

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/01/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on September 1, 2015.	{D 000}		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observation, interview, and record review, the facility failed to assure hot water temperatures for 3 of 4 sampled fixtures were maintained between 100 degrees Fahrenheit (F) and 116 degrees F. The findings are: Review of the current facility census revealed there were 18 residents who resided in the facility. Observation of resident room #5 on 9/1/15 at 11:20am revealed the sink temperature was 132 degrees F. Observation of resident room #4 on 9/1/15 at 11:22am revealed the sink temperature was 134	D 113		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/01/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043		
(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 113	Continued From page 1 degrees F. Observation of the resident common shower room on the east side of building on 9/1/15 at 11:25am revealed: -The sink temperature was 132 degrees F. -Steam was observed to be coming from the water. Observation of resident room #11 on 9/1/15 at 11:31am revealed the sink temperature was 100 degrees F. Interview with the Facility Manager on 9/1/15 at 11:29am revealed: -The facility used gas hot water heaters. -"We will turn the hot water temperature down." -She believed the hot water heater that provided the hot water supply for the east hallway also provided the hot water for the kitchen and laundry room. Interview with the Owner on 9/1/15 at 11:30am revealed she would ensure signs were posted warning residents on that end of the building water temperatures were too hot and to take caution. Review of the Health Inspection Report dated 7/6/15 revealed: -"The hot water on the east end of the building, supplied by the gas water heater in the laundry room was too hot at the time of inspection." -Water temps checked ranged from 133 degrees F to 135 degrees F. -"The water must be maintained between 100 F and 116 F at all resident handsinks and bathing facilities." -"Must adjust gas water on east end of the building to meet this requirement."	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/01/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043		
(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 113	Continued From page 2 Observation of recheck of hot water temperatures on the east hallway on 9/1/15 revealed: -At 1:05pm, the common shower room on the east side of the building sink temperature was 112 degrees F. -At 1:06pm, resident room #5 sink temperature was 110 degrees F. Observation of thermometer calibration in an ice slurry in the presence of the Facility Manager on 9/1/15 at 1:15pm revealed the thermometer was correctly calibrated at 32 degrees F. Interview with the Facility Manager on 9/1/15 at 1:16pm revealed: -"I turned the temperature down on the hot water heater the day the Health Inspector was here." -"We rechecked the temperature later that day and it was 105 degrees." -"We have not checked any water temperatures since then." -The facility did not have a policy in place where staff were to routinely check water temperatures. -"The cart that was next to the hot water heater may have bumped up against it" causing the temperature adjustment to go up. -"Or one of the residents may have gone in there and turned it up." Interview with a Medication Aide on 9/1/15 at 1:25pm revealed: -She had not noticed the water being hot on the east hall rooms. -She had not ever been burned by the hot water in the facility. Confidential interviews with three residents who lived on the east hall revealed: -None of the residents had noticed the water	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/01/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043		
(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 113	Continued From page 3 being too hot in the common shower room or in their rooms. -None of the residents had ever been burned by the hot water in the facility. -"Water too hot? No, its not hot enough." _____ The facility provided a plan of protection on 9/1/15 which included: -Warning signs were posted warning residents of high hot water temperatures in resident access areas on the east hallway. -The gas hot water heater temperature was turned down. -Staff will go through every room and ensure water temperatures are 100 degrees F to 116 degrees F to ensure no resident is at risk for burns. -Staff will check hot water temperatures throughout the facility twice a day for three days to ensure resident safety. -Staff will then perform hot water temperature checks twice a week routinely and record in a log. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 1, 2015.	D 113		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	{D912}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/01/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN MANOR REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 390 HARDIN ROAD FOREST CITY, NC 28043		
(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
{D912}	Continued From page 4 This Rule is not met as evidenced by: Based on observations record review and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to hot water temperatures. The findings are: Based on observations, interviews and record review, the facility failed to assure hot water temperatures for 3 of 4 sampled fixtures in the assisted living were maintained between 100 degrees Fahrenheit (F) and 116 degrees F. [Refer to Tag 0113 10A NCAC 13F .0311(d) Other Requirements (Type A2 Violation).]	{D912}		