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
	HAL036013	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 an annual and follow-up survey on November 03 and 04, 2015.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of truth of the facts alleged or conclusion set forth in the statement of deficiencies or corrective action, report, the Plan of Correction prepared solely as a matter of compliance with State Laws. It is the policy of Country Time Inn to assure the rights of all residents guaranteed under 10A NCAC 13F. 0306(a)(1) are maintained and may be exercised without hindrance.	
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 observations and interviews the facility failed to maintain walls, doors, carpet and tiled floors, clean and in good repair through out the facility. The findings are: Observations made during initial tour of the facility on 11/03/15 beginning at 9:30am through 10:45am revealed: A. The lower half of the wooden doors for rooms 208, 211, 212, 213, 214, 216, the shower and linen closet at the end of assisted living hall were heavily scraped, scuffed and splintered. The lower half of the wall behind and beside the commode in the bathroom shared by rooms 206 and 208 was streaked with yellow/brownish stains. Interview with facility Maintenance on 11/03/15 at 2:20pm revealed: -He did not have any current work orders for	D 074	10A NCAC 13F. 0306(a)(1) Housekeeping and Furnishings A. Executive Director entered a work order in BMS on 11/04/2015 to repair all interior room doors.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shannon Hagans — TITLE: Executive Director — (X3) DATE: 12/03/2015

Reviewed + accepted (RW)
Rita Wilson, RN 12/07/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036018	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 fixing doors in the facility. -"Usually we would just replace doors, not repair [doors]." Interview with the Executive Director on 11/04/15 at 12:20pm revealed: -She was aware of the scuffed doors. -The scuffs were caused by residents' electric wheel chairs. -She had not yet placed a work order in to Maintenance to have the doors refinished. B. A thick dark brown/black substance on the tiled floors that connected with the base of the toilets in bathrooms 206, 208, 215, 216, 217, and 218. The blue wall to wall carpet at the entrance of facility and all the way down both hallways of the assisted living unit had numerous splotched/stained areas. C. Observation of the Special Care Unit (SCU) front sitting room on 11/03/15 at 9:35am revealed: -There was a musty smell upon entering the room. -The room was carpeted with blue wall to wall carpeting. -The carpet was heavily soiled in the high traffic areas. -There were multiple gray stains in various sizes throughout the room. Observation of resident room #101 on 11/03/15 at 9:50am revealed: -The room was occupied by two residents. -There was a 4x6 inch area of yellow brown discoloring of the tile flooring at the base of the commode in the shared bathroom connected to the room. -The bathroom smelled strongly of urine.	D 074	Executive Director entered a work order in BMS on 11/20/2015 to re-paint the restroom shared by rooms 206 and 208. B. Executive Director entered a work order in BMS on 11/20/2015 to re-caulk the base of toilets in restrooms 206, 208, 215, 216, 217, and 218. Executive Director entered a work order in BMS to repair or replace the carpet extractor. Currently renting machine from Sunbelt rentals monthly; cleaning facility carpet from one end to the other. C. All rooms with VCT Tile in the SCU have been stripped,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 -There was a yellow discoloration of the floor tiles extending out in a 4 foot diameter from the base of the commode. -There was a 4x4 foot area of sticky brown discoloration of the white floor tiles outside the shared bathroom extending into room #101. -There was a 7x7 foot area of sticky brown discoloration of the white floor tiles between the two resident beds in the room. -There was a 4x4 foot area on the floor tile at the entrance to the room which had multiple gray circular stains. Observation of resident room #100 on 11/03/15 at 9:52am revealed: -The room was occupied by two residents. -There was a 3x4 foot area of sticky grayish green residue on the white floor tiles leading into the shared bathroom. -There was a 5x4 foot area behind the entrance door in the closet floor which had a sticky grayish green residue on the white floor tiles. -There was a 5x6 foot area of sticky brown discoloration of the white floor tiles between the two resident beds in the room. Observation of resident room #103 on 11/03/15 at 9:55am revealed: -The room was occupied by two residents. -There was a 7x8 foot area of sticky brown discoloration of the white floor tiles between the two resident beds in the room. Observation of resident room #104 on 11/03/15 at 10:00am revealed: -The room was occupied by two residents. -There was a 6x6 foot area of sticky gray discoloration of the white floor tiles at the end of one resident's bed.	