STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 000	Initial Comments The Adult Care Licensure Section and Robeson County Department of Social Services conducted a follow-up survey and complaint investigation survey on December 11-12, 2018. The Robeson County Department of Social Services initiated complaints on November 26, 2018 and November 30, 2018.	C 000		
C 069	10A NCAC 13G .0312(g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure a sounding device was activated on 3 of 3 exit doors to alert staff when residents with known wandering behaviors (Resident #3) and assessed to be intermittently disoriented (Residents #2 and #4) and/or constantly disoriented (#1) exited the facility. The findings are:	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 1 Observation on 11/27/18 at 3:50pm revealed a very loud alarm sounded when the door was opened to the facility. Observation, upon entrance to the facility, on 12/11/18 at 8:45am revealed there was no sounding device when the front door was opened. Observations of 2 of 2 additional exit doors at the facility on 12/11/18 during the initial tour between 9:00am to 10:35am at various intervals revealed there were no audible sounding devices when the exit doors were opened. Interview with the Administrator on 12/11/18 at 11:20am revealed: -The building was equipped with a chime should sound each time the door was opened. -The chime was not working today. -Staff may have accidentally set the chime to off. -She was not aware of when the chime last worked. Observation of the alarm panel on 12/11/18 at 11:30am revealed: -The panel controlled the chime and the security alarm. -Administrator attempted to turn on the chime, but was not able to get the chime to work. Observation on 12/11/18 at 3:40pm revealed the chime sounded when exit door was opened, but the sound was faint and not easily heard. Interview with the Administrator on 12/11/18 at 3:40pm revealed: -She had called the alarm company earlier today for directions to activate the chime. -She planned on calling the alarm company back	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 2	C 069		

to ask for a service call to determine if the chime could be made louder.

1. Review of Resident #3's current FL2 dated 11/07/18 revealed:
-Diagnoses included dehydration, chronic anemia, altered mental status, hypertension, severe malnutrition, and history of alcohol abuse.
-Resident was ambulatory.
-Resident was oriented, with no indication of wandering.

Review of the Resident Register revealed Resident #3 had an admission date of 11/07/18.

Record review revealed a care plan had not yet been completed for Resident #3.

Review of Resident #3's incident reports revealed:
-On 11/22/18 at 10:00am Resident #3 walked away from the facility and was located about a mile away from the facility.
-On 11/23/18 at 4:00pm Resident #3 walked away from the facility and was located about three tenths of a mile away from the facility.
-On 11/25/18 at 8:00am Resident #3 walked away from the facility and was found about 1.3 miles away from the facility.
-On 11/28/18 at 7:15am Resident #3 walked away from the facility.

Interview with Resident #3 on 11/26/18 at 2:15pm revealed:
-He had left the facility walking "the day before yesterday".
-He did not sign out and did not tell anyone he was leaving.
-He did not know where he was going.
-A police officer picked him up and brought him

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 3	C 069		

back.
-He walked away from the facility a second time, but he did not know when it was.
-He did not know how long he was gone away from the facility either day.
-He was not aware of his current location.
-He thought he was in a neighboring town, which is approximately ten miles away.

Interview with the Administrator on 11/26/18 at 5:00pm revealed it was reported to her on 11/25/18 by the Resident Care Coordinator (RCC) that Resident #3 had walked away from the facility.

Interview with a Live In / Personal Care Aide (LI/PCA) on 11/30/18 at 10:45am revealed:
-The Administrator instructed the LI/PCA on 11/25/18 to keep the alarm on at all times.
-She did as she was instructed and kept the alarm on at all times.

Interview with a second LI/PCA on 12/12/18 at 10:35am revealed:
-He was working on 11/28/18 and turned off the alarm at about 7:00am so the night worker could leave.
-He turned the alarm back on as soon as that worker exited the building.
-He went down the hall and checked on all residents and Resident #3 was in his room.
-At around 7:15am he heard the RCC knock on the door, so he turned off the alarm to let her in.
-He then went to the kitchen to begin breakfast, the alarm had not been turned back on.
-He heard the door at the end of the hall open and close while he was in the kitchen.
-The alarm was not on at this time.
-He thought a resident who normally goes out that door around that same time every morning had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 4 went out the door. -He did not go check to see who exited the building. -He went and turned the alarm back on at this time and went back to the kitchen. Interview with the RCC on 12/12/18 at 2:10pm revealed: -On the morning of 11/28/18 she arrived to building #2 around 7:35am for the morning med pass. -She knew staff was supposed to have the alarm set, so she knocked on the door and waited for the LI/PCA to let her in. -When she entered the building she reminded the LI/PCA to turn the alarm back on, and she observed him go in the direction of the alarm. -She went to Resident #3's room first and noticed resident was not in his room. Telephone interview with the Administrator on 11/28/18 at 10:20am revealed: -She called the local county department of social services to report Resident #3 had walked away from the facility the morning of 11/28/18 at approximately 7:10am. -At 7:10am the LI/PCA had turned off the alarm to let the night worker out of the building. -She did not think the alarm was immediately turned back on. -A few minutes later the LI/PCA heard the door at the end of the hall open and close. -LI/PCA reported he thought it was a resident who normally goes out that door around that same time every morning, so LI/PCA did not go look to verify who went out. -At 7:30am the RCC went in to administer morning medication and discovered Resident #3 was not in the building.	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 5	C 069		

Refer to interview with the Administrator on 11/26/18 at 5:00pm.Refer to interview with the Administrator dated 12/11/18 at 11:20am.

