed:
-She was helping the other PCA with Resident #13 since there were only 2 PCAs on duty.
-Resident #13 "probably has pain in her back".
-She was going to tell the medication aide (MA) about Resident #13's pain.
-Resident #13 "was just getting old".

Observation of Resident #13 on 4/26/18 at 12:25pm revealed she was lying on her bed with tears in her eyes making whimpering sounds.

Observation of Resident #13's roommate on 4/26/18 at 12:25pm revealed she was lying on her bed staring at Resident #13.

Interview with Resident #13 on 4/26/18 at 12:25pm revealed:
-The PCA that brought her to her room always talked to her "the way she just did" when she assisted her in and out of the wheelchair.
-Her roommate heard it too.

Interview with Resident #13's roommate on 4/26/18 at 12:35 revealed:
-"They all talk to (Resident #13) that way; 95% of the staff do."
-"They scream at her to stand up."
-The PCA that was just in the room always talked to Resident 13 the way she just did a few minutes ago.
-She did not report it because "most everyone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 107	D 338		

talks to her (Resident #13) that way so it would do no good".
-"They don't talk to me that way because I'll talk right back."

Interview with the Regional Director on 4/26/18 at 12:45pm revealed:
-She was not aware that Resident #13 had ever been cursed at or called names by the staff.
-She would investigate the situation immediately.

Interview with a Supervisor and the Special Care Coordinator on 04/30/18 at 12:55pm revealed if staff witnessed verbal abuse between another staff person and a resident, they were to report to the Supervisor, the Special Care Coordinator, or the Administrator.

Interview with the Regional Director on 4/30/18 at 4:35pm revealed:
-If staff witnessed physical or verbal abuse by a staff member to a resident, it should be reported immediately to the supervisor who would call the Administrator or, if after hours, call the management team.
-The staff member would be suspended pending an investigation.
-The staff member would be reported to the HCPR within 24 hours.
-The facility reviewed Resident Rights annually in training and reminders for the staff.
-In the monthly staff meetings, Resident Rights were brought to the staffs' attention

2. Review of the diet order list provided on 04/27/18 revealed Resident #16 was on a ground meat diet.

Observation of the lunch meal on 04/25/18 at 12:05 pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 108 -Resident #16 was served a puree plate that included pureed meat, pureed roll, pureed succotash and mashed potatoes. -Resident #16 was served a bowl of whole pineapple tidbits. -Resident #16 asked for a biscuit and was served a roll by a personal care assistant (PCA) -The Surveyor asked PCA if resident was on a pureed diet. -The PCA grabbed the roll out of resident's hand and told resident she could not have the roll because she was on a pureed diet. -Resident #16 repeatedly asked the roll to be given back to her and was served a puree roll by the PCA. -After prompting, the PCA moved the bowl of pineapple away from Resident #16 and served her a bowl of pureed pineapple. -Resident #16 had consumed approximately 50% of the pineapple tidbits. -The resident was upset and kept asking for the roll. -The resident refused to eat anything else after the roll was taken away. Observation of the lunch meal on 04/26/18 at 11:52 am revealed Resident #16 was served a slice of ham, beans, roll and rice. Interview with Kitchen Manager on 04/26/18 at 12:07pm revealed: -The dietary staff usually served the food items to the residents. -Resident #16 was on a puree diet. -Resident #16 had been on a puree diet since she was admitted. -If someone on a puree diet refused to eat the puree foods, dietary staff offered them a soft ground meal or sandwich. -The dietary staff would let the PCA know if the	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 109	D 338		

resident refused to eat a meal.
-She had never seen Resident #16 coughing or choking during meals.
-There was a diet order sheet posted in the kitchen that dietary staff should have been referring to when serving food.

Interview with Kitchen Manager on 04/30/18 at 11:00am revealed:
-Administration did a diet order audit once a month or whenever there was a new admission.
-Diet order sheets were in the kitchen but the dining staff did not refer to them since they knew the residents.
-If a resident was served the wrong plate, the dining staff would have take the plate and serve the correct one.
-Resident #16 was changed to a puree diet but she was unsure of the date.
-The policy was: if a resident did not want the food they were served or if it was the wrong food served but the resident was awake and could eat it, then it was ok for him or her to eat it.

Interview with a PCA on 04/30/18 at 11:08am revealed:
-There was no diet list.
-The medication aides (MA) let the PCA know if a resident had a diet order change.
-If someone was served the wrong plate, the PCA would have told the resident he/she should not be eating that food.
-Food should never be taken away from a resident.
-If the resident was eating an item that he/she should not have, the PCA should have told the MA and stood close to the resident while he/she was eating.
-If someone refused the ground food, he/she should be given a regular meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 110 Interview with Corporate Registered Nurse (RN) on 04/30/18 at 11:22 am revealed: -The Resident Care Coordinator (RCC) or supervisor updated the diet list for any changes. -The updated diet list would be given to the Kitchen Manager. -The dietary staff should tell the PCA who each plate of food was for. -If the wrong plate was given, it should have been reported to the MA. -If the resident continually refused his/her meals the dietary staff or the MA should have reported that information to the RCC or the supervisor. -The RCC or supervisor should have passed that information to the Primary Care Physician (PCP). -If the resident was eating the wrong items, the PCA should have called the supervisor. -The supervisor should have spoken to the resident and called the PCP. Interview with Regional Director on 04/30/18 at 4:35pm revealed: -The resident should not have been served the wrong plate. -The Supervisor should have been notified. -Food should not be "snatched away" from a resident. -There was a diet order list on the door of the kitchen. -Staff should have been referring to the diet order list. The failure of the facility to assure each resident was free of mental and verbal abuse as evidenced by Resident #13 being told to "stop faking" and cursed at by a staff member, and Resident #16 having a roll that she was eating being "snatched" out of her hand by a staff member and not being served the appropriate	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 111 diet as ordered, was detrimental to the health and welfare of two residents, #13 and #16, and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/26/18.	D 338		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure contact with the prescribing physician following a hospitalization for clarification of orders for medications for 1 of 7 sampled residents (Resident #6) regarding an orders for Potassium Chloride and Lasix. The findings are: a. Review of the Hospital Discharge Summary	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 112	D 344		

dated 04/09/18 revealed:
-Resident #6 was diagnosed with hyperglycemia.
-Resident #6 was prescribed Potassium Chloride Extended Release (ER) 20 milligrams (mg) twice daily.
-The prescription was written for twenty pills with no refills.
-Resident #6 was instructed to stop taking Potassium Chloride ER 10 mg. once daily.

Observation of medications on hand on 04/27/18 at 2:15pm revealed there was no Potassium Chloride ER 20 mg for Resident #6.

Interview with the Corporate Registered Nurse (RN) on 04/27/18 at 2:25pm revealed she would have the SCC contact the pharmacy to determine why the medicine was not in the facility.

