Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081007	A. BUILDING: _____ B. WING _____	R 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTWELL HOME	401 US 221 S HIGHWAY RUTHERFORDTON, NC 28139

(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 conducted an annual and follow-up survey and complaint investigation on 07/31/25.	D 000		
D 319	10A NCAC 13F .0905 (f) Activities Program 10A NCAC 13F .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all residents were offered at least one outing every other month. The findings are: Observation of the facility on 07/31/25 at 9:00am revealed: -There was an activity calendar for July 2025 posted on the wall of the hallway. -There were no outings scheduled on the July 2025 calendar. Interview with one resident on 07/31/25 at 9:02am revealed: -It had been a long time since staff had taken them on an outing, but she was not sure exactly how long it had been. -Staff used to take them on outings. Interview with a second resident on 07/31/25 at	D 319		

AS Reviewed and Acknowledged 08/28/25

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D 319	Continued From page 1 9:08am revealed: -Staff had not taken them on a outing for about 2 years. -They used to take them shopping to get supplies. -She missed being able to go out and get supplies. Interview with a third resident on 07/31/25 at 9:15am revealed the staff did not offer outings. Interview with fourth resident on 07/31/25 at 10:38am revealed: -Staff were too busy to take the residents on an outing. -Staff used to take the residents to a local store but that had not happened in over one year. -She would like to go on an outing. Interview with a fifth resident on 07/31/25 at 10:40am revealed: -Staff used to take the residents to the store for an outing but that had not happened in over two years. -Staff only took her to medical appointments. -She would like to go on an outing. Interview with a medication aide (MA) on 07/31/25 at 10:30am revealed the facility used to schedule outings to a local store but the residents argued about where to sit on the vehicle and then the facility stopped the outings. Interview with a second MA on 07/31/25 at 10:36am revealed the residents did not go on outings and she did not know why. Interview with the Resident Care Coordinator (RCC) on 07/31/25 at 10:26am revealed: -The facility had not scheduled any outings since	D 319	(TO BE MONITORED BY ADMINISTRATOR) BEGINNING IN SEPT., WE WILL SCHEDULE AN OUTING AND POST IT ON OUR ACTIVITY SCHEDULE. WE WILL DO THIS EVERY MONTH OTHER MONTH. WE WILL ENCOURAGE PARTICIPATION.	IMMEDIATELY 8/28/25

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D 319	Continued From page 2 COVID-19 started (March 2020). -When a resident was transported to a medical appointment the staff and resident might stop at a fast food restaurant for something to eat or stop at a local store. -The facility transported some residents to a local church on Sundays.	D 319		