Refer to interview with a second LI/PCA dated 12/11/18 2:30pm.

Attempted interview with the primary care physician on 12/12/18 at 3:50pm was unsuccessful.

2. Review of Resident #1's current FL-2 dated 10/08/18 revealed diagnoses included history of severe alcohol use, chronic obstructive pulmonary disease, hypertension, anemia, urine incontinence and bowel incontinence.

Review of Resident #1's previous FL-2 dated 12/04/17 revealed there was documentation the resident was constantly disoriented.

Review of Resident#1's current assessment and care plan dated 10/09/18 revealed the resident was sometimes disoriented and was ambulatory with walker.

Review of Resident #1's previous assessment and care plan dated 12/04/17 revealed the resident was sometimes disoriented and was ambulatory with walker.

Interview with Resident Care Coordinator (RCC) on 12/11/18 at 11:00am revealed she did Resident #1's care plan assessments dated 12/04/18 and 10/08/18.

Interview with a Live In/ Personal Care Aide (LI/PCA) on 12/11/18 at 2:00pm revealed after Resident #1 tried to leave, the door alarm system was to stay on all the time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 6 Attempted telephone interview with the Primary Care Provider (PCP) on 12/12/18 at 3:50pm was unsuccessful. Refer to Interview with the Administrator on 11/26/18 at 5:00pm. Refer to interview with the RCC on 12/11/18 at 11:00am. Refer to interview with the Administrator dated 12/11/18 at 11:20am. Refer to interview with a second LI/PCA dated 12/11/18 2:30pm. 3. Review of Resident #4's current FL-2 dated 01/29/18 revealed: -Diagnoses included dementia, renal failure, history of cerebrovascular accident, pacemaker, and history of alcohol abuse. -There was documentation of intermittent disorientation. Review of Resident #4's Care Plan dated 01/29/18 revealed the Resident Care Coordinator (RCC) assessed the resident as sometimes disoriented and forgetful - needs reminders. Observation of Resident #4 on 12/11/18 at 10:32am revealed: -The resident self-propelled his wheelchair through the dining, opened the dining room door, propelled his wheelchair over the doorway threshold, and reached back inside the doorway and closed the dining room door. -There was no audible sounding device heard when the dining room exit door was opened by Resident #4.	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 7 -There was no staff in attendance with Resident #4 when he exited the facility. -Resident #4 re-entered the facility through the dining room door, holding a bottle soda, accompanied by the RCC. -There was no audible sound heard when the dining room door was opened and Resident #4 and the RCC entered the facility. Interview with the Live In/Personal Care Aide (LI/PCA) on 12/11/18 at 10:45am revealed: -He did not know Resident #4 was assessed to be sometimes disoriented and forgetful. -Resident #4 was known to go out of the facility to the drink machine located at the facility next door. Interview with the RCC on 12/11/18 at 11:00am revealed: -She completed the care plan assessment for Resident #4. -"Maybe" when she completed Resident #4's care plan assessment, the resident might have been somewhat disoriented. -Sometimes she could not understand how Resident #4 explained things and the next time the resident would give you "a straight answer", which made her feel he was disoriented. Attempted interview with the Primary Care Provider (PCP) on 12/12/18 at 3:50pm was unsuccessful. Refer to interview with the Administrator on 11/26/18 at 5:00pm. Refer to interview with the RCC on 12/11/18 at 11:00am. Refer to interview with the Administrator dated 12/11/18 at 11:20am.	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 8 Refer to interview with a second LI/PCA dated 12/11/18 2:30pm. 4. Review of Resident #2's current FL-2 dated 01/29/18 revealed: -Diagnoses included schizoaffective disorder, diabetes mellitus, gastro-esophageal reflux disease, hypertension, hypothyroidism, and hyperlipidemia. -There was no information documented on the resident's orientation status. Review of Resident #2's Care Plan dated 10/09/18 revealed the Resident Care Coordinator (RCC) assessed the resident as sometimes disoriented and forgetful - needs reminders. Observation of Resident #2 on 12/11/18 at 9:03am revealed: -The resident walked through the dining room and exited out the facility through the dining room door. -There was no audible sounding device heard when the dining room exit door was opened by Resident #2. -There was no staff in attendance with Resident #2 when he exited the facility. Observations of Resident #2 on 12/11/18 at 9:14am revealed: -Resident #2 re-entered the facility through the front door. -There was no audible sound heard when the front door was opened. Observation on 12/12/18 at 8:45am revealed door chimes were heard upon entrance at the front door.	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 9 Observation on 12/12/18 at 9:00am revealed door chimes to be on when the hallway exit door was opened. Attempted interview with the Primary Care Provider (PCP) on 12/12/18 at 3:50pm was unsuccessful. Refer to interview with the Administrator on 11/26/18 at 5:00pm. Refer to interview with the RCC on 12/11/18 at 11:00am. Refer to interview with the Administrator dated 12/11/18 at 11:20am. Refer to interview with a second LI/PCA dated 11/11/18 at 2:30pm. _____ Interview with the Administrator on 11/26/18 at 5:00pm revealed she had instructed staff on 11/25/18 to keep the door alarm on day and night, so staff would be able to monitor any resident leaving of the building. Interview with the RCC on 12/11/18 at 11:00am revealed: -She did not know about any rule that required the facility to have an audible sounding device on doors when opened to alert staff when a resident was assessed to be disoriented. -Exit door alarms were not on. -The facility would set the door alarms on at night or if there was a problem. -There had been a resident a couple weeks ago who left the facility, but that resident was discharged. -She thought the facility doors had a "beep" when the doors were opened but she was not sure if	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 10 there were alarms on the doors at this facility. "Maybe the alarm is not working." Interview with the Administrator on 12/11/18 at 11:20am revealed: -The facility had a chime alarm that could be set when the exit doors were opened. -She did not hear the chime alarm sound. -Someone may have accidentally set the door chime alarm to OFF. -She did not know when she had last heard the door chime alarm sound. -She did not know which residents were disoriented without reviewing each resident record. Interview with a second LI/PCA on 12/11/18 at 2:30pm revealed: -There was a chime sound on the exit doors of the facility. -The door alarm chiming sound was always working when she worked. The facility's failure to assure exit door alarms were activated with a sounding device when opened with sufficient volume to alert staff resulted in a resident with a known behavior of elopement leaving the facility on 11/22/18, 11/23/18, 11/25/18, and 11/28/18; and a resident assessed to be constantly disoriented leaving the facility grounds and getting to a main highway. This failure was detrimental to the residents' health, safety, and welfare and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S 131D-34 on 12/11/18 for this violation. CORRECTION DATE FOR THIS TYPE B	C 069		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 069	Continued From page 11 VIOLATION SHALL NOT EXCEED JANUARY 26, 2019.	C 069		
C 243	10A NCAC 13G .0901(b) Personal Care and Supervision 10A NCAC 13G .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 provide supervision for 1 of 4 sampled residents (Resident #3) who had eloped from the facility on four occasions, the last of which he was located 1-2 miles from the facility. The findings are: Review of Resident #3's current FL2 dated 11/7/18 revealed: -Diagnoses included dehydration, chronic anemia, altered mental status, hypertension, severe malnutrition, and history of alcohol abuse. -Resident was ambulatory. -Resident was oriented, with no indication of wandering. Review of the Resident Register revealed Resident #3 had an admission date of 11/07/18. Record review for Resident #3 revealed a care plan had not yet been completed.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 12	C 243		