Review of the medication administration record (MAR) for April 2018 revealed:
-Resident #6 received the last dose of Potassium Chloride ER 20mg on 04/19/18 at 8:00pm.
-The prescription was now expired.

Interview with the pharmacist on 04/27/18 at 4:41pm revealed:
-Twenty capsules of Potassium Chloride ER 20 mg were dispensed on 04/09/18.
-There were no refills on this prescription.
-The prescription was written by a hospitalist and was likely intended to be continued by the resident's primary care provider (PCP).

Interview with the Special Care Coordinator (SCC) on 04/30/18 at 11:17am revealed:
-She spoke with Resident #6's PCP's office on Friday 04/27/18 regarding the prescription.
-She had faxed a request to the office on Friday 04/27/17 and was told the NP would be in after

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 113	D 344		

lunch today 04/30/18.

Interview with the Nurse Practitioner (NP) on 04/30/18 at 1:50pm revealed:
-She did not remember if the facility provided a hospital discharge summary when she saw Resident #6 on 04/18/18.
-She was unaware the resident's potassium chloride prescription had changed in dosage and frequency.
-The potassium chloride was being used in combination with a diuretic to treat edema in Resident #6's feet.
-Resident #6's potassium level was checked on 04/06/18 and it was normal.
-She checked Resident #6's potassium level every six months to a year depending on the last reading.
- She would be concerned that the resident would develop fluid due to the chronic swelling in her feet.
-Prolonged fluid in the resident's feet could worsen and result in blistering or drainage.

Refer to interview with the Supervisor on 04/30/18 at 12:06pm.

Refer to interview with the SCC on 04/30/18 at 11:17am.

Refer to interview with the Regional Director on 04/30/18 at 1:40pm.

a. Review of the Hospital Discharge Summary dated 04/09/18 revealed:
-Resident #6 was diagnosed with hyperglycemia.
-Resident #6 was instructed to stop taking Lasix 40mg once daily.

Interview with Resident #6 on 04/26/18 at 7:13am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 114	D 344		

revealed:
-Her feet were swollen and she was unable to put on her left shoe.
-She took fluid pills to help with the swelling.

Observation of Resident #6 on 04/27/18 at 5:00 p.m. revealed Resident #6 was seated in her wheelchair with swollen feet protruding from the tops of her shoes.

Interview with the staff for the Nurse Practitioner (NP) on 04/27/18 at 9:59am revealed:
-Resident #6 should have been taking Lasix daily.
-The office had no record of the Lasix being discontinued.
-She was unaware that Resident #6 stopped taking the medication as of 04/09/18.
-She thought the medication might have been stopped in the hospital if the resident were dehydrated.
-She would contact the NP and clarify whether the resident still needed to be taking the medication.

Second Interview with the staff for the NP on 04/27/18 at 12:30pm revealed:
-She had spoken to the NP and confirmed that Resident #6 should be taking Lasix 40mg once daily.
-She had spoken to the Supervisor at the facility and given a telephone order for Resident #6 to resume taking the medication.

Interview with Resident #6 on 04/30/18 at 10:45am revealed:
-Both of her feet were swollen but the left foot was always more swollen.
-She was wearing slippers because her feet were too swollen for her shoes.
-She did not remember her feet being swollen

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 115	D 344		

when she came home from the hospital on 04/09/18.
-She thought her feet weren't swollen then because she had been relaxing in bed with her feet elevated.

Interview with the Nurse Practitioner (NP) on 04/30/18 at 1:50pm revealed:
-She did not remember if the facility provided a hospital discharge summary when she saw Resident #6 on 04/18/18.
-She was unaware the resident's Lasix had been discontinued in the hospital until Friday 04/27/18 when her medical assistant called for clarification on the order.
-She believed the Lasix was stopped due to the resident being dehydrated in the hospital.
-The Lasix was being used in combination with a potassium chloride to treat edema in Resident #6's feet.
- She would be concerned that the resident would develop fluid due to the chronic swelling in her feet.
-Prolonged fluid in the resident's feet could worsen and result in blistering or drainage.

Refer to interview with the Supervisor on 04/30/18 at 12:06pm.

Refer to interview with the SCC on 04/30/18 at 11:17am.

Refer to interview with the Regional Director on 04/30/18 at 1:40pm.

Interview with the Supervisor on 04/30/18 at 12:06pm revealed:
-When a resident returned to the facility from the hospital, the hospital discharge summary was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 116	D 344		

copied and put into the transporter's folder for scheduling follow-up appointments.
-The discharge summary orders were then faxed to the pharmacy so that changes could be made to the MAR.
-The resident's PCP would not see the discharge summary unless they had access to it through the hospital system.
-The third shift supervisor would prepare a folder with the physician consult sheet and the MARs for each resident's appointment.
-The hospital discharge summary would not usually be included because the MARs show what medicines are being continued or discontinued.

Interview with the Special Care Coordinator (SCC) on 04/30/18 at 11:17am revealed:
-When residents returned to the facility after a hospital discharge, the supervisor should translate the orders onto a physician consult sheet and have the PCP review the orders.
-Residents were usually transported to appointments by the transporter who sat in on the appointment.
-The transporter took a folder prepared by the third shift supervisor to the appointment.
-The folder contained a physician consult form and a copy of the resident's MAR.
-The hospital discharge summary would not necessarily be included and it would depend on who prepared the folder.
-If the hospital discharge summary was not included the provider was expected to read the MAR to determine any medication changes.

Interview with the Regional Director on 04/30/18 at 1:40pm revealed:
-The MA or Supervisor was responsible for faxing the discharge summary to the pharmacy when a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344	Continued From page 117 resident returned from the hospital. -The MA or Supervisor would follow up with the resident's PCP to make sure the orders were correct. -The MA or Supervisor would then ensure a copy was given to the transporter so that follow up appointments could be scheduled. -If the PCP did not ask for a copy of the discharge summary, it was usually not provided. -The hospital discharge summary would not be taken with the resident to the follow up appointment. -Most doctors had access to hospital discharge summaries in the hospital system. -She expected the MA or Supervisor to call the PCP if there were changes to medications.	D 344		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to observe 1 of 3 sampled residents (#12) take her medications during the morning medication pass on 04/26/18,	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 118 and permitted other residents to administer medications. The findings are: Review of Resident #12's current FL-2 dated 01/10/18 revealed: -Diagnoses included Alzheimer's dementia, history of delirium, vitamin B-12 deficiency, and essential hypertension. -There was an order for Coreg (used to treat hypertension) 25mg tablet twice daily. -There was an order for Omeprazole (used to treat digestive disorders) 20mg tablet daily. -There was an order for Risperdal (used to treat anxiety) 0.5mg tablet twice daily. -There was an order for Vitamin D3 (a dietary supplement) 5000 IU tablet daily. -There was an order for Cozaar (used to treat hypertension) 50mg tablet daily. -There was an order for Klor-Con (a dietary supplement) 10meq tablet daily. -There was an order for Vitamin B-12 (a dietary supplement) 500mcg tablet daily. Review of Resident #12's April 2018 electronic medication administration record (EMARs) revealed: -There was an entry for Coreg 25mg tablet twice daily scheduled for administration at 8:00am and 8:00pm. -There was an entry for Omeprazole 20mg tablet daily scheduled for administration at 8:00am. -There was an entry for Risperdal 0.5mg tablet twice daily scheduled for administration at 8:00am and 8:00pm. -There was an entry for Vitamin D3 5000 IU tablet daily scheduled for administration at 8:00am. -There was an entry for Cozaar 50mg tablet daily scheduled for administration at 8:00am.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 119	D 366		

-There was an entry for Klor-Con 10meq tablet daily scheduled for administration at 8:00am.
-There was an entry for Vitamin B-12 500mcg tablet daily scheduled for administration at 8:00am.

