PRINTED: 12/10/2013 FORM APPROVED

Take the desired services and the con-	OF DESIGNATION						O. 0938-039
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	(X3) DATE SURVEY COMPLETED			
		345045	B. WNG				
NAME OF F	PROVIDER OR SUPPLIER 31	pulma Park Republication		STOCET ADDR	F00 0	11	/22/2013
DI 01111111	<u>-</u> 3	owing Rock Rehabilitation Davant Extended Care (	and c		ESS, CITY, STATE, ZIP CODE		
Broming	G ROCK HOSPITAL LTC	Total Extended Cities	enci	418 CHESTNU			
(X4) ID	SHMMADY STA	ATEMENT OF DEFICIENCIES			OCK, NC 28605		
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	.   (E.	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BI DSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 241 SS=D	483.15(a) DIGNITY AI	ND RESPECT OF	F 2	41			12/20/13
	manner and in an env	ote care for residents in a ironment that maintains or nt's dignity and respect in		F241 SS			
	full recognition of his o	or her individuality.		Individua	,		
	This REQUIREMENT	is not met as evidenced		Address	how corrective action will b	e	
	by:			accompli	ished for those residents for	und to	
	Based on observation	s, resident and staff		have bee	en affected by the deficient		
	interviews the facility fa	alled to ensure dignity		practice.			
	during dining when sta	ie table after she coughed					
	and vomited in it in from	nt of residents who were		On Dece	mber 12/ 2013,The Social Se		
	eating lunch during 1 o	of 1 meal observation		Director	and the Interim Disc.	rvice	
	(Resident #36, #4 and	#6).		have anot	and the Interim Director of N logize and reassure both resi	lursing	
	The finalians is a late			that the s	taff are being in	idents	
	The findings included:			romove	taff are being in-serviced to	1	
	1 Resident #36 was a	dmitted to the facility on		remove ir	neal plates from dining area		
	07/05/13 with diagnose	es that included chronic		anytime ti	here is bodily fluid expelled o	onto	
	lung disease, heart dise	ease, anxiety and		them.			
	depression. The most	recent quarterly Minimum		2 12000			
1	Data Set (MDS) dated	08/22/13 indicated		Address h	ow the corrective action wil	ll be	
	Resident #36 had short	t term and long term		accomplis	hed for those residents hav	inga	
	memory problems and	was moderately impaired		potential t	to be affected by the same		
	further indicated Reside	cision making. The MDS		deficient p			
	supervision by 1 staff w	then eating					
		non oating.		The team I	leader will audit the dining ro	nom	10
	During continuous obse	ervations in a restorative		3 times per	r week during a mealtime to	00111	
	dining room on 11/19/1:	3 at 11:55 AM Resident		ensure tha	t meal trays are being remov		
	#36 was seated at a tab	ole and started coughing		from the d	ining area in a being remov	ved	
		lunch. A restorative aide		nom the di	ining area immediately if the	ey are	
	was assisting residents	at another table to the		uripieasant	t to look at or having bodily f	luid.	
	right of where Resident			Beginning o	on Dec 12 th 2013 audits will	l take	
	Resident #36 told Nurse	ome into the dining room.		place for th	ne next 3 months.		
	~ /	SOURCE SANGE				77-18-	
OI' I	INECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE	Λ	į , ,	TITLE	, , , (X	(6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the ladings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued DEC 1 6 2013

Event ID: 5DR111

program participation.

Facility ID: 932975 by:

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	200 100		OMB NO. 0938-039		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345045	B. WNG				
- N.HOJOB - 100 - 54	ROCK HOSPITAL LTC	ATEMENT OF DEFINITION		4	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CHESTNUT ST BLOWING ROCK, NC 28605	<u>  1</u> 1	1/22/2013
PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE
	it to go down. Nurse # up straight and as she coughed and vomited into her left hand and gave Resident #36 a r and hand but Resident and at 12:10 PM Nurse #36 out of the dining ro plate on the table unco seated at the table wer  During an interview on Nurse #1 confirmed sh room during lunch beca coughing. She stated thad something stuck in concerned Resident #3 confirmed Sh confirmed S	r throat and she couldn't get  1 told Resident #36 to sit straightened up she a large amount of phlegm onto her plate. Nurse #1 papkin to wipe her mouth the #36 continued to cough the #1 transported Resident from and left Resident #36's from and left Resident #36's from extended the straight from the straight from the dining from the was called into the dining from the was called into the dining from the throat and she was from the table from the from the table	F2		The Activities Director will ask in the monthly resident council meeting if the dining atmosphere is pleasant. Begin with the next resident council meeting for December 16 <sup>th</sup> 2013.  Address what measures will be put it place or what systemic changes you make to ensure that the deficient prodoes not occur  All clinical staff including nurses, CNA activities, unit secretary's, will be edut thru our TEDS on line program on the removal of trays with body fluid containmediately from the dining area. The training began on December 9 <sup>th</sup> and victorial completed by all staff by December 2013. Removal of tray immediately in dining area if it is unpleasant to look a has bodily fluid on it will be covered dethe clinical orientation by the Social Second Director under Dignity. Starting on the orientation date scheduled for January 2013.	ning set nto will actice 's, scated ents e vill be tor uring rvice Nevt	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	1		OMB N	OMB NO. 0938-039		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DAT	E SURVEY MPLETED		
		345045	B. WNG_					
	ROVIDER OR SUPPLIER  ROCK HOSPITAL LTC			STREET ADDRESS, CITY, STATE, ZIP CODE 418 CHESTNUT ST BLOWING ROCK, NC 28605	<u>1</u>	1/22/2013		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	IOULD BE	(X5) COMPLETION DATE		
	they were not eating the Resident #4 was seated her left side and Resident dand diagonally to the lestated Resident #36's from the table until afted dining room when all reup and tables were clethey should have remosince residents were stassisting other resident.  During an interview on NA #2 she confirmed stated another table during lunch and assist to be fed at another table dining room next to whiseated. NA #2 stated stated in it because stresident. She confirmed with other resident's plate service after all resident. During an interview on Restorative Aide confirment of the confirmation during lunch and stresidents who received was located to the right Resident #36 was seated called for Nurse #1 to convene Resident was chesident with a lid so it residents who were still residents w	needed cueing to eat when heir food. She explained ed next to Resident #36 on dent #6 was seated across eft of Resident #36. She plate was not removed er residents had left the esidents plates were picked eaned. She further stated eved Resident #36's plate till eating but she was its and didn't think to do it.  11/19/13 at 3:01 PM with the was in the dining room ted residents who needed be to the left side of the ere Resident #36 was she did not pick up iter she coughed and he was feeding another ed the plate was picked up ates at the end of the meal its had left the table.  11/19/13 at 3:15 PM the med she was in the dining was seated at a table with restorative therapy that of the table next to where ed. She explained she ome into the dining room ted coughing because toked. She stated if a eir plate they should cover wouldn't bother other	F 2	Indicate how the facility of	nake sure d. The r ensuring sustained. d and the rit's rated into f the facility. d on ately from ately from t to look at t. This December  ted into the the 3 <sup>rd</sup> ng with the mes, will be e team ensure g left at the c at or have oring will of audits e meeting g with the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345045	B. WNG				10010040
BLOWING	ROVIDER OR SUPPLIER  ROCK HOSPITAL LTC			4	STREET ADDRESS, CITY, STATE, ZIP CODE 418 CHESTNUT ST BLOWING ROCK, NC 28605	1 11	/22/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLETION DATE
	Resident #36 she state coughing at lunch yes she felt like something and it really scared he she thought she was opreferred to eat in her back to the dining room in front of the other resident of the other resident at staff should have plate from the table aft vomited in it. She furth sanitary or appetizing the table while resident 2. Resident #4 was ac 08/20/13 with diagnosi disease, anxiety and dinimum Data Set (MI indicated Resident #4 term memory problems cognition for daily decident the table while resident with eating and required. During continuous obsidining room on 11/19/1 #36 was seated at a tawhen she began to eat was assisting residents right of where Resident #36 told Nursesomething stuck in her	an 11/20/13 at 9:19 AM with ed she remembered terday. She further stated g was stuck in her throat or and upset her because choking. She explained she room and might not go on since her coughing spell sidents upset her yesterday.  In 11/22/13 at 11:18 AM the sted it was her expectation removed Resident #36's for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the plate to remain on the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the facility on the state of the state of the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the facility on the state of the state of the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the facility on the state of the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the facility on the state of the state of the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the swere still eating sted it was not for the swere still eating lunch.  In 11/22/13 at 11:18 AM the sted it was not for the swere still eating sted it was not for the swere still eating sted it was not for the swere	F	241	The Activities Director will bring the findings of the audits of the resident meetings to the PI committee meeting the next 3 months beginning with the PI meeting set for Dec. 19 <sup>th</sup> 2013.	ng for	