Review of Resident #3's hospital history and physical dated 10/29/18 revealed:
-Resident #3 had a hospital admission from 10/29/18 -11/7/18.
-He presented to the emergency department after being found at home by a family member with confusion, disoriented and covered in feces and urine.
-He was 71 years old with past medical history significant for alcohol use, anemia and questionable dementia.

Review of Resident #3's physician note dated 11/21/18 revealed:
-Resident #3 was seen by the primary care physician to establish new care.
-Resident #3 was assessed to be "alert and oriented with periods of confusion".
-He had a history of alcohol abuse and reported he drank every day until his hospitalization.

Review of Resident #3's incident reported completed by a Live In/Personal Care Aide (LI/PCA) dated 11/22/18 at 10:00am revealed:
-Resident #3 left and walked away from the facility.
-He was located by the LI/PCA "a mile or 2 down the road near a church".
-Resident #3 said he was "going to check on his dog".

Observation of the white church near the facility on 12/12/18 at 5:00 pm revealed:
-The church was 1.4 miles away from the facility.
-It was located on a two lane highway with steady traffic in each direction.

Review of Resident #3's incident report completed by a LI/PCA dated 11/23/18 at 4:00pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 13 -Resident #3 "left again today and was walking to town". -Staff was able to visually see Resident #3 walking down the road, near the casino. -Staff went and picked Resident #3 up. -Resident #3 said he was "going to get some money". Observation of the casino near the facility on 12/12/18 at 1:55pm revealed: -The casino was 0.3 miles away from the facility. -It was located on a two lane highway with steady traffic in each direction. Interview with a LI/PCA on 12/04/18 at 11:00am revealed: -She was working in a sister facility (building #1) on 11/23/18 when Resident #3 walked away. -She heard the LI/PCA from building #2 outside yelling for Resident #3. -She went outside and the LI/PCA from building #2 said Resident #3 had walked away. -A resident who had been outside told staff the direction Resident #3 had gone. -She had a family member visiting, and the family member went to pick up Resident #3. -The family member returned within 5 minutes with Resident #3. -Resident #3 was located about a quarter of a mile away from facility, near the casino on the main highway. -Resident #3 said he was going home to check his mailbox. -She was not sure of the exact time, but is was afternoon sometime after lunch. -She did not report the incident to Administrator or Resident Care Coordinator (RCC), because the LI/PCA from building #2 was responsible for reporting since it was her building and her resident.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 14 -She was not aware of any other incidents of a resident eloping. -The facility policy was to call the RCC or Administrator if a resident was missing and call 911. Review of Resident #3's incident report completed by a LI/PCA dated 11/25/18 at 8:00am revealed: -Resident #3 walked away from the facility before breakfast. -The LI/PCA located Resident #3 near the train track in town, about 1.3 miles away from facility. -A police officer had stopped Resident #3 and was talking to the resident when resident was located by LI/PCA. Observation of the train track in town on 12/12/18 at 1:45pm revealed: -The train track was 1.3 miles away from the facility. -The track was in the city limits on a busy two lane highway with steady traffic in both directions. -The track crossed the main street in the center of town. Interview with a second LI/PCA on 12/4/18 at 2:40pm revealed: -On 11/24/18 when she reported to work in a sister facility (building #1) she spoke briefly with the LI/PCA from building #2 on the front porch. -The LI/PCA from building #2 made the comment that Resident #3 had walked off, she hoped he did not do it again and she hoped the Administrator did not find out. -She was not aware of any details of the elopement, but she told the LI/PCA from building #2 that she should report the incident to the Administrator, because LI/PCA "would be in trouble if something happened to the resident".	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 15 -She was working in a sister facility (building #1) on 11/25/18 when Resident #3 walked away. -She had just gone out on her porch on 11/25/18 at around 8:00am, when the LI/PCA from building #2 came out of her building and asked if she had seen Resident #3. -She had not seen Resident #3 that morning. -The LI/PCA from building #2 left in her vehicle to search for Resident #3. -About 5-10 minutes later LI/PCA received a telephone call from the LI/PCA from building #2, she said she did not see resident in the direction she traveled, so she was going into town. -She told the LI/PCA from building #2 that she was going to call the RCC. -She immediately called the RCC and reported to RCC that Resident #3 was missing and the LI/PCA from building #2 had gone to look for him. -The RCC said she would call the Administrator and the RCC asked her to call the LI/PCA from building #2 back and tell her to call the police. -She called the LI/PCA from building #2 back and told LI/PCA she needed to call the police. -The LI/PCA from building #2 asked the her to call police, but she told her she needed to call because she knew the resident and what he was wearing. -Before the call ended the LI/PCA from building #2 said she saw Resident #3 near the train track in town with a police officer. -Just a few minutes later she saw Resident #3 being brought back to facility by the police officer. Interview with the Resident Care Coordinator (RCC) on 11/26/18 at 5:20pm revealed: -She received a call on 11/25/18 at 8:39am from the LI/PCA in building #1. -The LI/PCA reported that Resident #3 had walked away and the LI/PCA from building #2 had gone to look for him.