Interview with the medication aide (MA) on 04/26/18 at 7:25am as she prepared Resident #12's medications for administration revealed Resident #12 was getting ready to go to the dining room for breakfast.

Observations of the medication aide (MA) on 04/26/18 at 7:30am revealed:
-She prepared Resident #12's medications for the 8:00am medication pass outside the resident's room to the left of the room door entrance.
-She put the medications in a white paper medication cup as the resident stood at the medication cart to the left of the MA.
-The MA handed the cup of 7 pills and a cup of water to Resident #12.
-Resident #12 took the cup of pills and water, returned to inside her room, and walked close to her bedside table and trashcan, which was not in view of the MA.
-Resident #12 placed the cup of pills to her mouth with her back to the door while the MA remained outside the resident's room to the left of the room door entrance.
-As the resident finished taking her medications, the MA repositioned herself to see inside the resident's room and asked the resident "do you want me to take the cup?"
-The MA stated "I saw her take the pills. She was taking the last one when I stepped around."

Interview with Resident #12 on 04/26/18 at 5:08pm revealed:
-She usually got her medications from the MAs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 120	D 366		

-She took her medications in her room.
-The MAs were not always in the room with her when she took her medications.
-Sometimes she would walk up to the front of the hall, medications were given to her, and she would take the medications back to her room.
-After she took her medications she would throw the medication cup in her trashcan.
-She gave the empty medication cup to the MA this morning because the MA asked for it.
-She liked to take her medications every 12 hours.
-She wrote in a spiral notebook the time she took her medications.
-The MA had given her medications to her on the morning of 04/26/18 but had not watched her take her medications the morning of 04/26/18.

Interview with the MA on 05/01/18 at 3:15pm revealed:
-She saw Resident #12 when the resident "put the cup to her mouth at the end" and threw the cup in the trashcan.
-She had not seen Resident #12 when the resident went into her room with the medications.
-By the time she (MA) got to the resident's door, the resident had the cup to her mouth.
-Resident #12 liked to get her medications before she went to breakfast and usually came out of her room when she heard the MA in the hall with the medication cart.
-She did not know why Resident #12 decided to go back inside her room with the medications on 04/26/18.
-Resident #12 usually stood at the medication cart and took her medications.
-She was trained to watch residents take their medications and make sure the residents took their medications and did not spit them out.
-Some residents preferred to take their

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 121 medications in their rooms because "they are slower". Interview with a resident on 04/24/18 at 1:15pm revealed: -About a month or more ago, the medication aide (MA) sent a resident into her room with her medications. -She did not think the MA was employed there any longer. A second interview with the same resident on 04/27/18 at 3:55pm revealed: -The medication aide who handed medicine to another resident to bring to her was still employed at the facility. -The medication aide stood at the door while the resident brought the medicine into the room. -The medication aide stood at the doorway until the resident swallowed the medication and she saw the resident leave the room. Interview with a second resident and family member on 04/25/18 at 2:30pm revealed: -The resident was given his pills in a cup by the medication room. -He then took the pills back to his room, counted them, and then would either take the pills or return to the medication aide if he was missing a pill. Interview with a third resident on 04/26/18 at 7:08am revealed: -She had helped the medication aide with medicines twice. -She was not allowed to touch the medicines on the cart. -She helped the medication aide one day because she was sick and took four residents their medicines in the cup.	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 122 -She remembered putting one resident's medicines down on the table for them. Interview with a fourth resident on 4/26/18 at 8:40am revealed: -She helped a medication aide (MA) on 2 nights because the MA told her she was sick and didn't feel well. -On the 2 nights she helped, she gave "a few" residents their cup of pills. -She was told today by a staff member that she could not do it anymore because she would get the MA "in trouble". Interview with a fifth resident on 04/26/18 at 8:31am revealed: -She sometimes was given her medicine in her bedroom and other times in the hall. -She often took her cup of medicine back to her room to take them. -The medication aide did not come to the room to see if she took the medicine afterwards. -"They don't know if we take our pills." -She saw a pill on the floor one morning a few weeks ago. -She told the Supervisor and they picked it up. -The medication aides "put too many pills in the cup and they spill out." Interview with a sixth resident on 04/26/18 at 8:56am revealed: -She was given her pills in a cup with two cups of water. -The medication aide would usually hand her medicine and then move on to the next resident. -"They know I am going to do the right thing." -The medication aide did not collect the cup from her but she always threw the cup away in the trash attached to the medication cart. -She found a red pill on the floor in the corner of	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 123	D 366		

the doorway one day this week.
-She reported the pill to the medication aide.

Interview with a seventh resident on 04/26/18 at 9:30am revealed:
-He did not remember another resident ever bringing him medicine.
-He usually took his medicine in his bedroom.
-He was not sure if the medication aide watched him swallow his medicine.

Confidential interview with a staff revealed:
-Pills had been found in cups in the resident rooms and on the floor in resident rooms.
-Residents sometimes had pills in their mouth when the MAs walked out of the resident rooms.
-The staff had been given medications in a cup to give to residents but it had been a long time since that had happened.

Interview with a second MA on 04/26/18 at 5:45pm revealed:
-When she administered medications, she had to make sure the residents took the medication.
-She would tell the residents to lift up their tongue to check if the resident had swallowed the medication.
-Only the MAs and supervisors were qualified to administer medications.
-She had never handed medications to anyone else to administer to a resident.

Review of the facility medication policies revealed:
-Only appropriately trained staff were allowed to administer medications.
-Staff would provide documentation on the medication administration record after observing the residents taking the medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 366	Continued From page 124 Interview with the Regional Director on 05/01/18 at 2:00pm revealed: -She expected the MAs and Supervisors to observe residents swallow their medications. -She had no awareness of MAs giving medications to other residents or staff to administer to other residents. The failure of the facility's qualified medication aides to ensure residents actually swallow prescribed medications and the practice of medication aides permitting unqualified staff and residents to participate in administering medications to other residents is detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G. S. 131D-34 on 04/27/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 16, 2018.	D 366		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 125	D 367		

medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
(6) date and time of administration;
(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,
(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to assure 1 of 7 sampled residents (#7) had an accurate medication administration record which included the physician's orders for Morphine, Atropine, Ativan and Tramadol to be available as needed for end life comfort measures for Resident #7.

