Rec'd via email

AUG 18 2015

PRINTED: 07/15/2015
FORM APPROVED

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
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

County: McDowell

(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 and the McDowell County Department of Social Services conducted a follow-up and complaint investigation on 06/30/15 through 07/01/15. The complaint was initiated by the McDowell County Department of Social Services on 06/11/15.	D 000	Ceiling fans Cleaned free of dust Pillows, Pillow Cases Replaced	7/7/15 7/2/15 7/14/15
{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 interviews, the facility failed to maintain in clean and/or repaired condition walls, ceilings, floors, closet doors, ceiling and wall fans, ceiling and wall light fixtures, a smoke detector junction box, window treatments for privacy, baseboards and a baseboard heating unit cover in 7 of 8 rooms (Rooms #2, #3, #4, #5, #6, #7 and #8) and the day room on the locked unit, 4 of 12 rooms (#7, #8, #11 and #12) and 2 of 2 common bathrooms on the front hall and the main dining room. The findings are: 1. Interview on 06/30/15 at 9:23AM with a Personal Care Aide (PCA) revealed: - PCA B with gloves on and cleaning the common bathroom on the locked unit during the interview. - He currently provided personal care to residents and housekeeping services each shift. - He was able to care for residents and their	{D 074}	Ceiling and hall fans to be Cleaned / Checked Weekly and Plan for dust and wall Vent Housekeeping to notify maintenance Administration When Supplys are needed - BE! Pillow Cases, Sheets Pillows.	On-going On-going