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 16 -The RCC called the Administrator and reported this information to Administrator. -A call was received less than 30 minutes later that Resident #3 had been located near the train track in town. -She was not aware of any other incident of Resident #3 walking away from facility. -Staff were instructed on 11/25/18 to keep the alarm on at all times. -No other guidance was given to staff. -She was not aware of Resident #3 talking about leaving or wanting to leave. Interview with the Administrator on 11/26/18 at 5:00pm revealed: -It was reported to her on 11/25/18 by the RCC that Resident #3 had walked away from the facility. -Within minutes after she received the call on 11/25/18 from the RCC that Resident #3 was missing, staff had already located him. -She was not sure of the exact location where he was found, but a police officer brought him back to the facility. -This occurred around breakfast time, Resident #3 left out while the LI/PCA was preparing breakfast. -After learning from RCC about Resident #3 walking away from the facility the Administrator made a phone call to the LI/PCA from building #2. -At that time a previous incident of Resident #3 walking off was also reported to Administrator by the LI/PCA. -She thought the previous incident occurred on 11/24/18 and Resident #3 was located within minutes, near the casino, right down the road from the facility. -Her understanding was that during both incidents he was found quickly, but she was not sure exactly how long he was gone.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 17 -She was not sure if police were called during either incident. -She was not aware of resident leaving the facility on 11/22/18. -She instructed the LI/PCA on 11/25/18 to keep the night door alarm on at all times, so staff would be able to monitor any resident leaving out of the building. -Resident #3 was a recent new admission, and she had assessed him at the hospital. -During the assessment Resident #3 was observed to be coherent and not disoriented at all. -He carried on a normal conversation with Administrator and he was aware his home was not livable due to damage from a recent storm. -During the assessment she questioned hospital staff about wandering behavior and was told Resident #3 was not a wanderer. -Staff had reported to her "one day last week" that Resident #3 said he wanted to go to town (she was not sure of the date). -She talked to Resident #3 on the phone and explained to him that staff would take him to town if he wanted to go. -Resident #3 said that "sometimes he just liked to get out and walk". -She had contacted Resident #3's responsible person on 11/26/18 to make her aware of the resident walking away from the facility. -She had attempted to contact the primary care physician on 11/26/18, but had not yet spoken to the physician. -She planned to discuss discharge with the physician. -She hoped to have the documentation from the physician by 11/27/18 so the discharge of Resident #3 could be initiated. -She implemented 15 minute checks beginning at 7:00pm on 11/26/18 for Resident #3.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 18 -On 11/26/18 she implemented that an awake staff would be in the building at night until Resident #3 could be safely discharged. Interview with the Administrator on 12/12/18 at 3:15pm revealed: -She was not aware of Resident #3 being found walking on the train track. -On 11/25/18 staff were told to keep the night alarm on at all times, so anytime a door was opened the alarm would go off. -Staff were also instructed to go out with residents when they went out to smoke. -She never came to facility to check the alarm, but she did make phone calls randomly during the day to confirm with staff that the alarm was on. -If she had been aware that Resident #3 was found walking on the train track she would have attempted to have him involuntarily committed due to it being a safety issue. Interview with a third LI/PCA on 11/30/18 at 10:45am revealed: -She was a LI/PCA responsible for cooking, cleaning, personal care, and supervision of the 6 residents in the facility. -She worked a schedule of one week on and then one week off. -When she was working she was the only staff person on duty in the building, other than times the medication aide came in for the medication pass. -She was working on three occasions from 11/22/18 - 11/25/18 when Resident #3 walked away from the facility without notifying staff he was leaving. -The first incident occurred on Thanksgiving Day (11/22/18) around 11:00am (exact time unknown). -On 11/22/18 she was in the kitchen preparing lunch, when she came out of the kitchen she	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 19 discovered Resident #3 was not in the building. -She had last seen Resident #3 in the living room about 20 minutes prior to discovering he had exited the building. -She went outside and looked for the resident and did not see him. -She got in her vehicle and went looking for Resident #3. -She located Resident #3 about 1-2 miles away from the facility. -Resident #3 was walking down the main highway, near a church. -When she got Resident #3 in her vehicle he said he was going home to check on his house and dog. -Resident #3 was missing for about 45 minutes. -She did not report incident to the RCC or Administrator and the police were not called. -She did not report the incident because she "did not think they would do anything". -It is the facility policy to report missing residents or problems to the Administrator. -She now realized she should have reported the incident. -The second incident occurred on 11/23/18. -She noticed around 4:30pm that Resident #3 was not in the building. -She had seen him in his bedroom just a few minutes before, so she knew he could not have gone far. -She went outside and when she got to the edge of the road she was able to see Resident #3 walking towards town. -He was approximately a quarter of a mile down the road, near a casino located on the main highway. -A second LI/PCA, who