The findings are:

Review of Resident #7's current FL-2 dated 05/25/17 revealed diagnoses included Alzheimer's dementia, non-Hodgkin's lymphoma, hypothyroidism, hypotension, paranoid schizophrenia, weight loss, hypercalcemia and pancytopenia.

a. Review of a hospice physician order for Resident #7 dated 04/13/18 revealed:
-There was an order for Ativan 1mg every two to four hours as needed for terminal restlessness (Ativan is a Benzodiazepine used to treat anxiety).
-There was an order for Atropine 1% eye drops four drops sublingually every two hours as needed for terminal secretions (Atropine is an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 126	D 367		

anticholinergic used to decrease saliva production).
-There was an order for Morphine 0.25ml to 1ml hourly as needed for pain and/or air hunger (Morphine is an opioid used to treat pain).
-The verbal order order was entered on 04/13/18 at 2:55pm, approved on 04/15/18 and electronically signed by the physician on 04/19/18.

Review of Resident #7's April 2018 electronic medication administration record (eMAR) revealed:
-There was no entry for Ativan 1mg every two to four hours as needed for terminal restlessness.
-There was no entry for Atropine 1% eye drops four drops sublingually every two hours as needed for terminal secretions.
-There was an order for Morphine 0.25ml to 1ml hourly as needed for pain and/or air hunger.

Observation of medications on hand for Resident #7 on 04/30/18 at 12:39pm revealed:
-There was an unopened box with a pharmacy label that had Resident #7's name, instructions for Morphine 0.25ml to 1ml hourly as needed for pain and/or air hunger and a dispense date of 04/13/18.
-There was an unopened box with a pharmacy label that had Resident #7's name, instructions for Atropine 1% eye drops four drops sublingually every two hours as needed for terminal secretions and a dispense date of 04/13/18.
-There was a prescription bottle with a pharmacy label that had Resident #7's name, instructions for Ativan 1mg every two to four hours as needed for terminal restlessness and a dispense date of 04/13/18.

Interview with a medication aide (MA) on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 127 04/30/18 at 12:39pm revealed: -The hospice nurse picked up the Morphine, Ativan and Atropine for Resident #7 and brought the medications to the facility. -There was no order for the medications on 04/13/18. Interview with a hospice nurse on 04/27/18 at 4:00pm revealed: -She was at the facility on 04/27/18 to follow up on a physician's order written 04/13/18 for Morphine, Atropine and Ativan for Resident #7. -The medications were filled at a local pharmacy on 04/13/18, instead of the facility's contracted pharmacy. -The medications were in the facility on the medication cart, but the order was not entered onto Resident #7's eMAR because the actual order from the physician was not in the resident's record as of 04/27/18. -Resident #7 had not needed the medications from 04/13/18 through 04/27/18, but the hospice nurse who originally requested the order thought Resident #7 should have the medications available for comfort and end of life care. -She was concerned that Resident #7 might have needed the medications the weekend of 04/28/18 and 04/29/18. Interview with a second MA on 04/30/18 at 3:56pm revealed: -The hospice nurse brought the medications (Morphine, Ativan and Atropine) on 04/13/18, but there was "no order that popped up" on the eMAR so she "did not mess with it." -The Special Care Coordinator (SCC) called hospice about the missing order, but she did not know when the SCC called hospice. Interview with the SCC on 04/30/18 at 4:12pm	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 128	D 367		

revealed:
-The facility had never received a hard copy of the order for Morphine, Ativan and Atropine for Resident #7 to fax to the contracted pharmacy so that the orders were entered onto the resident's eMAR.
-Hospice called the medication order into the local pharmacy on 04/13/18 and then sent the Activity Director (AD) to pick the medications up from the local pharmacy on 04/13/18.
-The medications were in the facility for Resident #7 on 04/13/18, but there was no written order and the MAs needed an order to be able to administer a medication.
-The MA had informed the hospice nurse last week (04/27/18) when hospice was at the facility that the order was still needed in order to be able to administer the medications.
-There were several back and forth conversations about Resident #7's hospice orders with two different hospice nurses who said they working on getting the order to the facility so that the written order could be faxed to the contracted pharmacy and entered onto Resident #7's eMAR.

Telephone interview with the hospice primary Registered Nurse (RN) for Resident #7 on 04/30/18 at 3:45pm revealed:
-She had brought the Physician's order dated 04/13/18 for Morphine, Ativan and Atropine for Resident #7 to the facility the same day.
-The order was sent to the local pharmacy and she did not know why the order was not in the chart.
-Resident #7's Physician/Physician Assistant were the resident's primary care provider and the hospice Physician consulted.

Telephone interview with the hospice Program Director on 04/30/18 at 1:08pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 129 -Normally the facility staff received physician orders for residents directly from hospice staff so the facility staff could fax the order to the facility's contracted pharmacy. -The medication for Resident #7 would not have been available the weekend of 04/14/18 and 04/15/18 if the hospice staff did not go and pick the medication up from the local pharmacy. -The hospice nurse wanted the medication to be available for Resident #7 the weekend of 04/14/18 and 04/15/18. -The hospice nurse at the facility on 04/27/18, was conducting a weekly check where the hospice nurse checked physician orders and made sure the order was on the eMAR and the medication was on the cart. -The hospice nurse nurse found that the orders for Morphine, Ativan and Atropine were not entered onto Resident #7's eMAR. -The facility staff called hospice on 04/27/18 about the hard copy of the physician's order for Morphine, Ativan and Atropine for Resident #7 and the order was taken to the facility after the call. Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/01/18 at 11:46am revealed: -The pharmacy did not receive orders for Morphine, Ativan and Atropine for Resident #7 until 04/30/18. -Hospice orders were sometimes faxed from hospice and sometimes faxed from the facility; sometimes hospice provided the medication and sometimes the pharmacy filled the medication. -For the Morphine, Ativan and Atropine, hospice supplied the medication and the facility requested the pharmacy enter the order. Telephone interview with a pharmacist from the	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 130	D 367		

local pharmacy on 05/01/18 at 12:08pm revealed:
-Orders were typically faxed from facilities, but the order for Morphine, Ativan and Atropine for Resident #7 were brought to the pharmacy by hospice on 04/13/18.
-Anytime an order was brought in, a copy of the order was given to the facility.
-She could not verify that a copy of the order was given to the facility for Resident #7's Morphine, Ativan and Atropine because she was not working the day it was filled (04/13/18).
-(Name of Activity Director) signed for Resident #7's Morphine, Ativan and Atropine when she picked up the medications on 04/13/18.