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STATEMENT	OF DEFICIENCIES	(V4) PROVIDED/OLIDOUES	2020000000	2000		OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CO A. BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		345045	B. WNG			44/00/0	
NAME OF P	ROVIDER OR SUPPLIER			-	STREET ADDRESS, CITY, STATE, ZIP CODE	3.1	/22/2013
	0 272 G FTV.			ı	418 CHESTNUT ST		
BLOMING	ROCK HOSPITAL LTC						
W 10 10	CHAMADY OT	ATCHEUT OF DESIGNATION		_ '	BLOWING ROCK, NC 28605		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 241	Continued From page	. 4	_				
1 211			F	241			
	up straight and as she	straightened up she			1		
		a large amount of phlegm			1		
		onto her plate. Nurse #1	1				
		napkin to wipe her mouth					
		at #36 continued to cough					
		e #1 transported Resident					
		oom and left Resident #36's					
		overed while 2 residents					
	seated at the table we	re still eating their lunch.	1				
	During an interview or	11/10/13 at 2:39 DM			**		
		ne was called into the dining					
		cause Resident #36 was					1 0
		Resident #36 told her she					
		n her throat and she was					
	concerned Resident #			i			
		86 kept coughing and then					
		nt of phlegm into her hand					
		ne stated she took Resident					
	#36 out of the dining re						
		she was so embarrassed				j	
	when she started coug	hing because she did not					
		in front of other residents				-	
		irse #1 confirmed she did					
		36's plate from the table					
	and stated there were	· ·					1
		dining room during lunch					
	and she expected one	of them would have					
	removed the plate whe	n she took Resident #36					1
	out of the dining room.						1
	During on late-day	44/40/40 -4 0:44 554					
	During an interview on						1
	Nurse Aide (NA) #1 co						i
		ch and fed residents who				1	
		to the left side of Resident					
11/2		d Resident #36 was seated	·				
	at a table with other res						
	150	eeded cueing to eat when					
U	triev were not eating th	eir food. She explained		- 1		1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345045	B. WING				110010010
NAME OF PROVIDER OR SUPPLIER  BLOWING ROCK HOSPITAL LTC		· ·	41	TREET ADDRESS, CITY, STATE, ZIP CODE 18 CHESTNUT ST LOWING ROCK, NC 28605	1 1	1/22/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
	her left side and Resi and diagonally to the stated Resident #36's from the table until aff dining room when all up and tables were of they should have rem since residents were assisting other residents were assisting other resident with a same and they should have remarked to be fed at another table during lunch and assist to be fed at another table during lunch and assist to be fed at another table during lunch and assist to be fed at another table during lunch and resident #36's plate a vomited in it because resident. She confirm with other resident's promote after all resident. During an interview on Restorative Aide confirm own during lunch and residents who received was located to the right Resident #36 was sea called for Nurse #1 to when Resident #36 states thought she was consident vomited into the plate with a lid so it residents who were still Resident #36's plate womited in it.	ted next to Resident #36 on dent #6 was seated across left of Resident #36. She is plate was not removed ter residents had left the residents plates were picked eaned. She further stated oved Resident #36's plate still eating but she was into and didn't think to do it.  In 11/19/13 at 3:01 PM with she was in the dining room sted residents who needed able to the left side of the here Resident #36 was she did not pick up lates at the end of the meal into had left the table.  In 11/19/13 at 3:15 PM the remed she was in the dining lates at the end of the meal into had left the table.  In 11/19/13 at 3:15 PM the remed she was in the dining lates at the end of the meal into had left the table.  In 11/19/13 at 3:15 PM the remed she was in the dining lates at the end of the meal into the dining room arted coughing because hoked. She stated if a heir plate they should cover the wouldn't bother other	F;	241			