works in a sister facility, went to pick Resident #3 up. -When Resident #3 returned he said he thought the casino was a grocery store and he was going	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 20 there to cash a check. -She did not report this incident to the RCC or Administrator. -The third incident occurred on 11/25/18 around 8:00am. -She had observed Resident #3 in his room sleeping at 7:10am. -She went to get Resident #3 for breakfast around 8:00am when she discovered he was gone. -She went outside and searched the premises, but she did not see Resident #3. -A second LI/PCA, who works in a sister facility was outside her building on the porch. -She told the second LI/PCA that Resident #3 was gone. -The second LI/PCA said she would call the RCC. -She left in her vehicle to search for Resident #3. -She located Resident #3 at 8:30am in town, near the train track. -Resident #3 was located about a mile away from the facility. -A police officer was talking with Resident #3 when the LI/PCA arrived. -The officer said he got Resident #3 off the train track, and the officer drove the resident back to the facility. -She received a call from the Administrator, but by this time Resident #3 had been located, and the LI/PCA informed the Administrator that resident had been located. -The Administrator instructed her to keep the alarm on and "keep an eye on resident". -During this phone call on 11/25/18 the LI/PCA reported the two previous elopements to the Administrator. -No other guidance was given. -The LI/PCA did as she was instructed and kept the alarm on at all times.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 21 Interview with Resident #3 on 11/26/18 at 2:15pm revealed: -He had left the facility walking "the day before yesterday". -He did not sign out and did not tell anyone he was leaving. -He left and "just started walking because my mind told me I did not have any business here". -He did not know where he was going. -A police officer picked him up and brought him back. -He walked away from the facility a second time, but he did not know when it was. -A man picked him up that day and brought him back. -He did not know how long he was gone away from the facility either day. -Resident #3 was not aware his current location. -He thought he was in a neighboring town, which is about 10 miles away. Observation on 11/27/18 at 3:50am revealed a very loud alarm sounded when the door was opened to the facility. Attempted interview with Resident #3's responsible person on 11/27/18 at 11:55am was unsuccessful. Interview with a fourth LI/PCA on 11/27/18 at 3:55pm revealed: -He first met Resident #3 when he reported to work on 11/12/18 to work his scheduled shift of one week on, one week off as the LI/PCA. -He noticed that sometimes Resident #3 carried on a normal conversation, then sometimes resident was more confused and would make comments in the middle of a conversation that were off topic, for example about knowing the president.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 22 -Resident #3 did talk about wanting to go home to check on his house and his dog. -On 11/17/18 the maintenance staff had been at the facility and when he was leaving Resident #3 tried to catch a ride with him to town. -He contacted the Administrator by phone that same day to make her aware Resident #3 wanted to go to town. -The Administrator spoke with Resident #3 on the phone, but he was not sure what the conversation consisted of. -After the Administrator spoke to resident she then spoke to LI/PCA and told him to "keep an eye on resident and make sure he did not leave". -He did not see Resident #3 show any signs of trying to leave the week of 11/12/18 - 11/19/18. -The Administrator told him when he reported to work on 11/26/18 that the alarm needed to be on at all times to monitor Resident #3. Review of a personal care note written by a LI/PCA dated 11/26/18 revealed: -Resident #3 said he was going to try to walk away and go to the bank. -LI/PCA reminded resident he was not allowed to leave. -Resident #3 acted like he understood. Review of a personal care note written by LI/PCA dated 11/27/18 revealed: -Resident #3 attempted to go to the store for cigarettes. -The LI/PCA stopped him and told him he could not leave without supervision. Review of a personal care note written by a LI/PCA dated 11/28/18 revealed: -The LI/PCA was in the kitchen preparing breakfast when the RCC asked where Resident #3 was.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 23 -The LI/PCA had seen Resident #3 in his room at 6:50am. -The LI/PCA turned the alarm off at 7:00am to let a resident out and to let the night worker out. -The LI/PCA went into the kitchen to turn the coffee pot on and then went and turned the alarm back on at 7:05am. -When the RCC arrived at about 7:15am the alarm was turned off to allow her to come in. -The RCC noticed Resident #3 was gone at about 7:30am. Review of Resident #3's incident report completed by a LI/PCA dated 11/28/18 at 7:15am revealed: -Resident #3 left the facility. -The medication aide noticed Resident #3 was missing when she went to give him his morning medication. -The Administrator was notified and the LI/PCA went to look for the resident. Telephone interview with the Administrator on 11/28/18 at 10:20am revealed: -She called the local department of social services to report Resident #3 walked away from the facility the morning of 11/28/18 at approximately 7:10am. -At 7:10am the LI/PCA had turned off the alarm to let the night worker out of the building. -She did not think the LI/PCA turned the alarm back on immediately. -A few minutes later the LI/PCA heard the door at the end of the hall open and close. -The LI/PCA thought it was a resident who normally goes out that door around that same time every morning, so he did not go look to verify who went out. -At 7:30am the RCC went in to administer morning medication and discovered Resident #3	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 24	C 243		