Telephone interview with the Activity Director (AD) on 05/01/18 at 12:20pm revealed:
-She picked up medications from the local pharmacy for Resident #7 approximately one to two weeks ago, she could not remember the exact date.
-She did not receive a physician's order when she picked Resident #7's medications and she did not request an order because she was just there to pick up medications.
-She brought the medications back to the facility and gave them to the medication aide (MA) on duty.

Telephone interview with Resident #7's PA on 05/01/18 at 2:00pm revealed:
-She was not aware of any delay in obtaining the physician's order for Morphine, Ativan and Atropine for Resident #7.
-She expected all physician's orders to be put in place in a timely manner, 24-48 hours.

Telephone interview with the Regional Director on 05/01/18 at 1:24pm revealed:
-Normally hospice kept facility staff "in the loop"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 131	D 367		

and she did not know why that was not the case related to orders for Resident #7.
-If hospice staff did not hand the order to the MA or SCC, she expected hospice staff would verbally communicate any orders with the SCC.

b. Review of a prescription order for Resident #7 dated 10/11/17 revealed orders for Tramadol 50mg every eight hours scheduled and Tramadol 50mg three times daily PRN for pain.

Review of a hospice physician order for Resident #7 dated 03/19/18 revealed orders for Tramadol 50mg every eight hours scheduled and Tramadol 50mg three times daily PRN for breakthrough pain.

Review of Resident #7's February, March and April 2018 electronic medication administration records (eMARs) revealed there was no entry for Tramadol 50mg three times daily PRN for breakthrough pain.

Observation of medications on hand for Resident #7 on 04/30/18 at 12:39pm revealed there was no Tramadol 50mg three times daily PRN on hand for Resident #7.

Based on observations, interviews and record reviews, it was determined Resident #7 was not interviewable.

Attempted interview with the SCC on 05/01/18 at 3:13pm was unsuccessful.

Telephone interview with the Regional Director on 05/01/18 at 1:24pm and 6:02pm revealed she was not aware of the PRN Tramadol order for Resident #7 and planned to follow up with SCC on 05/01/18 about the order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 132 Telephone interview with a pharmacist from the facility's contracted pharmacy on 05/01/18 at 11:46am revealed: -The Tramadol was ordered for 50mg three times daily for Resident #7, the pharmacy did not have an as needed (PRN) order for Tramadol. -There was a renewal order for the scheduled Tramadol on 12/06/17 and then on 01/09/18, the PRN order was taken out by the pharmacy. -The pharmacy did have the order dated 03/19/18 for both Tramadol 50mg three times daily and Tramadol 50mg three times daily PRN. -There was no order to discontinue the PRN Tramadol so the pharmacy was going to enter the order on Resident #7's profile. Interview with the Regional Director on 04/30/18 at 1:40pm revealed: -The SCC/Resident Care Coordinator (RCC) and/or medication aides (MAs) were responsible for primary care provider (PCP) orders. -The MAs faxed orders to the pharmacy, the SCC/RCC followed up on all orders so that nothing was missed. Telephone interview with the Regional Director on 05/01/18 at 1:24pm revealed: -Hospice should be giving all orders to the MA or SCC so that the MA or SCC could fax the order to the pharmacy. -The SCC usually handled all of the physician's orders or gave the orders to the MA on duty to fax to the pharmacy. -After the pharmacy entered the order on the eMAR, the order would show up on the eMAR for approval and the MA or Supervisor would approve the order. -If medications had been received for a resident, but there was no order, the MA was expected to	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 367	Continued From page 133 call the pharmacy or doctor and get the order within 24 hours of receiving the medication. -All new orders were placed in a new order notebook by the MA, Supervisor or SCC. -Each day the SCC was responsible for reviewing the previous day's orders.	D 367		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 2 sampled residents (#3) with injuries of an unknown origin had an initial and 5 day report completed and sent to the Health Care Personnel Registry. The findings are: Review of Resident #3's current FL-2 dated 11/21/17 revealed: -Diagnoses included Alzheimer's dementia, depression and paranoia. -Resident #7 was ambulatory, constantly disoriented and had wandering behaviors. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 12/07/11 and discharged on 03/13/18.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 134 Review of a care note for Resident #3 dated 10/01/17 (no time) revealed staff documented that Resident #3's nose and upper lip were a little swollen. Interview with the Regional Director on 04/26/18 at 9:35am revealed she was unable to find an accident/incident report dated 10/01/17 for Resident #3. Telephone interview with the former Special Care Coordinator (SCC) on 04/26/18 at 11:43am revealed she was unable to finish the interview at that time related to the care note documented 10/01/17. Telephone interview with Resident #3's Power of Attorney (POA) on 4/26/18 at 5:04pm revealed: -She remembered Resident #3 having had a swollen lip and swollen nose on 10/01/17 and it looked like Resident #3 had been hit. -She thought there might have been some bruising also. -She could not remember if she had found Resident #3 with the swollen lip and swollen nose, or if staff had found Resident #3 and reported it to her. -She did not know what happened to Resident #3. -The staff were never able to say what happened to Resident #3. -Resident #3 had skin tear and bruises on her arms "quite often from where we thought someone was holding her." -Resident #3 had "what looked like finger nail tears, like little a little break in the skin in her inner forearms." -The family members did not "complain" to facility staff because they thought it might negatively affect the care Resident #3 received.	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 135 -She did not know why she felt that way. Telephone interview with a personal care aide (PCA) on 04/27/18 at 10:23am revealed: -She did not know anything about Resident #3 having a swollen lip and swollen nose on 10/01/17. -She did not know "what went on when she left the facility," but would come back to work and find residents with "skin tears, black eyes and bruises." -She would ask questions of other staff members and staff would say the resident fell or they did not know what happened. Interview with a second PCA on 04/27/18 at 4:45pm revealed she did not remember Resident #3 having a swollen lip and swollen nose on 10/01/17. Interview with a Supervisor on 04/26/18 at 12:08pm revealed: -She was familiar with Resident #3, but was not aware of the resident having had a swollen lip and swollen nose on 10/01/17. -No one had reported any incident related to Resident #3 having had a swollen lip and swollen nose to her. Interview with the Special Care Coordinator (SCC) on 04/30/18 at 4:12pm revealed: -Staff were expected to complete accident and incident reports for falls and any resident abuse and/or injury. -Staff were expected to check the resident for signs of injury, check the resident's vital signs and notify the resident's doctor and family. -Completed forms were given to the SCC for review, then to the Administrator. -The Administrator review completed accident	D 438		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 438	Continued From page 136 and incident forms, added any follow up information and then faxed the form to DSS. Telephone interview with the former Administrator on 05/01/18 at 7:32pm revealed: -She did not complete a report or conduct an investigation for Resident #3 having had a swollen lip and swollen nose on 10/01/18. -Staff did not report Resident #3 having a swollen lip and swollen nose and she did not see Resident #3 with a swollen lip and swollen nose. -A report would not have been sent to the HCPR if staff believed the swollen lip and swollen nose were the result of a fall. -If the swollen lip and swollen nose were from suspected abuse then a report should have been completed. Telephone interview with the Regional Director on 05/01/18 at 6:02pm revealed: -She could not recall if an investigation was done for the cause of Resident #3's swollen lip and swollen nose. -If there was a scrape or something indicating it was an injury then a report should have been done. -If the swelling was caused by something like an allergic reaction, then a report would not have been done.	D 438		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 451	Continued From page 137 resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 2 of 7 sampled residents (#3 and #7) had an accident and incident report completed and sent to the Department of Social Services (DSS) when Resident #3 was sent to the emergency room (ER) on 12/09/17 following a fall; and when Resident #7 was sent to the ER on 04/07/18 following a fall. The findings are: 1. Review of Resident #3's current FL-2 dated 11/21/17 revealed: -Diagnoses included Alzheimer's dementia, depression and paranoia. -Resident #7 was ambulatory, constantly disoriented and had wandering behaviors. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 12/07/11 and discharged on 03/13/18. Review of a care note for Resident #3 dated 12/09/17 (no time) revealed staff documented that Resident #3's returned from the ER (emergency room), no changes and the bandage was to be removed in three days. Interview with the Regional Director on 04/26/18	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 451	Continued From page 138	D 451		

