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CARDINAL CARE ASSISTED LIVING VILLAGE # 1	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
D 000	Initial Comments An Annual Survey was conducted by Adult Care Licensure on 2/3/15.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide walls ceilings and floors in good repair for 2 of 2 common bathrooms and the facility hallway. The findings are: Observation on 2/3/15 at 8:15am revealed the house keeper was cleaning the hallway,2 common bathrooms, and the floors, toilets, shower, and tub were clean. Observation of the common shower room on 2/3/15 at 8:15am revealed: -Multiple areas of unpainted wall surface around the sink. -Cracks measuring a foot long in the entrance door frame. -Cracks between the light switch and the wall. -Black colored grout between the white colored tile in the shower. -Mold along the top of the shower stall.	D 074		

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D 074	Continued From page 1 Observation of the facility hallway on 2/3/15 at 8:20am revealed an area measuring 3 feet wide by 4 feet long of unpainted sheetrock. -The borders had an unfinished and raised surface of putty. Interview with housekeeper on 2/3/15 at 12pm revealed: -"All this looked the same since I've been here." -She cleaned the facility everyday and as often as necessary. Interview with the Supervisor in charge on 2/3/15 at 8:30am revealed: -She was aware of the discolored unpainted wall surface around the sink. -She was aware of the cracks in the doorframe. -She was aware of the mold along the top of the shower stall. -The bathrooms were cleaned daily and as often as necessary. -She knew the owner was aware of a leak between the wall separating the bathroom and the hallway because he had employed someone to start repairs months ago. -These repairs had not been completed. -Someone had attempted to repair the doorjamb to the entrance door but had not addressed the cracks in the doorframe. -She was aware of this problem because the grout had been scrubbed with a cleaning agent specifically recommended for grout and tile and the discoloration would not come out. -The shower had this appearance for a long time. -She believed the tile needed fresh grout. -The owner was aware of issues wrong with the building but had not made repairs in months and in some cases years. -Residents had not complained about needed repairs.	D 074		

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D 074	Continued From page 2 Interview on 2/3/15 at 3:20pm with the Resident Care Coordinator(RCC) revealed: -The RCC was not aware of the areas surrounding the sink that needed painting in the common bathroom. -The RCC did not believe the Administrator/Owner was aware. -The RCC was aware of the grout issue. -She did not believe the Administrator was aware because she did not think any staff had told him. -There was a big remodel at the facility 5 years ago when the present Administrator/Owner took over. -Few repairs had been completed since that time. A phone interview with the owner was attempted but no call back by end of survey	D 074		
D 078	10A NCAC 13F .0306(a)(5) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: The facility failed to be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards for both common bathrooms as evidenced by: 1 of 3 light fixtures in 1 of 2 common bathrooms,	D 078		

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D 078	Continued From page 3	D 078		

one handicapped rail in the tub room, loose tiles in floor of shower room, 6 missing tiles in tub room, and 1 broken blind out of 6 resident rooms.

The findings are:

Observation of common shower room on 2/3/15 at 8:20am revealed:
-The light fixture directly over the shower had a 1 and a half inch exposed area between the ceiling of the shower and the back of the light fixture.
-The light fixture was dangling by 2 wires.
-The first 2 rows of floor tiles in the shower were loose.

Observation of the common tub room on 2/3/15 at 8:20am revealed:
-6 missing floor tiles along the far wall under the sink, and directly in front of the toilet.
-The missing tiles created an uneven walking surface.
-6 tiles missing tiles were stacked along the wall in front of the tub.
-One end of a handicapped rail attached to the wall along the side of the tub.
-The other end of the rail attached to the wall above the faucets was loose from the wall exposing a 1 inch gap.

Observation on 2/3/15 at 12:30pm revealed:
-A repairman had attached a new hand rail to the wall next to the tub.
-There was no longer a gap in the wall.
- 3 screws attached one end of the handicapped rail plate to the wall.
-These 3 screws were not flush with rail plate extending out ¾ of an inch.
-These 3 screws had very sharp exposed ends.