was not in the building.
-The LI/PCA reported he had seen Resident #3 in the bathroom at 6:50am.
-She was out riding and looking for Resident #3, and there were two other staff out looking for the resident.
-The RCC had contacted law enforcement.

Second telephone interview with the Administrator on 11/28/18 at 11:00am revealed:
-Resident #3 had been located by local law enforcement.
-Resident #3 would be sent to the hospital for evaluation and would be discharged from the facility.

Interview with a LI/PCA on 12/12/18 at 10:35am revealed:
-He was working on 11/26/18 and wrote a note about Resident #3 wanting to go to the bank.
-Resident #3 told the LI/PCA on 11/26/18 that he had received a call from the bank and the bank had $1,000 for him that he had to go get before the end of the day.
-He told Resident #3 that the bank did not call and he could not leave.
-He was working on 11/27/18 and wrote a note about Resident #3 attempting to go to the store to get cigarettes.
-Resident #3 was sitting in the living room talking with the other residents about going to the store to get cigarettes.
-Resident #3 did not leave the facility on 11/27/18.
-He was working on 11/28/18 when Resident #3 left the facility walking without notifying staff.
-He had started his work day at 6:30am.
-There had been a second PCA in the building who worked 10:00pm - 7:00am as an awake staff.
-He was the only staff on duty, except for times