at 9:35am revealed she was unable to find an accident/incident report dated 12/09/17 for Resident #3.

Attempted interview on 05/01/18 at 6:27pm with the former staff that documented the 12/09/17 care note for Resident #3 was unsuccessful.

Review of Resident #3's hospital record of an ER visit for 12/09/17 revealed:
-Resident #3 presented to the ER on 12/09/17 at 9:12am after a fall and had a history of multiple falls.
-Resident #3 fell out of a chair from the seated position and hit the left side of her head.
-Resident #3 had an abrasion to her left scalp and an old abrasion on her left arm.

Telephone interview with Resident #3's (Power of Attorney) POA on 04/26/18 at 5:04pm revealed:
-Staff reported Resident #3 fell on 12/09/17 because Resident #3 was fighting staff when the staff attempted to get the resident up from the chair in the dining room.
-Resident #3 fell, hit her head and had a large bump on her head.
-She did not understand if staff were trying to help Resident #3, how the resident could have fallen backwards because it seemed like they just let Resident #3 fall.
-She had tried to contact the Administrator about the fall on 12/09/17, but the Administrator never returned her calls.

Refer to interview with a personal care aide (PCA) on 04/30/18 at 11:23am.

Refer to interview with a medication aide (MA) on 04/30/18 at 3:56pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 451	Continued From page 139	D 451		

Refer to interview with the Special Care Coordinator (SCC) on 04/30/18 at 4:12pm.

Refer to telephone interviews with the Regional Director on 05/01/18 at 1:24pm and 05/02/18 at 9:42am.

2. Review of Resident #7's current FL-2 dated 05/25/17 revealed:
-Diagnoses included Alzheimer's dementia, non-Hodgkin's lymphoma, hypothyroidism, hypotension, paranoid schizophrenia, weight loss, hypercalcemia and pancytopenia.
-Resident #7 was ambulatory and intermittently disoriented.

Review of care notes for Resident #7 dated 09/19/17 through 04/18/18 revealed:
-Staff documented Resident #7 had fell on 09/19/17, 11/05/17, 03/22/18, 03/27/18, 04/04/18, twice on 04/06/18, 04/07/18, 04/09/18, 04/17/18 and 04/18/18.
-Resident #7 hit her head on 09/19/17, sustained a bruise on her right buttock on 04/06/18, a black eye on 04/07/18 and a left leg skin tear on 04/09/18.
-Staff documented Resident #7 was found on the floor after an unwitnessed fall on 03/27/18, 04/04/18, twice on 04/06/18, 04/09/18, 04,17/18 and 04/18/18.
-Resident #7 was sent to the ER on 04/07/18 after a fall resulting in a knot on the right side of her head.

Review of accident/incident reports for Resident #7 revealed there were no accident/incident reports for the 04/04/18, 04/09/18 and 04/18/18 falls.