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator (X6) DATE 8/17/15

POC Approved
per P. Ryan
08-20-15

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
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074)	Continued From page 1 needs always came first. - The facility's Housekeeper was "busy doing other things." Observation 06/30/15 from 9:35AM through 10:35AM during an entrance tour of the locked unit revealed: - Room #2 with ceiling fan blades covered in dust. - Room #2 with numerous brown spots on the ceiling, many of them in the vicinity of the door. - Room #2 with an approximate 1 inch by 3 inch punctured area into the hollow-core closet door. - Room #3 with a large patched and unpainted hole in the cement block wall behind the door. - Room #3 with an unpatched hole in the cement block wall behind the door, measuring approximately 4 inches by 8 inches along the floor. - Room #4 with a rusted baseboard heater cover pulled away from the wall resulting in an approximately 3 inch gap, exposing the metal fins of the heating unit. - Room #4 with a wall light over a bed with no cover over the compact florescent bulb and no pull chain. - Room #4 with missing vinyl-type baseboard behind the bed. - Room #4 with ceiling fan blades covered in dust. - Room #5 with dried brown-splattered matter in the corner of the room in the vicinity of the window. - Room #5 with numerous brown spots on the ceiling. - Room #6 with peeling vinyl-type baseboard behind and to the sides of a chest of drawers holding a television set. - Room #7 with ceiling fan blades covered in dust. - Room #7's closet had a strong urine odor and inspection revealed a large brown/black stained cement block wall approximately 3 feet high from	(D 074)	Director / Maintenance 9-18-15 will conduct through walk through of entire facility to make list of all walls / ceilings that are in need of repair. Maintenance will mail needed repairs from walk through list. Maintenance and director will conduct weekly walk throughs on 9-18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074)	Continued From page 2 the floor and similar colored staining on the adjacent cement floor. - Room #7's closet had two holes in the cement block wall measuring approximately 6 inches by 10 inches, filled with a dried, yellowed spray type product. - Room #7 with an approximate 1 inch by 3 inch punctured area into the hollow-core closet door. - Room #7 with multiple areas on the cement block wall under the window, partially covered by and alongside the unoccupied bed with peeling paint and black spotted dusty matter. - Room #8 with missing vinyl-type baseboard along the wall starting at the doorframe and running behind two beds with black adhesive residue on the wall. - Room #8 with ceiling fan blades covered in dust. Observation 06/30/15 from 9:35AM through 10:35AM during an entrance tour of the locked unit revealed: - Hallway wall-mounted fan across from Room #6 with a dusty grill and dusty black material on the edges of the fan blades. - Hallway wall-mounted fan in the vicinity of Room #5 with a dusty grill and dusty black material on the edges of the fan blades. The fan was in operation and located directly over a medication cart. - Day Room with unpainted dry wall on the ceiling in the vicinity of the fireplace with a metal electrical junction box attached to this part of the ceiling; a smoke detector was affixed to a metal plate that was hanging from one side of this junction box. - Day Room with two white ceiling fans, blades on both fans covered in dust. - A two bulb incadescent ceiling light fixture in the vicinity of the locked door to the unit with no light	(D 074)	to ensure walls and ceilings are clean and in good repair. Ceiling fans check cleaned weekly and as needed	8/1/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074)	Continued From page 3 cover. - Wall vent in the vicinity of the locked door to the unit, heavily coated with paint, rusted fins and dust. (Based on observation and Adult Home Specialist knowledge of the residents, no other residents of the noted rooms in the locked unit were interviewable or able to speak to the observed findings and) Interview 06/30/15 at 3:37PM with a second PCA revealed: - Staff on all shifts in the locked unit swept, mopped and did laundry and this did not hinder providing resident care. - The resident residing in Room #7 sometimes would urinate in his closet which had to be constantly checked when rounds were performed. - If staff found things broken or not working they would notify Maintenance to repair them. - If deep-cleaning was needed then Housekeeping would be notified by leaving a note at the time clock. Observation 07/01/15 from 8:10AM through 8:35AM during a tour of the locked unit revealed: - Room #2 with ceiling fan blades covered in dust. - Room #2 with numerous brown spots on the ceiling, many of them in the vicinity of the door. - Room #2 with an approximate 1 inch by 3 inch punctured area into the hollow-core closet door. - Room #3 with a large patched and unpainted hole in the cement block wall behind the door. - Room #3 with an unpatched hole in the cement block wall behind the door, measuring approximately 4 inches by 8 inches along the floor. - Room #4 with a rusted baseboard heater cover pulled away from the wall resulting in an	(D 074)	director/maintence will conduct walk through to make list of cell light fixtures covers and base board heater covers that are in need of repair. Maintenance will make repairs from walk through list maintenance/director will conduct weekly walk throughs to make sure light fixtures	8/1/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074)	Continued From page 4 approximately 3 inch gap, exposing the metal fins of the heating unit. - Room #4 with a wall light over a bed with no cover or pull chain. - Room #4 with missing vinyl-type baseboard behind the bed. - Room #4 with ceiling fan blades covered in dust. - Room #5 with dried brown-splattered matter in the corner of the room in the vicinity of the window. - Room #5 with numerous brown spots on the ceiling. - Day Room with unpainted dry wall on the ceiling in the vicinity of the fireplace with a metal electrical junction box attached to this part of the ceiling; a smoke detector was affixed