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 25	C 243		

the RCC came in and out to administer medication.
-He turned off the alarm at about 7:00am so the night worker could exit the building.
-He turned the alarm back on as soon as that worker exited the building.
-He went down the hall and checked on all residents and Resident #3 was in his room.
-At around 7:15am he heard the RCC knock on the door, so he turned off the alarm to let her in.
-He then went to the kitchen to begin breakfast, the alarm had not been turned back on.
-He heard the door at the end of the hall open and close while he was in the kitchen.
-He thought a resident who normally goes out that door around that same time every morning had went out the door.
-He did not go check to see who exited the building.
-He went and turned the alarm back on at this time and went back to the kitchen.
-He thought the RCC was in the medication room at this time.
-The RCC discovered when she went to give Resident #3 his medication that he was not in the building.
-About 10 minutes had passed from the time he heard the door at the end of the hall close, until the time he heard the RCC say Resident #3 was not in the building.
-He assisted the RCC with checking the outside premises, but did not see Resident #3.
-He got in his vehicle to go and search for the resident, while the RCC stayed at the building and called Administrator.
-Resident #3 was located that day, but he was not sure what time or exactly where he was located.
-Resident #3 did not return to the facility after that incident.
-Resident #3 was new to the facility, and he was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 26 not from the area, so LI/PCA did not feel that Resident #3 would have been able to find his way back to facility on his own. -Resident #3 was ambulatory, he walked with a steady pace with a slight leaning to the left. -He had not thought Resident #3 would walk away, because the previous week when he worked with the resident he did not see any signs of him trying to leave. -He was responsible for providing supervision to the residents in this building. -He did this by "keeping an eye on them" and knowing where they were at all times. -He was trained to look out for the residents. -If he was in another room and heard someone go out he would stop what he was doing to see who went out and where they were going. -He did not check the morning of 11/28/18 when Resident #3 exited the building, because he assumed it was someone else who went out. Interview with the RCC on 12/12/18 at 2:10pm revealed: -The LI/PCA was responsible for knowing where residents were at all times. -RCC would assist the LI/PCA as needed with personal care or supervision of residents. -On the morning of 11/28/18 she arrived to building #2 around 7:35am for the morning medication pass. -She knew staff was supposed to have alarm set, so she knocked on the door and waited for LI/PCA to let her in. -When she entered the building she reminded the LI/PCA to turn the alarm back on, and she observed him go in the direction of the alarm. -She went to Resident #3's room first and noticed resident was not in his room. -She then asked the LI/PCA where the resident was and began searching the building and then	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 27	C 243		

the perimeter.
-Resident #3 was not located on the premises.
-She then called the Administrator and reported to her that Resident #3 was missing.
-The LI/PCA went out in his vehicle to search for the resident and she stayed in the building.
-Resident #3 was located by local police around 11:00am.
-She was not familiar with area where Resident #3 was located, she only knew the name of the road he was found near.
-During the two weeks Resident #3 was at the facility she saw him daily during medication administration times.
-She had heard him say several times that he needed a ride to the bank.
-She had never heard him say anything about leaving the facility.

Review of the 15-minute check logs for Resident #3 revealed:
-The 15 minute checks started at 7:00pm on 11/26/18.
-The 15 minute checks continued until 6:45am on 11/28/18.
-There were no 15 minute checks documented after 6:45am on 11/28/18.

Interview with the Captain of the local police department on 12/12/18 at 11:05am revealed:
-His first encounter with Resident #3 occurred while he was doing routine patrol in town.
-He witnessed Resident #3 walking illegally on the train track.
-He stopped to confront Resident #3 about walking on the track because he noticed he was an elderly gentleman, and it was a safety concern that he was illegally walking on the track.
-Resident #3 provided his name to the Captain, but Resident #3 "did not even know he was in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 28 [named town]". -The train track where Resident #3 was walking was about a mile away from facility. -He was not sure of the date or time of incident, he only recalls that it was daylight. -A female employee (name unknown) of the facility arrived on the scene just about the same time as the Captain. -As a courtesy the Captain transported Resident #3 back to the facility. -This incident was not called in as a missing person and there was no report written. -His second encounter with Resident #3 occurred on 11/28/18 when Resident #3 was called in as a missing person. -This incident happened about two weeks after the first incident. -The local police department assisted the county sheriff's department in the search for Resident #3 on 11/28/18. -He located Resident #3 in a bean field, after a call came in from a concerned citizen who witnessed Resident #3 walking across her ranch and into the bean field. -Once he arrived on the scene Resident #3 was so far out in the bean field he had to use binoculars to spot Resident #3. -Once he caught up to Resident #3 the resident had stopped walking and was sitting on a log, in the edge of the woods, where the field stopped and the woods began. -Resident #3 had walked across the entire field, crossed a dead end road that runs along one side of the field and walked to the edge of the woods and sat down. -On the day of the search the bean field had not been cut and was covered with soy beans that were just below knee height. -When Resident #3 was located he said he just wanted to walk, that he likes walking.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 29 -Resident #3 did not appear to have any injuries, but he was transported to the local hospital by emergency medical services. Interview with a concerned citizen on 12/12/18 at 12:25pm revealed: -On 11/28/18 sometime around 10:00am she was prompted to look on the outside due to her dogs barking. -She spotted someone at the very back of her property, walking along the ditch line, on the opposite side of the ditch. -The person appeared to be lost and it was very cold outside that morning. -She went outside to approach the person, but he was on the opposite side of the ditch. -By the time she got to the edge of the ditch the person was about 100 yards out in a 200-acre bean field. -She called out to the person, but they did not acknowledge her in any way. -She saw the person continue to wander out in the field, looking up and down. -She could see the person appeared to be dressed appropriately and was wearing a jacket. -She contacted law enforcement to make them aware of a person wandering out in the field. -Once law enforcement arrived on her property the person was so far out in the field he could only be seen using binoculars. -At that time the field had not been cut, which made it even more difficult to see the person. -If she had not seen him walk out into the field, no one would have known he was out there. -The ditch at the edge of the field was a "farmers ditch" and was very deep. -It did not appear that he had crossed the ditch, he must have entered the field from the side of the road. -There was also an irrigation ditch out in the field.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 30	C 243		