STATEMENT OF DECIDIENDIES		77 - 12 - 17 - 17 - 17 - 17 - 17 - 17 -				1 0.000 0001		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		2 2004 N. O						
		345045	B. WNG	_		11	/22/2013	
NAME OF PROVIDER OR SUPPLIER  BLOWING ROCK HOSPITAL LTC			4	STREET ADDRESS, CITY, STATE, ZIP CODE 18 CHESTNUT ST BLOWING ROCK, NC 28605				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 241	the dining room and recoughed and vomited really bothered her art finish her lunch but fin Resident #36's plate was uncovered. She confit who were still seated their lunch when she leads the leads their lunch when she leads the leads their lunch was assisting resident right of where Resident #36 told Nurse #1 to Resident #46 told Nurse #1 to Resident #46 told Nurse #1 t	d she was seated on le yesterday during lunch in emembered Resident #36 in her plate. She stated it dupset her and she tried to sally got up and left because was left on the table rmed there were residents at the table and were eating eft the dining room.  In 11/22/13 at 11:18 AM the ated it was her expectation removed Resident #36's ter she had coughed and her stated it was not for the plate to remain on ats were still eating lunch.  Inditted to the facility on less that included heart lepression. The most lepression. The most lepression. The most lepression and had no in for daily decision making. In at 11:55 AM Resident #6 was leg and required set help leaves at another table to the lat #36 was seated and come into the dining room.	F	241				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345045	B. WNG			11	/22/2013
NAME OF PROVIDER OR SUPPLIER  BLOWING ROCK HOSPITAL LTC			4	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CHESTNUT ST BLOWING ROCK, NC 28605		72272010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 241	it to go down. Nurse a up straight and as she coughed and vomited into her left hand and gave Resident #36 a rand hand but Residen and at 12:10 PM Nurs #36 out of the dining r plate on the table unce seated at the table we During an interview on Nurse #1 confirmed shroom during lunch bed coughing. She stated had something stuck in concerned Resident #3 vomited a large amour and onto her plate. Shr #36 out of the dining ro Resident #36 told her when she started cougwant to make a scene in the dining room. Nurse Aide (NA) #1 codining room during luncy were seated at a table #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table. She stated at a table with other resident #36's table.	#1 told Resident #36 to sit estraightened up she a large amount of phlegm onto her plate. Nurse #1 napkin to wipe her mouth it #36 continued to cough ee #1 transported Resident oom and left Resident #36's overed while 2 residents re still eating their lunch.  11/19/13 at 2:38 PM ne was called into the dining rause Resident #36 was Resident #36 told her she her throat and she was 36 might choke. She ne stated she took Resident oom to her room and she was so embarrassed thing because she did not in front of other residents are #1 confirmed she did #36's plate from the table 2 Nurse Aides and a dining room during lunch of them would have the table when she took en the table when she took en the table when she took en the did residents who to the left side of Resident date Resident #36 was seated	F	241			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/10/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 345045 B. WNG 11/22/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 418 CHESTNUT ST **BLOWING ROCK HOSPITAL LTC BLOWING ROCK, NC 28605** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 241 Continued From page 8 F 241 they were not eating their food. She explained Resident #4 was seated next to Resident #36 on her left side and Resident #6 was seated across and diagonally to the left of Resident #36. She stated Resident #36's plate was not removed from the table until after residents had left the dining room when all residents plates were picked up and tables were cleaned. She further stated they should have removed Resident #36's plate since residents were still eating but she was assisting other residents and didn't think to do it. During an interview on 11/19/13 at 3:01 PM with NA #2 she confirmed she was in the dining room during lunch and assisted residents who needed to be fed at another table to the left side of the dining room next to where Resident #36 was seated. NA #2 stated she did not pick up Resident #36's plate after she coughed and vomited in it because she was feeding another resident. She confirmed the plate was picked up with other resident's plates at the end of the meal service after all residents had left the table. During an interview on 11/19/13 at 3:15 PM the Restorative Aide confirmed she was in the dining room during lunch and was seated at a table with residents who received restorative therapy that

vomited in it.

was located to the right of the table next to where Resident #36 was seated. She explained she called for Nurse #1 to come into the dining room when Resident #36 started coughing because she thought she was choked. She stated if a resident vomited into their plate they should cover the plate with a lid so it wouldn't bother other residents who were still eating but confirmed Resident #36's plate was not covered after she

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		345045	B. WNG			1	1/22/2013
	ROVIDER OR SUPPLIER  ROCK HOSPITAL LTC			4	STREET ADDRESS, CITY, STATE, ZIP CODE 118 CHESTNUT ST BLOWING ROCK, NC 28605		TIZZIZO 13
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 241	table and was facing I during lunch and reme coughed and vomited made her sick to her sappetite and couldn't f described it as awful a one covered the plate plate off the table after and vomited in it and ti seated at the table who lunch.  During an interview on Director of Nursing stathat staff should have a plate from the table after vomited in it. She furth sanitary or appetizing f	a 11/20/13 at 9:00 AM If she was sitting across the Resident #36 yesterday Imbered Resident #36 In her plate. She stated it It tomach and she lost her Inish her lunch. She Ind disgusting because no With a lid or cleared the If Resident #36 coughed Inhere were residents still It was were trying to eat their In 11/22/13 at 11:18 AM the Ited it was her expectation Itemoved Resident #36's	F	241			