to a metal plate that was hanging from one side of this junction box. - Room #6 with peeling vinyl-type baseboard behind and to the sides of a chest of drawers holding a television set. - Room #6 window with a valence-type curtain on a rod across the top of the window with no other curtains or blinds present, resulting in direct vision from the outside (the room was placed along the backside of the facility). - Room #7 with ceiling fan blades covered in dust. - Room #7's closet had a strong urine odor and inspection revealed a large brown/black stained cement block wall approximately 3 feet high from the floor and similar colored staining on the adjacent cement floor. - Room #7's closet had two holes in the cement block wall measuring approximately 6 inches by 10 inches, filled with a dried, yellowed spray type product. - Room #7 with an approximate 1 inch by 3 inch punctured area into the hollow-core closet door. - Room #7 with multiple areas on the cement block wall under the window, partially covered by	(D 074)	base boards/ heater covers are in good repair	07-29-15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074}	Continued From page 5 and alongside the unoccupied bed with peeling paint and black spotted dusty matter. - Room #8 with missing vinyl-type baseboard along the wall starting at the doorframe and running behind two beds with black adhesive residue on the wall. - Room #8 with ceiling fan blades covered in dust. - Room #8 with numerous light brown stains on a yellowed ceiling. Observation 07/01/15 from 8:10AM through 8:35AM during a tour of the locked unit revealed: - Hallway wall-mounted fan across from Room #6 with a dusty grill and dusty black material on the edges of the fan blades. - Hallway wall-mounted fan in the vicinity of Room #5 with a dusty grill and dusty black material on the edges of the fan blades. The fan was in operation and located directly over a medication cart. - Day Room with two white ceiling fans, blades on both fans covered in dust. - A two bulb florescent ceiling light fixture in the vicinity of the locked door to the unit with no light cover. - Wall vent in the vicinity of the locked door to the unit, heavily coated with paint, vent fins were covered in dust. Observation 07/01/15 at 8:40 AM of the main dining room revealed: - One fluorescent ceiling light fixture with a cover and another with a large brown stain on the cover. - One flourescent ceiling light fixture without a light cover. - Multiple fluorescent light tubes in ceiling light fixtures that did not come on when the switch was turned on.	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074}	Continued From page 6 Interview 07/01/15 at 8:45AM with the Housekeeper revealed: - She routinely cleaned the unlocked side of the facility but only cleaned in the locked unit if asked which was not frequently. - A PCA on the locked unit liked to do his own routine cleaning. - She routinely cleaned ceiling fan blades on the unlocked side of the facility but did not clean fan blades on the locked unit. Interview 07/01/15 at 10:10AM with the Resident Care Coordinator (RCC) revealed: - She was not sure if the Housekeeper performed housekeeping duties on the locked unit. - She was not sure of any routine plans for the cleaning of ceiling fans on the locked unit. - She stated if there were facility problems or things needing fixing staff would make entries into a maintenance log outside the door of the maintenance office. - She stated staff were good to report problems either verbally to Maintenance or to note them in the logbook. Interview 07/01/15 at 12:30PM with the Maintenance staff member during a tour of the locked unit revealed: - He did not clean ceiling fans and staff on the units cleaned them. - Staff did not report to him problems with the closet in Room #7 on the locked unit regarding holes in the cement block wall patched improperly. - Staff did not report a broken light over a resident's bed in Room #4 on the locked unit and staff should not attempt to fix lights themselves. - Vinyl baseboard was to be removed from all cement block walls in rooms where present and	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074)	Continued From page 7 the wall repainted. - Rooms on the locked unit needed to be repainted, including the ceilings, but there was no timeline provided for this task. - Mortar had to be ordered to fill the remaining hole in room #3, the hole resulting from recent plumbing issues on that side of the locked unit. - The closet in room #7 to him smelled of urine, the yellow spray foam product in the holes in the cement block wall was not fire rated, the holes needing patching with mortar and repair was necessary to the adjoining wall. - The ceiling repair in the day room was still in progress, the metal plate the smoke detector was affixed to should be connected to the junction box on the ceiling and he would see to it. - Repairs to heater baseboard covers had been difficult as the covers were no longer made; in the recently renovated bathroom he affixed a piece of metal gutter to cover the heater which seemed to be working. Interview 07/01/15 at 1:50PM and tour of the locked unit and dining room with the Facility Director revealed: - Deep cleaning was accomplished by him, Maintenance and the Housekeeper once a month (date not provided) and this cleaning should include ceiling and hall fans. - Long term room renovation plans included painting of walls and ceiling and replacing heater covers pending "approval" but there was no timeframe in place for this project. - Ceiling lights should have covers on them which are clean. 