STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011288	A. BUILDING: _____ B. WING _____	07/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING HOME #12	352 FAMILY RIDGE ROAD LEICESTER, NC 28748

(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 the Buncombe County Department of Social Services conducted an annual survey on July 28, 2015 with the assistance of an interpreter.	C 000		
C 059	10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule is not met as evidenced by: Based on observation and interview the facility failed to assure a separate locked storage area for two pesticides that were in a resident room (Resident #1). The findings are: Review of the FL2 for Resident #1 dated 6/16/15 revealed: -An admission date of 6/14/15. -Diagnoses included senile dementia, mild, and peripheral vision disturbance. -No medications ordered for dementia related issues. Observation upon entering Resident #1's room on 7/28/15 at 9:20am revealed: -One 17.5 ounce can of Wasp and Hornet spray (1/4 full) sitting on a desk. -One 21.8 ounce can of Ant and Roach spray (3/4 full) sitting in the floor beside the resident's bed.	C 059		

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C 059	Continued From page 1 Interview with Resident #1 on 7/28/15 at 9:25am revealed: -The Property Manager had sprayed a bee's nest on the front porch area recently and had left the spray can on the porch. -He (Resident #1) kept the spray can in case he needed to spray the bees nest again. -He (Resident #1) had purchased the Ant and Roach spray on a recent shopping trip with the Property Manager because of "all the bugs." -The resident revealed he had only used the Ant and Roach spray 3 or 4 times. -He sprayed the Ant and Roach spray onto his shoes and pant legs and not his skin. Interview with the Property Manager on 7/28/15 at 11:15am revealed: -He had been at the facility "about two days ago" to spray for bees and had left the Wasp and Hornet spray can sitting outside. -When he returned a couple days later the can was gone. -He was not aware the resident had the Wasp and Hornet spray can in his room. -Resident #1 had purchased the Ant and Roach spray on a recent shopping trip, "because there had been some big ants coming in around the window in the resident's room. -He (Property Manager) first sprayed for ants and then Resident #1 wanted to do the spraying for himself. -He was not aware the resident was spraying the Ant and Roach spray on himself or his clothing. Interview with the Supervisor-In-Charge (SIC) on 7/28/15 at 11:30am revealed: -She was not aware the two pesticide spray cans were in the residents room. -She thought the resident had purchased the spray recently when he went shopping with the	C 059		

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C 059	Continued From page 2 Property Manager. Review of the warning label for the Wasp and Hornet spray revealed: -Caution: Avoid contact with skin or clothing. -"Extremely Flammable, contents under pressure." -"If on skin or clothing, take off rinse skin immediately with water for 15-20 minutes." -Call Poison Control or physician for advice. Review of the warning label for the Ant and Roach spray revealed: -"Hazards to humans and animals." -"Keep out of reach of children." -"Point can away from people, pets and plants." Interview with the facility Administrator on 7/28/15 at 12:05pm revealed: -She was unaware the pesticides were in the residents room. -It was "Not a good idea" for the resident to have the spray in his room. Interview on 7/28/15 at 12:15pm with the resident's Primary Physician revealed: -He did agree that it was not good for the resident to be using the spray on his clothes. -He did not feel like there had been any harm to the resident, but did not want him using it anymore. -He felt like the resident was mentally cognizant enough to know not to spray it on his skin.	C 059		
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment	C 102		

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C 102	Continued From page 3 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: Based on observation and interview the facility failed to assure the fire safety of electrical equipment for one of one resident lamp (Resident #1). The findings are: Review of the FL2 for Resident #1 dated 6/16/15 revealed: -An admission date of 6/14/15. -Diagnoses included senile dementia, mild, and peripheral vision disturbance. -No medications ordered for dementia related issues. Observation upon entering Resident #1's room on 7/28/15 at 9:20am revealed: -A bedside lamp without a lamp shade. -An 8 ounce Styrofoam cup was placed over the light bulb, with the bottom of the cup cut out. -The light was not on during the observation. -Upon turning the light switch the bulb did turn on. -There were no signs of scorching or burning to the Styrofoam cup. Interview with Resident #1 on 7/28/15 at 9:25am revealed: -He had placed the cup over the bulb while reading because the bulb was "too bright." -He cut the bottom of the cup to keep the cup from burning.	C 102		

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C 102	Continued From page 4 -He had only had the cup over the bulb just recently, "maybe 2-3 days ago." -He had not requested a lamp shade from the staff. Interview with the Property Manager on 7/28/15 at 11:15am revealed: -He was not aware the resident had placed a cup over the lamp. -"That could be very dangerous." -He had another lamp with a shade and would bring to the resident. Interview with the Supervisor-In-Charge (SIC) on 7/28/15 at 11:30am revealed: -She was not aware the resident had placed the cup on the bulb to the lamp. -The resident had not requested a shade for his lamp. Interview with the facility Administrator on 7/28/15 at 12:05pm revealed: -She was not aware the resident did not have a lamp shade. -This was very dangerous. -She would assure a lamp shape was placed on the resident's bedside lamp.	C 102		