Interview with housekeeper on 2/3/15 at 12pm

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D 078	Continued From page 4 revealed: -"All this looked the same since I've been here." -She cleaned the facility everyday and as often as necessary. Interview with the supervisor in charge on 2/3/15 at 8:30am revealed: -The Administrator/Owner was responsible for the repairs of facility. -The shower floor tiles had been in disrepair for months. -The floor tiles against the far wall in the tub room had been in disrepair for months. -The owner was aware of this problem. -The owner was aware of the loose hand rail and gap between the wall and handrail. -The supervisor in charge reported needed repairs to the Resident Care Coordinator and the owner whenever he came to the facility. -The Supervisor in charge knew the owner was aware of the handicapped rail issue because it had previously been cited by construction and a handyman appeared today to try to repair it. -The owner was aware of issues wrong with the building but had not made repairs in months and in some cases years. -The Supervisor in charge had not received complaints from residents about the needed repairs. -No residents had been injured from the missing and loose tiles and loose handrail. -The residents did not complain about repair issues. Interview with the Resident Care Coordinator (RCC) on 2/3/15 at 3:20pm revealed. -The RCC was not aware of the dangling light fixture in the shower. -The RCC did not believe the owner was aware.	D 078		

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D 078	Continued From page 5 -Staff reported need repairs to the RCC and she reported to the owner. -The RCC knew the owner was aware of the handicapped rail issue because the facility had previously been cited by construction and the facility's handyman had communicated that he would try to repair it. -The RCC was not aware that their handyman attempted to install another rail today. -She was aware of the missing floor tiles in the tub room. -She was not aware of the loose floor tiles in the shower and did not believe the owner was aware. A phone interview with the owner was attempted but no call back by end of survey.	D 078		
D 083	10A NCAC 13F .0306(a)(9) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interview the facility failed to provide draperies,curtains, or blinds in 2 of 6 resident rooms. The findings are: Observation of resident room # 4 on 2/3/15 at 2:25pm revealed: -No blinds or curtains on the double window.	D 083		

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D 083	Continued From page 6	D 083		

-2 lap-sized quilts across the windows that did not completely cover the windows.
-1 resident was lying in the bed.

Interview on 2/3/15 at 2:20pm with resident in room #4 revealed:
-A married couple lived in room # 4.
-The windows had been like that for 6 months to a year.
-"We need curtains or blinds in here."
-Could not recall if this was reported to staff.

Observation on 2/3/15 at 2:25Pm revealed broken mini blinds covering the left window in room#6.
-The broken pieces located on the bottom left corner created a 2-3 inch gap visible to the outside.

Interview with the Supervisor in charge on 2/3/15 at 2:30pm revealed:
-Room # 4 had been without curtains or blinds for a months, possibly a year.
-The owner was aware of the need for curtains and blinds in this room.
-She relayed information to the Resident Care coordinator about needed repairs in the building.
-The owner was aware of the need for curtains and blinds in this room.
-The broken blinds in room #6 had been in disrepair for months possibly a year.
-She had requested new mini blinds for a year but was told no available funds.
-She believed all residents deserved curtains or blinds.

Interview on 2/3/15 at 3:20pm with the Resident Care Coordinator (RCC) revealed:
-She was not aware Room # 4 had been without

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D 083	Continued From page 7 curtains or blinds for a long time. -The RCC was not aware of broken mini blinds in Room #6. A phone interview with the owner was attempted but no call back by end of survey	D 083		
D 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interview; the facility failed to provide 5 out of 8 resident beds in good repair, and top and bottom sheets, bedspreads and blankets in good condition for 7 of 8 resident beds.	D 087		

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D 087	Continued From page 8 The findings are: Interview on 2/3/15 at 2pm with the Supervisor in charge revealed: -7 twin beds and one full bed were being used by 9 residents. -A married couple occupied the full bed. -She thought the full bed was possibly 2 twin beds pushed together at the request of the residents. Observation on 2/3/15 at 2pm of the clean linen closet revealed: -Top and botttom sheets were thin enough to see through. -Extra blankets were ragged and worn. -Bed spreads were worn and had holes in them. Observation on 2/3/15 at 2pm room #1 revealed: -The bed against the hall wall had rips in the mattress measuring one and a half inches diameter and up to 3 feet long. -Thin and worn top and bottom sheet. -Thin and worn bedspread with holes. -The bed had a hard plastic exterior without mattress cover. Attempted interview with resident unsuccesful about the condition of bed. -The bed near the window was in even worse condition with multiple 4 foot by I inch splits in the mattress -The bed had a hard plastic exterior without a mattress cover. -Thin and worn top and bottom sheet. -Thin and worn bedspread with holes.	D 087		

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D 087	Continued From page 9 Attempted interview with resident unsuccesful about the condition of bed. Observation on 2/3/15 at 2:05pm revealed: -The bed against the hall wall had 6 split areas in the mattress measuring 4 feet long. -The bed had a hard exterior without a mattress cover. -Thin and worn top and bottom sheets. -Thin and worn bedspread with holes. Attempted interview with resident unsuccesful about the condition of bed. Observation on 2/3/15 at 2:05pm of room # 5 revealed: -There was a raised vertical area in the middle of the mattress against the hall wall. -Thin and worn top and bottom sheets. -Thin and worn bedspread with holes. Interview on 2/3/15 at 2:05pm with the resident that slept on this bed revealed he could feel the spring in his back and the bed was not comfortable. Observation on 2/3/15 at 2:10pm of room # 6 revealed: -The bed against the window had 5 different ripped areas in the mattress measuring one and a half inches in diameter. -The bed had a hard plastic exterior without mattress cover. -Thin and worn top and bottom sheets. -Thin and worn bedspread with holes. Attempted interview with resident unsuccesful about the condition of bed. Interview on 2/3/15 with the Supervisor in charge	D 087		