2. Observation on 06/30/15 at 9:24AM of the common bathroom on the front hall beside room #12 revealed: -Two ceiling tiles at the back part of the shower	(D 074)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074}	Continued From page 8 had various yellowed areas from what appeared to be water damage. -The dividing half wall between the shower area and sink area had a 3 foot long by 1/2 inch wide gap between the horizontal and vertical tiles covering the wall which exposed rough edges of tile. Observation on 06/30/15 at 9:59AM in room #11 of the ceiling fan blades revealed there were areas of thick dust on the fan blades. Observation on 06/30/15 at 10:00AM of room #8 on the front hall revealed: -The ceiling fan blades were covered in a thick layer of dust. -There was a brown stain in the floor near the head of the hall side resident bed that was approximately 2 feet long by 2 feet wide. -In the shared bathroom adjoining room #8, there was a six inch long by 6 inch wide brown black stain in the flooring at the base of the toilet. Observation on 06/30/15 at 10:17AM of room #7 on the front hall revealed: -There were two ceiling fans in the room. -Both ceiling fans had areas of thick dust on the fan blades. Observation on 06/30/15 at 10:27AM of the common bathroom on the front hall beside room #6 revealed: -The flourescent light fixture outside the entrance to the commode cubicle contained a large amount of light brown debris which appeared to be dead insects visible in the cover. -The flourescent light fixture outside the shower contained a large amount of light brown debris which appeared to be dead insects visible in the cover.	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074}	Continued From page 9 -One ceiling tile at the back of the shower had a yellow brown stain 2 foot long by 1 foot wide from what appeared to be water damage. Observation of room #6 on the front hall on 06/30/15 at 10:31AM revealed: -The room was occupied. -There were two ceiling tiles over the hall side bed with yellow/brown circular spots on them which appeared to be caused by water damage. -One tile had an area of damage 2 feet long by 1 foot wide. -The second tile had three spots of damage: one spot was 1 foot long by 1 foot wide, a second spot was approximately 5 inches long by 5 inches wide, a third spot was 3 inches long by 3 inches wide. -The ceiling fan blades were covered in a thick layer of dust. Interview 07/01/15 at 8:45AM with the Housekeeper revealed: - She routinely cleaned the unlocked side of the facility but only cleaned in the locked unit if asked. - She routinely cleaned ceiling fan blades on the unlocked side of the facility but did not clean fan blades on the locked unit. Interview 07/01/15 at 10:10AM with the Resident Care Coordinator (RCC) revealed: - She stated if there were facility problems or things needing fixing staff would make entries into a maintenance log outside the door of the maintenance office. - She stated staff were good to report problems either verbally to Maintenance or to note them in the logbook. Interview 07/01/15 at 12:30PM with tour of the locked unit with the Maintenance staff member	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 074)	Continued From page 10 revealed he did not clean ceiling fans and staff on the units cleaned them. Interview 07/01/15 at 1:50PM with the Facility Director revealed: - Deep cleaning was accomplished by him, Maintenance and the Housekeeper once a month (date of last cleaning not given) and this cleaning should include ceiling and hall fans. - Long term room renovation plans included painting of walls and ceiling and replacing heater covers pending "approval" but there was no timeframe in place for this project. - Ceiling lights should have covers on them which are clean.	(D 074)		
(D 076)	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair. 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 keep clean an upholstered fabric armchair and replace missing pulls for a chest of drawers in 2 of 8 resident rooms (#4 and #7) on the locked unit. The findings are: Observation 06/30/15 at 9:45AM during a tour of the locked unit revealed: - Room #4 with a brown chest of drawers missing drawer pulls from the lower right drawer and	(D 076)	Chair in Room #7 was removed Drawer Pulls, Put On Dresser in Room #4	7/7/15 7/7/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 076)	Continued From page 11 upper left drawer. - Room #7 with a padded and fabric upholstered arm chair, the seat cushion and arms heavily stained with a gray/black substance and soiled with an approximate 1 inch rip in the seam on the right arm of the chair. Interview 06/30/15 at 3:37PM with a Personal Care Aide revealed: - If staff found things broken or not working they would notify Maintenance to repair them. - If deep-cleaning was needed then Housekeeping would be notified by leaving a note at the time clock (time last done was not provided). Observation 07/01/15 from 8:10AM through 8:35AM during a tour of the locked unit revealed: - Room #4 with a brown chest of drawers missing drawer pulls from the lower right drawer and upper left drawer. - Room #7 with a padded and fabric upholstered arm chair, the seat cushion and arms heavily stained and soiled with an approximate 1 inch rip in the seam on the right arm of the chair. Interview 07/01/15 at 10:10AM with the Resident Care Coordinator (RCC) revealed: - She stated if there were facility problems or things needing fixing staff would make entries into a maintenance log outside the door of the maintenance office. - She stated staff were good to report problems either verbally to Maintenance or to note them in the logbook. Interview 07/01/15 at 1:50PM and tour of the locked unit with the Facility Director revealed: - The stained armchair in room #7 required cleaning or replacement.	(D 076)	Monitor furnishings and repair/replace as needed	em Spoke 8-12-15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING: _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 076)	Continued From page 12 - The drawers in room #4 required replacement drawer pulls. - He was not aware of these furniture problems.	(D 076)		
(D 077)	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain a North Carolina Division of Environmental Health approved sanitation classification of 85 or above at all times. The findings are: Observation 06/30/15 at 9:00AM upon entrance to the facility revealed: - A sanitation grade report posted on the wall in the front entrance of the facility. - The report was dated 04/14/15 and documented a score of 83. Review of the county's Health Department report dated 04/14/15 revealed a sanitation score of 83 which included direction to clean floors	(D 077)	facility will be maintained in a clean and orderly manner - ~~Until~~ pw Pending Re-Inspection by local health/ Sanitation Department Will follow up with local Sanitation Department, for Re-Inspect 9-18-15	

