STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 conducted an annual survey on April 15, 2021.	C 000		
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: Based on interviews, observations and record reviews, the facility failed to provide supervision for 1 of 3 residents sampled (#3) who walked unsupervised to a fast-food restaurant from the facility. The findings are: Review of Resident #3's current FL-2 dated 01/21/21 revealed: -Diagnoses included chronic obstructive pulmonary disease, rhabdomyolysis, type 2 diabetes mellitus, acute kidney failure, age-related debility, and chronic diastolic congestive heart failure. -The resident was ambulatory. -There was no orientation status documented. Review of Resident #3's Resident Register revealed there was no documentation that the resident had a guardian or responsible party. Review of Resident #3's care plan dated 03/03/21 revealed: -The resident was oriented with adequate memory.	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 1 -The resident required limited supervision from staff with toileting, ambulation, bathing, dressing, and grooming. -The resident was not receiving mental health services. Interview with Resident #3 on 04/15/21 at 10:19am revealed: -He walked to a local fast food restaurant yesterday by himself. -He did not sign out before he left the facility. -He did not notify staff that he left the facility. -A police officer picked him up at the fast-food restaurant and took him back to the facility. Review of the facility's sign-out registry on 04/15/21 revealed there was no documentation that Resident #3 signed out of the facility on 04/14/21. Interview with the Supervisor in Charge (SIC) on 04/15/21 at 10:43am: -He was the SIC that worked on 04/14/21 when Resident #3 left the facility. -At 11:30am he moved all the residents, Resident #3 included outside to the benches located at the front of the facility. -He moved all the residents outside because the health inspector from the local Department Health Department (LHD) had conducted a health inspection and requested the residents be moved out of their rooms. -He had walked with the health inspector and the Resident Care Director (RCD) during the inspection. -He was responsible to supervise the residents while they were outside during the inspection. -He had checked on the residents every 1-2 minutes. -He last saw Resident #3 at 11:50am seated on	C 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 2	C 243		

the bench in the front of the facility.
-He did not know Resident #3 was missing until 12:45pm when he served lunch.
-He looked for Resident #3 outside and in the resident's room.
-He notified the RCD that he could not find Resident #3.
-Resident #3 had never left the facility unsupervised.

Second interview with Resident #3 on 04/15/21 at 11:36am revealed:
-He left the facility at 9:45am.
-He knew he left at 9:45am because he looked at his watch when he left the facility.
-Staff were doing other things when he left the facility.
-He walked down to the local fast food restaurant to take a break from the facility.
-It took him a while to get to the fast-food restaurant.
-He had several cups of coffee while he was at the fast-food restaurant.
-A police officer found him at the local fast food restaurant around 2:00pm and took him back to the facility.
-Staff checked on him every two hours daily.
-He was able to go outside any time he wanted to.
-He did not have to notify facility staff when he went outside.
-He could not "wait to go back to the fast-food restaurant".

Interview with the RCD on 04/15/21 at 11:52am revealed:
-She started to assist the health inspector from the LHD at 11:30am.
-She last saw Resident #3 between 11:50am to 12:00pm standing outside in the front of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 3	C 243		

facility.
-The SIC escorted all the residents in the facility outside to the benches in front of the facility at 11:30am.
-The health inspector from the LHD requested that the residents were not in their rooms during her inspection.
-The health inspector was in the facility for about 30 minutes.
-The SIC was responsible to supervise the residents while they were outside of the facility.
-The SIC was not with the health inspector from the LHD the entire time she was in the facility.
-The SIC was supposed to check on the residents every hour while they residents were outside.
-The SIC was supposed to make sure he knew where the residents were at and make sure they were okay when he did his hourly checks.
-Staff were not required to document their hourly checks.
-The SIC notified her after 12:30pm that he could not find Resident #3.
-She looked for Resident #3 throughout the entire facility and facility campus.
-She drove her car down the street and searched for Resident #3 for about 30 minutes.
-She called the police when she could not locate Resident #3.
-She did not remember what time she called the police.
-She notified the Administrator that she could not find Resident #3.
-She did not remember how long it took the officer to locate Resident #3 but it did not take long.
-The officer reported that she found Resident #3 at a local fast-food restaurant.
-She told Resident #3 that "he could not leave the facility without notifying facility staff or signing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 4	C 243		

out".
-She notified Resident #3's Primary Care Physician (PCP) 04/14/21 that he left the facility.
-She notified the Department of Social Services (DSS) on 04/14/21 that Resident #3 left the facility.
-She completed an incident and accident report for Resident #3.
-She and the Administrator placed Resident #3 on 30-minute checks when the resident was returned to the facility.
-She notified the SIC that Resident #3 was on 30-minute checks.
-The SIC was supposed to make sure he knew where Resident #3 was located and make sure he was okay during the 30-minute checks.
-The SIC did not need to document the 30-minute checks.
-Resident #3 had never left the facility before 04/14/21.
-Resident #3 was still allowed to go outside of the facility and stay on the facility campus if he notified facility staff before he went out.
-If Resident #3 wanted to leave the facility campus he must sign out and notify staff.
-The police officer did not give her a copy of the 04/14/21 police report.

Interview with the Administrator on 04/15/21 at 10:22am revealed:
-She was on the facility campus when Resident #3 was missing.
-She last saw Resident #3 outside of the facility at 11:45am.
-She did not remember her exact location or time when she was notified by the RCD that Resident #3 was missing.
-She believed she was notified that Resident #3 was missing between 12:00pm to 12:30pm.
-She looked for Resident #3 throughout the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 5	C 243		

facility campus and outside of the facility.
-She did not remember how long she looked for Resident #3.
-The RCD called the police when they could not find Resident #3.
-The police found Resident #3 at a fast-food restaurant down the street from the facility.
-The police officer escorted Resident #3 back to the facility.
-She did not remember what time the police officer dropped Resident #3 off at the facility.
-Resident #3 "wants to do what he wants to do".
-Resident #3 did not always know what he talked about during a conversation.
-Resident #3 was placed on 30-minute checks when he was returned to the facility by police.
-The SIC was supposed to make sure he knew where Resident #3 was at every 30-minutes.
-The SIC was not supposed to document his 30-minute checks.
-Resident #3 was notified that he could not leave the facility unless he notified a facility staff.
-She did not have a supervision policy for the facility.
-The police officer did not give her a copy of the 04/14/21 police report.

Telephone interview with the records clerk at the local police department on 04/15/21 at 12:47pm revealed:
-There was an officer sent to the facility on 04/14/21.
-It would take her 24 hours to process the police report.
-She would fax the police report once it was available.

The 04/14/21 police report that was requested on 04/15/21 at 12:47pm was not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051032	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON II	606 EAST MORRIS AVENUE BENSON, NC 27504

(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 6 Attempted telephone interview with Resident #3's Primary Care Physician (PCP) on 04/15/21 at 11:31am was unsuccessful. Attempted telephone interview with the health inspector from the Local Health Department on 04/15/21 at 12:35pm was unsuccessful.	C 243		