-The person walked across the entire field, and was located on the other side of the field, near a dead end road.

Observation of a large bean field on 12/12/18 at 12:35pm revealed:
-The distance by vehicle from one side of the bean field, where Resident #3 was first seen entering the field, to the other side where he was located, was 1 mile.
-The "farmers ditch" ran the entire length of one side of the field.
-It was difficult to observe how deep the "farmers ditch" was due to there were weeds and dried beans growing on each side of the ditch.
-There was water observed in the ditch.
-Approximately half way across the field was an irrigation ditch.
-The irrigation ditch appeared to be approximately 3 feet wide and at least 4 feet deep.
-The irrigation ditch went across the entire length of the field, with four passable sections.
-The distance from the facility to the bean field was 1.2 miles.

Attempted interview with the primary care physician on 12/12/18 at 3:50pm was unsuccessful.

Interview with the Administrator on 12/5/18 at 8:50am revealed:
-If there was a resident missing staff should immediately notify the Administrator.
-Staff should search the premises, and if resident was not located then call the police.
-Staff should notify the local department of social services of any missing resident.

Interview with the Administrator on 12/12/18 at 3:15pm revealed the only policy concerning

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 31 supervision was in the resident admission packet. Review of the resident admission packet for Resident #3 revealed: -The admission packet included general policies and a "confused and wandering residents agreement". -The confused and wandering residents agreement revealed the "facility is not a locked door facility although precautions have been taken to help insure that residents do not wander from the home, the possibility still remains that someone could without notice". -The confused and wandering residents agreement further revealed "It is impossible for us to supervise every resident every moment of the day; therefore, we cannot be held responsible for someone leaving the building without supervision". -The confused and wandering residents agreement had a line for resident to sign indicating the resident released the facility from any liability for any injury resulting in resident leaving the facility on their own. -The confused and wandering residents agreement had not been signed by Resident #3. A copy of the facility written policy on resident elopement was not provided by the end of the survey. _____ The failure of the facility to provide supervision for a resident who eloped from the facility on three occasions from 11/22/18 - 11/25/18 and the facility's failure to keep the alarm on at all times, resulted in Resident #3 eloping again on 11/28/18 when he was missing for approximately 3 hours and being located on a cold day, barely visible in a 200-acre field, near a wooded area 1.2 miles away from the facility. This failure constitutes a	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 243	Continued From page 32 Type A1 Violation for serious neglect. The facility provided a plan of protection in accordance with G.S.131D-34 on 11/26/18 with a revised plan of protection provided on 12/11/18. CORRECTION DATE FOR THIS TYPE A1 VIOLATION SHALL NOT EXCEED JANUARY 11, 2019.	C 243		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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 regulations. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure each resident was provided with the services needed to maintain their safety and well-being as related to outside entrance and exits. The findings are: Based on observations, interviews, and record reviews, the facility failed to assure a sounding device was activated on 3 of 3 exit doors to alert staff when residents with known wandering behaviors (Resident #3) and assessed to be intermittently disoriented (Residents #2 and #4) and/or constantly disoriented (#1) exited the facility. [Refer to Tag 069, 10A NCAC 13G .0312(g) Outside Entrance And Exits (Type B Violation)].	C 912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078103	A. BUILDING: _____ B. WING _____	R-C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B ASSISTED LIVING # 2	2610 HWY 130 WEST ROWLAND, NC 28383

(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
C 914	G.S 131D-21(4) Declaration Of Resident's 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, interviews, and record reviews, the facility failed to assure each resident was free of neglect related to supervision. The findings are: Based on observations, interviews, and record reviews, the facility failed to provide supervision for 1 of 4 sampled residents (Resident #3) who had eloped from the facility on four occasions, the last of which he was located 1-2 miles from the facility. [Refer to Tag 243, 10A NCAC 13G .0901(b) Personal Care and Supervision (Type A1 Violation)].	C 914		