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
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 077)	Continued From page 13 throughout facility, to clean restroom walls of mold, to change linens when soiled and to clean mounted fans and ceiling vents. Review of the facility's Plan of Correction, dated 05/27/15 and written/submitted by the Administrator, revealed: - "County sanitation issues were addressed and county health inspector returned and complimented facility on corrections. County inspector informed us that he would not reissue a health grade for at least three months, 4-25-2015." - "All mentioned items corrected 05/10/15." Interview 6/30/15 at 10:30AM with the Facility Director revealed: - The county Health Inspector had returned to the facility approximately 1 week after their initial visit and told him that things were much improved at the facility, but the Health Inspector would not be able to reissue a new score for 3 months. - The Director stated he was expecting the Health Inspector to come back out to the facility sometime in July to reinspect.	(D 077)	Will Contact local Health department	7/15/15
D 080	10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This Rule shall apply to new and existing facilities.	D 080	Purchased Linens to maintain adequate supply. Housekeeping to notify Administration	7/2/15 7/14/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 080	Continued From page 14 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain an adequate supply of pillowcases, resulting in 13 of 45 residents having either a soiled or absent pillowcase on their pillow. The findings are: Observation on 06/30/15 from 9:35AM through 10:35AM during a tour of the locked unit revealed: - Room #2 with three beds in current use with no pillowcases on the pillows (two of the three beds were observed occupied by residents with their heads resting on their uncovered pillows). - Room #3 with one bed in current use with no pillowcase on the pillow (this bed was observed occupied by a resident with her head resting on her uncovered pillow). - Room #4 with two beds in current use with no pillowcases on the pillows (the beds were observed occupied by residents with their heads resting on their uncovered pillows). - Room #5 with two beds in current resident use with no pillowcases on the pillows (the beds were observed occupied by residents with their heads resting on their uncovered pillows). - Room #6 with one bed in current use with a pillow covered in a dirty pillowcase. - Room #7 with one bed in current use with a pillow covered in a dirty pillowcase. - Room #8 with two beds in current use with no pillowcases on the pillows (the resident in the bed in the corner against the wall was observed in bed with two pillows without pillowcases, his head and body pressed against these uncovered pillows.) Observation on 06/30/15 at 10:00AM of Room #8	D 080	When Supplies are needed	On-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	53 LAKEVIEW DRIVE MARION, NC 28752