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D 087	Continued From page 10 revealed: -The beds had been in bad repair for a long time. -The owner was aware that beds needed replacing. -The bed had a hard plastic exterior without a mattress cover -All the extra linens were worn and needed replacing. -The bedspreads and blankets were purchaed in 2005 and had not been replaced. Interview on 2/3/15 at 3:20pm with the Resident Care Coordinator (RCC) revealed: -The RCC was aware mattress needed to be replaced. -The Administrator/Owner was aware. -The RCC thought she could replace the sheets. -The RCC was aware of thin and worn bedspreads and blankets. A phone interview with the owner was attempted but no call back by end of survey	D 087		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing,	D 317		

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D 317	Continued From page 11	D 317		

dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to offer a minimum of 14 hours a week of planned group activities.

The findings are:

Observation on 2/3/15 at 10am revealed:
-4 residents asleep in their rooms.
-4 residents outside smoking.
-One resident helping the housekeeper decorate the bulletin board for February.
-No activity calendar in the facility.

Observation on 2/3/15 at 11am revealed:
- 3 residents asleep on couches in TV room.
-4 residents ouside smoking.
-2 residents walking around inside the facility.

5 Confidential resident interviews revealed:
-Some went to neighboring facility to play cards or Bingo, but that was only twice a week.
-"There's nothing to do around here."
-Residents would like to play board games and cards more often.
-Residents visited each other and smoked or watched TV, and "that's about it.".
-Residents would like to have more fun things to do in side their facility.

Interview with the House Keeper on 2/3/15 at 10am revealed:

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D 317	Continued From page 12 -She was hired in July, 2014. -She tried to talk to the residents because she knew they were bored but she left at 1pm. -She had observed maybe one or two out of 9 residents go to a neighboring facility for Bingo twice a week. -The residents rarely go out of the facility for enjoyment. -There was no activity calendar in the facility. -She felt sorry for the residents because they had little to do for enjoyment. Interview with the Supervisor in Charge on 2/3/15 at 10:30am revealed: -She was the fulltime live-in Supervisor in charge. -She was hired in 1998 and she had only seen activities twice a week since she had been there. -She felt sorry for the residents because they needed something to do besides smoke and watch TV. -The residents were not being offered 14 hours a week of activities. Interview on 2/3/15 at 11:30am with Supervisor in charge at neighboring facility revealed: -She was hired as a cook, then trained to be a Personal care Aide and eventually a Medication Aide. -She then realized she would be responsible for activities, but no one had trained her. -She was responsible for activities in 3 neighboring buildings in the community. -She was not familiar with the requirements for activities. -There presently was no activities calendar in the facility. -She felt sorry for the residents because they needed something to do besides smoke and	D 317		

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D 317	Continued From page 13 watch TV. -She provided Bingo and cards twice a week. -Local churches came on Sundays and had bible studies. -She had movie night every Saturday in one building. -She used her own funds around the holidays to provide entertainment for the residents. -She has offered arts and crafts and board games. -Transportation was not an issue because the facility had a van for its 3 buildings and she had a personal van. -There was not enough staff to safely supervise residents on outings and still have staff back at the facilities for those residents that chose not to go. -She tried to rotate groups on outings but had only taken residents out of the facility on 3 occasions in the past 6 months. -When she requested funds from the Resident Care Coordinator she was told no funds were available. -She had requested to clean out one of the vacant buildings to have more space for activities for the residents but the owner never responded. -She would access the internet and investigate the requirements for activities director and also to get more ideas for activities. -She would try to access more community resources to help with activities in their facility. Interview with the Resident Care Coordinator on 2/3/15 at 3:30pm revealed: -The owner's wife was actually was qualified as an activity director. -The Activity director did not show up to the facility and had not trained the employee presently responsible for activities.	D 317		

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	HAL051033	A. BUILDING: _____ B. WING _____	02/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL CARE ASSISTED LIVING VILLAGE # 1	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
D 317	Continued From page 14 -Some activities are offered in the community but 14 hours were not being offered a week. A phone interview with the owner was attempted but no call back by end of survey	D 317		