Review of an accident/incident report for Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 451	Continued From page 140 #7 dated 04/07/18 revealed: -Resident #7 fell in her room at 5:30pm and had a bruise on the right side of her head. -Resident #7 was helped up and checked by the medication aide (MA). -Hospice was notified and Resident #7 was sent to the ER. Review of ER discharge instructions for Resident #7 dated 04/07/18 revealed: -Resident #7 was seen in the ER for a facial or scalp contusion and a fall. -Resident #7 was to follow up with her primary doctor within one week. Interview with a DSS worker on 04/30/18 at 10:07am revealed she had not received an accident/incident report for Resident #7 dated 04/07/18 and was not aware the resident had been sent to the hospital after a fall with a knot on her head. Upon request on 05/02/18, the fax confirmation that the accident/incident report for Resident #7 dated 04/07/18 was sent to the DSS was not available for review. Refer to interview with a personal care aide (PCA) on 04/30/18 at 11:23am. Refer to interview with a medication aide (MA) on 04/30/18 at 3:56pm. Refer to interview with the Special Care Coordinator (SCC) on 04/30/18 at 4:12pm. Refer to telephone interviews with the Regional Director on 05/01/18 at 1:24pm and 05/02/18 at 9:42am.	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 451	Continued From page 141 Interview with a personal care aide (PCA) on 04/30/18 at 11:23am revealed: -Only the medication aides (MAs) completed accident and incident reports. -If a PCA witnesses an accident and/or incident, the MA put the PCA's name on the report as the witness. Interview with a medication aide (MA) on 04/30/18 at 3:56pm revealed: -When a resident had an unwitnessed fall she checked the resident for any injuries. -Residents in the special care unit (SCU) were not always aware if they were hurting so she would keep an eye on the resident and report any changes to the Special Care Coordinator (SCC). -If a resident had a head injury then the resident was sent to the emergency room. -A resident's primary care provider (PCP) was notified after the facility got an update from the hospital. -For residents on hospice, the MA called hospice to notify them if a resident fell before the resident was sent to the emergency room. Interview with the Special Care Coordinator (SCC) on 04/30/18 at 4:12pm revealed: In the case of unwitnessed falls, the Supervisor was expected to check the resident for signs of injury. -It was not a facility policy, but she preferred residents who had unwitnessed falls be sent to the emergency room. -Staff were expected to complete accident and incident reports for falls and any resident abuse and/or injury. -Staff were expected to check the resident for signs of injury, check the resident's vital signs and notify the resident's doctor and family. -Completed forms were given to the SCC for	D 451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 451	Continued From page 142 review, then to the Administrator. -The Administrator review completed accident and incident forms, added any follow up information and then faxed the form to DSS. Telephone interviews with the Regional Director on 05/01/18 at 1:24pm and 05/02/18 at 9:42am revealed: -If a resident had an unwitnessed fall, staff were expected to complete an incident report and notify the doctor and family. -The MA determined if there were any injuries by checking the resident for bumps, bruises and skin tears. -A resident was sent to the ER if there was obvious signs of a head injury, the resident complained of pain or the doctor said to send the resident to the ER. -Whether or not a resident was sent to the ER also depended on where the resident was found and what position the resident was found in. -If staff were unsure about whether or not there was an injury, then the resident should be sent to the ER. -The policy was the same for residents on hospice except the MA notified hospice of the fall. -The MAs were responsible for completing accident/incident reports, the SCC and Administrator reviewed the accident/incident report and the Administrator faxed the accident/incident report to DSS.	D 451		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 143 regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to health care, mdication administration, and management of the facility. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to meet healthcare needs timely for 5 of 7 residents (#2, #3, #4, #5, and #6) sampled with an eye injury of unknown origin (#2), chest bruising and change in condition (#3), red irritated stomach rash not responding to prescribed treatment (#6), itchy rash on the chest, abdomen, back, and arms (5), and a diabetic resident with thick discolored long toenails (#4). [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type A1 Violation)]. 2. Based on observations, interviews and record reviews, the facility failed to assure full time and consistent responsibility for the operation, administration, management and supervision of the facility which resulted in significant noncompliance with state rules and regulations related to personal care, supervision, health care, medication administration, residents' rights, health care personnel registry, housekeeping and furnishings and reporting incidents and accidents. [Refer to Tag 980 G.S. 131D-25 Implementation	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 144 (Type A1 Violation)]. 3. Based on observations, record reviews, and interviews, the facility failed to observe 1 of 3 sampled residents (#12) take her medications during the morning medication pass on 04/26/18, and permitted other residents to administer medications. [Refer to Tag 366 10A NCAC 13F .1004(i) Medication Administration (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure residents were free of neglect and exploitation as related to personal care and supervision, and residents' rights. The findings are: 1. Based on observations, interviews and record reviews, the facility failed to assure 3 of 7 sampled residents (#3, #5 and #7) were supervised for safety on the Special Care Unit (SCU) as evidenced by Resident #3 experiencing 4 incidents of injuries including sternal and spine fractures and a subdural hemorrhage with unknown causes and 4 documented falls from October 2017 through March 2018; Resident #7 experiencing 8 falls in less than 30 days with one documented head injury requiring emergency room evaluation; and Resident #5 having	D914		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D914	Continued From page 145 repeated undocumented and unreported falls as frequently as once per week. [Refer to Tag 270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A1 Violation)]. 2. Based on observation and interviews, the facility failed to assure two residents (#13 and #16) were free from mental and verbal abuse as evidenced by Resident #13 being cursed at and told to "stop faking" by a staff member, and Resident #16 having a roll that she was eating being "snatched" out of her hand by a staff member and not given back to her after she pleaded that she wanted it. [Refer to Tag 338 10A NCAC 13F .0909 Residents' Rights (Type B Violation)]. 3. Based on observations, interviews, and record reviews the facility failed to provide personal care assistance specifically bathing in accordance with the care plan for 1 of 1 residents sampled (Resident #6) with skin irritation under the left breast unknown to staff. [Refer to Tag 269 10A NCAC 13F .0901(a) Personal Care and Supervision (Type B Violation)].	D914		
D980	G.S. § 131D-25 Implementation G.S. 131D-25 Implementation Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21. This Rule is not met as evidenced by: TYPE A1 VIOLATION	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 146 Based on observations, interviews and record reviews, the facility failed to assure full time and consistent responsibility for the operation, administration, management and supervision of the facility which resulted in significant noncompliance with state rules and regulations related to personal care, supervision, health care, medication administration, residents' rights, health care personnel registry, housekeeping and furnishings and reporting incidents and accidents. The findings are: Interview with the Regional Director on 04/24/18 at 10:45am revealed: -She was the acting administrator. -She was in the facility 2 days a week. -There were other administrators from other facility's helping to cover the facility. -The facility had been without an administrator "maybe a month". Observation on 04/24/18 at 11:59am revealed there was no Administrator's license posted in the facility and specifically with postings outside the Administrator's office in the main corridor. Interview with the Regional Director on 04/25/18 at 3:09pm revealed: -There was no Administrator license posted since the former Administrator left around 03/20/18. -The corporate management team had discussed posting a license, but had not posted a license since the vacant Administrator position had not yet been filled. -There were two to three covering Administrators from sister facility's and she covered the facility as well. -There was one Administrator at the facility two	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 147 days per week, a second Administrator one day per week and she was at the facility two days per week. -There was also a management team within the facility that was on-call. -The facility management team consisted of the Special Care Coordinator (SCC) and the Activity Director (AD). -The SCC covered as both the SCC and the Resident Care Coordinator (RCC) for the Assisted Living (AL) side. -Staff brought concerns to the Supervisor on duty, if they could not resolve the problem the Supervisor contacted the on-call person and if the on-call person could not resolve the problem, the on-call person contacted her. -She had not yet sent a letter to residents' family members regarding the Administrator vacancy, covering administrators and contact information. Confidential interview with a resident revealed: -It seemed like no one in particular was in charge in the facility. -When you went to one person with a concern, you were sent to someone else. -The resident could not tell about the Administrator because the resident did not go the administrator. Confidential interview with a staff revealed: -The previous administrator had been gone for about a month. -Between three rotating administrators, there was an administrator in the facility everyday except on the weekends. -The medication aides (MAs) and supervisors managed the facility during the weekend. -The MAs and Supervisors working during the weekend had telephone numbers to contact an administrator.	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 148 Interview with a resident on 04/24/18 at 12:00pm revealed: -There were four different administrators who rotated during the week. -Things at the facility seemed unstable. Interview with a second resident on 04/24/18 at 1:15pm revealed: -Communication was a big issue at the facility. -Resident council issues had not been addressed such as getting names on the doors. -The facility had been without an administrator for several months. -There was no management in the building on the weekends for about a month or more. -There had been four administrators in the last six years. Interview with a third resident on 04/25/18 at 9:05am revealed: -Administration had changed so much she did not know who was who. -Management avoided discussing the bed bug issue in the facility with the residents. -She usually went to the Business Office Manager when she needed something. Interview with a resident's family member on 04/25/18 at 4:30pm revealed: -There had been a lot of turnover in the building. -She was not sure who to contact as far as administration. -She mostly relied on one medication aide/supervisor to help her with issues with her family member. Interview with a fill-in Administrator on 4/26/18 at 9:00am revealed: -She just arrived for her scheduled work day at	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 149	D980		

the facility.
-She worked at the facility on Thursdays and Fridays as a "fill-in" administrator.
-She was not aware that the facility had surveyors on-site.
-She was not aware that the Regional Director was working at the facility that day.