(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 080	Continued From page 15	D 080		

on the front hall (unlocked unit) revealed:
-The pillow case on the resident's bed was stained and dirty.

Confidential interviews with seven residents on the locked and unlocked units revealed the following comments about frequency of bed changes:
-Staff changed the bedding "several times a week whenever it is needed."
-"They change [my bed linen] whenever I ask. Don't know exactly how often they change it, because they make my bed when I'm not in here."
-"My bed was last changed two weeks ago."
-"I guess once a week."
-"Every week, maybe sooner than that. I'm not sure since I don't do it, I have a tendency not to remember it."
- "I usually don't get a pillowcase."
- "I don't remember the last time it [pillowcase] was changed."

Observation on 07/01/15 from 8:10AM through 8:35AM during a tour of the locked unit revealed:
- Room #2 with three beds in current use with no pillowcases on the pillows (one of the three beds was observed occupied by a resident and her head rested on her uncovered pillow).
- Room #3 with one bed in current use with no pillowcase on the pillow.
- Room #4 with two beds in current use with no pillowcases on the pillows (one bed was observed occupied by a resident and his head rested on his uncovered pillow).
- Room #5 with two beds in current use with no pillowcases on the pillows.
- Room #6 with one bed in current use with a pillow covered in a dirty pillowcase.
- Room #7 with one bed in current with a pillow

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 080	Continued From page 16 covered in a dirty pillowcase. - Room #8 with three beds in current use with no pillowcases on the pillows (a resident in the bed in the corner against the wall was observed to have two pillows without pillowcases, his head and body pressed against these uncovered pillows; another resident in the bed in the other corner was observed with his head on a pillow with no pillowcase). Combined interview 07/01/15 at 8:50AM with the Housekeeper and a Personal Care Aide (PCA) (in the laundry room on the locked unit) revealed: - Linen for both the locked and unlocked units was washed in the laundry room on the locked unit. - There were not enough pillowcases for the locked unit. - Staff washed them but sometimes they did not return them to the linen closet on the unit from where they came so the supply would be reduced. - One or two residents on the locked unit would sometimes pull pillowcases off but only one resident did this regularly. Observation 07/01/15 at 8:50AM of the locked unit's laundry room and linen closet revealed: - No piles of dirty pillowcases for washing and no actual washing of pillowcases. - No clean pillow cases in the linen closet. Observation 07/01/15 at 8:55AM of the linen room for the unlocked units revealed: - Shelves full of clean linens but not organized by type. - 2 clean pillowcases were located by the Housekeeper. Interview 07/01/15 at 10:10AM with the Resident	D 080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING: _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 080	Continued From page 17 Care Coordinator (RCC) revealed staff had not reported to her anything regarding pillowcases and she herself had not noticed any shortages in supply. Interview 07/01/15 at 1:50PM and tour of the locked unit with the Facility Director revealed: - Pillows required pillowcases and staff needed to report if there were not enough. - Unoccupied beds (including pillows) were expected to be in good condition and ready for admission of a new resident at all times.	D 080		
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	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 087	Continued From page 18 failed to replace a stained mattress for 1 of 19 beds on the locked unit. The findings are: Observation 06/30/15 at 9:40AM revealed: - Room #3 on the locked unit with an unmade bed, covered in a ripped and purple-stained yellow mattress cover. - The purple colored stain on the mattress covered the entire center of the cover. - Upon lifting the ripped plastic cover, a large brown stain was observed on the mattress covering most of the surface area in the middle of the mattress. - This mattress rested on an uncovered box spring observed with stains on its side away from the wall. - The other bed in this room had a resident lying in it and she appeared sleeping. Observation 07/01/15 at 8:20AM revealed: - Room #3 on the locked unit with an unmade bed, covered in a ripped and purple-stained yellow mattress cover. - The purple colored stain on the mattress covered the entire center of the cover. - Upon lifting the ripped plastic cover, a large brown stain was observed on the mattress covering most of the surface area in the middle of the mattress. - This mattress rested on an uncovered box spring observed with stains on its side away from the wall. - A clean disposable absorbent pad was lying on top of the mattress cover. - The resident occupying the other bed in Room #3 was observed entering the room but she would not verbally respond to a greeting or simple questions.	D 087	Director/maintenance will conduct walk through on all 10-15 residents bedrooms to inspect all Mattress, Box Springs all torn Soiled mattress/box springs will be Replaced director/maintenance will conduct weekly walk throughs to make sure mattress/box springs are clean and in good repair on going	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 087	Continued From page 19 Interview 07/01/15 at 12:30PM with the Maintenance staff member revealed at the time there was only one resident in Room #3 and she did not sleep in unmade bed with the ripped and stained mattress cover. Interview 07/01/15 at 1:50PM and tour of the locked unit with the Facility Director revealed: - The mattress and mattress cover on the unoccupied bed in room #3 required replacement. - Unoccupied beds were expected to be in good condition and ready for admission of a new resident at all times.	D 087		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure residents were provided non-disposable spoons for meals. The findings are: Observation in the main resident dining room on	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 287	Continued From page 20 06/30/15 at 11:50AM revealed a resident volunteer was setting the tables for the lunch meal service. Observation of the lunch meal service in the main resident dining room on 06/30/15 at 11:52AM revealed: -14 out of 22 resident place settings included a plastic spoon rather than a non-disposable spoon. Interview with the resident who set the tables for the lunch meal service on 06/30/15 at 11:55AM revealed he was putting out plastic spoons "because there's not enough [non-disposable] spoons to put out." Confidential interviews with ten residents revealed the following comments: -"Sometimes I get a plastic spoon and sometimes I get real silverware. The spoons may just be dirty." -"I usually get half silverware and half plastic." -"I just get plastic every once in awhile. It doesn't happen every meal..." -One resident stated she got "mostly silverware." The "plastic" spoons were not used "very often." "As long as it is clean, I don't care." -Staff "put out plastic spoons about twice a week I reckon. I don't mind it, but I'd rather have a silver spoon." -Staff did not normally "put out plastic stuff." Staff "usually put out silverware." "I don't care what they put out I'll eat with anything." -Another resident stated plastic spoons were put out "alot." -"I get plastic spoons. I don't know exactly how often." -"They put plastic spoons out "two to three times a week." The resident stated he did not mind	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 287	Continued From page 21 using a plastic spoon. -Another resident stated staff put out plastic spoons "about every meal." However, the resident stated she did not mind using a plastic spoon. Interview with the Cook on 06/30/15 at 12:22PM revealed: -Plastic spoons were generally used only in the mornings when cereal and applesauce were served. -"I just use plastic in the mornings." -"Most of the time we use just silver." -"We have enough [silverware]." -The resident volunteer had accidentally put out plastic spoons for lunch "because that's what we did this morning" for breakfast. -He had enough non-disposable spoons to use for lunch. -"It was just a miscommunication." Observation on 06/30/15 at 2:15PM of the supply of spoons on hand in the facility kitchen revealed: -There were 13 teaspoon sized spoons. -There were 9 soup spoons. -There were 6 tablespoon sized spoons. -There were not enough spoons to meet the needs for the 47 residents who currently resided in the facility. Interview on 06/30/15 at 2:20PM with the Resident Care Coordinator revealed: -The Facility Director was responsible for the ordering of all supplies. -She was unaware there was a limited supply of spoons available in the kitchen. Interview with the Facility Director on 06/30/15 at 2:35PM revealed: -He had found a box of non-disposable spoons	D 287	Director has ordered a adequate supply of spoons to meet the needs of the residents at meal times. (See Invoice) facility director or designee will take inventory of all utensils monthly to ensure adequate supply is on hand. On-going	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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 267	Continued From page 22 on the shelf in the kitchen. -"They just didn't know these spoons were in there." -The spoons were "new." -He had purchased the spoons to replace spoons that were broken. Interview with the Facility Director on 07/01/15 at 2:05PM revealed: -"When I spoke to [Cook's name] about the spoons he said he used plastic [spoons] in the mornings to make it easier and the resident who did the place settings at lunch had accidentally put out plastic spoons at lunch" on 06/30/15. -The Cook seemed to be aware there were more spoons available sitting on shelf in the kitchen.	D 267		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that residents were treated with respect, consideration, dignity, and full recognition of their individuality and right to privacy. The findings are: Based on observation and interview, the facility failed to maintain an adequate supply of pillowcases, resulting in 13 of 45 residents having either a soiled or absent pillowcase on their	D911	Pillow Cases and Pillows was purchased to replace Soiled items	7/2/15 & 7/14/15 7-29-15

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
	HAL059032	A. BUILDING: _____ B. WING _____	R-C 07/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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
D911	Continued From page 23 pillow. [Refer to Tag D080, 10A NCAC 13F .0306(a)(6)]	D911	will Continue to monitor the need to replace Soiled items - on going	