Interview with the AD on 04/26/18 at 8:32am revealed:
-The on-call phone rotated between managers weekly.
-When she was on call if there was any issue the Supervisor could not handle then the Supervisor called the on-call phone.
-The Supervisor usually called if staff had not showed up or were going to be late for their shift and she assisted with finding coverage.
-Staff also called with complaints from residents and family members and any incidents.
-If she needed assistance with any issue she contacted the SCC/RCC and/or the Regional Director.
-Sometimes the issue might have been a maintenance concern and she would contact the Maintenance Director directly.

Interview with a Supervisor on 04/26/18 at 12:08pm revealed:
-She was responsible for the Special Care Unit (SCU) and the Assisted Living (AL) side as well as performing medication aide (MA) duties on the AL side.
-If there was a resident concern on the SCU such as a fall or acute illness, she was responsible to go and check the resident and follow up as needed even if the SCC/RCC was in the facility.
-There was an Administrator in the facility every day Monday through Friday.
-There were four different people that covered the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 150 Administrator's duties Monday through Friday, each one covered different days. -The Supervisor on duty was in charge on the weekends and had the Administrator's phone number if the Supervisor needed to contact the Administrator. -She had not had to call the Administrator because she contacted the on-call person and the on-call person contacted the Administrator if necessary. 1. Based on observations, interviews and record reviews, the facility failed to assure 3 of 7 sampled residents (#3, #5 and #7) were supervised for safety on the Special Care Unit (SCU) as evidenced by Resident #3 experiencing 4 incidents of injuries including sternal and spine fractures and a subdural hemorrhage with unknown causes and 4 documented falls from October 2017 through March 2018; Resident #7 experiencing 8 falls in less than 30 days with one documented head injury requiring emergency room evaluation; and Resident #5 having repeated undocumented and unreported falls as frequently as once per week. [Refer to Tag 270 10A NCAC 13F .0901(b) Supervision (Type A1 Violation)]. 2. Based on observations, interviews, and record reviews, the facility failed to meet healthcare needs timely for 5 of 7 residents (#2, #3, #4, #5, and #6) sampled with an eye injury of unknown origin (#2), chest bruising and change in condition (#3), red irritated stomach rash not responding to prescribed treatment (#6), itchy rash on the chest, abdomen, back, and arms (5), and a diabetic resident with thick discolored long toenails (#4). [Refer to Tag 273 10A NCAC 13F .0902(b) Health Care (Type A1 Violation)].	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 151 3. Based on observations, interviews, and record reviews the facility failed to provide personal care assistance specifically bathing in accordance with the care plan for 1 of 5 residents sampled (Resident #6) with skin irritation under the left breast unknown to staff. [Refer to Tag 269 10A NCAC 13F .0901(a) Personal Care (Type B Violation)]. 4. Based on observation and interviews, the facility failed to assure two residents (#13 and #16) were free from mental and verbal abuse as evidenced by Resident #13 being cursed at and told to "stop faking" by a staff member, and Resident #16 having a roll that she was eating being "snatched" out of her hand by a staff member and not given back to her after she pleaded that she wanted it. [Refer to Tag 338 10A NCAC 13F .0909 Residents' Rights (Type B Violation)]. 5. Based on observations, record reviews, and interviews, the facility failed to observe 1 of 3 sampled residents (#12) take her medications during the morning medication pass on 04/26/18, and permitted other residents to administer medications. [Refer to Tag 366 10A NCAC 13F .1004(i) Medication Administration (Type B Violation)]. 6. Based on observations and interviews, the facility failed to assure the walls, ceilings and floor were kept clean and in good repair in the Special Care Unit for 2 common areas, 6 resident rooms, bathrooms and 2 hallways as evidenced by black discoloration and build up around the base of toilets; scuff marks, chipped, peeling and bubbled paint and stains on walls and doors; a large crack, dirt and water stains on ceilings; dirt build up and scuff marks on the floors; and sink	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 152 cabinet bases with rotted, discolored and crumbled wood composite. [Refer to Tag 074 10A NCAC 13F .0306(a)(1) Housekeeping & Furnishings]. 7. Based on observations, interviews and record reviews, the facility failed to implement physician's orders for 1 of 7 sampled residents (#7) for a scoop mattress and hospital bed with side rails for fall prevention for a resident with a history of 8 falls in less than 30 days. [Refer to Tag 276 10A NCAC 13F .0902(c) Health Care]. 8. Based on observations, interviews, and record reviews, the facility failed to ensure contact with the prescribing physician following a hospitalization for clarification of orders for medications for 1 of 7 sampled residents (Resident #6) regarding an orders for Potassium Chloride and Lasix. [Refer to Tag 344 10A NCAC 13F .1002(a) Medication Orders]. 9. Based on observations, interviews and record reviews, the facility failed to assure 1 of 7 sampled residents (#7) had an accurate medication administration record which included the physician's orders for Morphine, Atropine, Ativan and Tramadol to be available as needed for end life comfort measures for Resident #7. [Refer to Tag 367 10A NCAC 13F .1004(j) Medication Administration]. 10. Based on interviews and record reviews, the facility failed to assure 1 of 2 sampled residents (#3) with injuries of an unknown origin had an initial and 5 day report completed and sent to the Health Care Personnel Registry.. [Refer to Tag 438 10A NCAC 13F .1205 Health Care Personnel Registry].	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 153 11. Based on observations, interviews and record reviews, the facility failed to assure 2 of 7 sampled residents (#3 and #7) had an accident and incident report completed and sent to the Department of Social Services (DSS) when Resident #3 was sent to the emergency room (ER) on 12/09/17 following a fall; and when Resident #7 was sent to the ER on 04/07/18 following a fall. [Refer to Tag 451 10A NCAC 13F .1212(a) Reporting Accidents & Incidents]. The Administrator failed to assure the facility's policies and procedures were implemented, maintained, and in substantial compliance with the rules and statutes which resulted in serious physical harm to Resident #3 who was diagnoses with Alzheimer's dementia and resided on the SCU and had 4 incidents of injuries including sternal and spine fractures and a subdural hemorrhage with unknown causes; Resident #15, who was diagnosed with Alzheimer's dementia and end stage non-Hodgkin's Lymphoma, resided in the SCU, and experienced 8 falls in less than 30 days with one documented head injury requiring emergency room evaluation; substantial non-compliance affecting 7 other sampled residents (#2, #4, #5, #6, #12, #13 and #16) related to health care referral, follow up and implementation, personal care, supervision, verbal abuse, medication administration and orders and reporting accidents and incidents; and an environment that was not clean and in good repair for all residents on the SCU. The Administrator failure resulted in serious physical harm and neglect which constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 4/30/18 with revisions on 5/3/18 for this violation.	D980		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL058010	A. BUILDING: _____ B. WING _____	C 05/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE INN RETIREMENT COMMUNITY	826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D980	Continued From page 154 THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED JUNE 1, 2018.	D980		