D 074	waxed and buffed on 11/17/2015 and 11/18/2015. Room 100 and 101 Restroom flooring material has been purchased. BMS only has to install. Room 105 and 106 Restroom flooring has been purchased and Executive Director entered a work order in BMS for installation on 11/20/2015. Room 107 and 108 Executive Director entered a work order in BMS on 11/20/2015 to replace the restroom flooring. The facility will ensure that the VCT flooring in all resident rooms are maintained routinely. The facility	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036618	A. BUILDING _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	802 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 Observation of the hallways in the SCU on 11/03/15 at 10:04am revealed: -There was wall to wall blue carpeting. -The carpet was heavily soiled in high traffic areas. -There were multiple gray stains in various sizes throughout the carpeted hallways. Observation of resident room #105 on 11/03/15 at 10:05am revealed: -The room was occupied by two residents. -There was a 4x3 foot area of sticky yellow discoloration of the white floor tiles at the end of the bed nearest the entrance to the room. -There was a 6x9 foot area of sticky gray discoloration of the white floor tiles between two chairs used by the residents who resided in the room. Observation of resident room #106 on 11/03/15 at 10:08am revealed: -The room was occupied by two residents. -There was a light gray discoloration of all the white floor tiles in the room. -The vinyl flooring in the shared bathroom connected to the room had a yellow discoloration and there was an area of missing vinyl in the doorway which was approximately 4x2 inches in size. Observation of resident room #107 on 11/03/15 at 10:11am revealed: -The room was occupied by two residents. -The vinyl flooring in the shared bathroom connected to the room was black discoloration in the indentions of the vinyl pattern. -Beneath the sink, there was a 2x3 foot area of vinyl which was brownish yellow discoloration. -Along the right wall of the bathroom the vinyl along the wall was discolored in a 6 foot x 5 inch	D 074	will properly clean and polish the VCT flooring to keep attractive The facility will perform routine cleaning in high traffic areas, entry ways, corridors, and common areas as needed. The facility will continue to do a deep cleaning each month as well to prevent any visible soil in the carpet. The facility will ensure that all walls, ceilings, doors, and restroom flooring are clean and in good repair by weekly scheduled monitoring by Executive Director. Staff was in-serviced on 11/23/2015 on properly notifying	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL038013	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 area which appeared to be water damage. Observation of resident room #109 on 11/03/15 at 10:16am revealed: -The room was occupied by two residents. -The entire white tiled floor was badly scuffed and discolored gray. Review of the Health Inspection report dated 09/01/15 revealed: -The facility score was 96. -2 demerits were deducted for "floors clean, carpet clean, dry, odor free." -"Need to replace floor in restrooms that is stained and in disrepair...." Confidential interviews with six staff on 11/03/15 and 11/04/15 revealed: -There were two full time and one part-time housekeeping staff. -One housekeeper was dedicated to cleaning the SCU. -One housekeeper was dedicated to cleaning the Assisted Living (AL) area of the facility. -The resident rooms in SCU and AL which had tile or vinyl flooring were swept and mopped everyday. -The carpets in the SCU and AL areas were vacuumed every day. -All the facility carpets were steam cleaned once a month. -A contractor was responsible for stripping, waxing, and buffing tiled living areas on both SCU and AL. -The contractor had just stripped, waxed, and buffed the SCU dining room within the last month. -The facility had contracted 7 floors a month in the facility would be stripped, waxed, and buffed. -6 of 6 staff agreed the tiled resident rooms in the SCU were very dirty and needed to be stripped,	D 074	Executive Director of any/all maintenance issues immediately. A BMS log book for written work orders is located at each nurse's station. This is reviewed each morning by Business Office Manager and/or Executive Director to enter as a work order for BMS as well.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL033018	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 waxed, and buffed. Confidential interviews with family members on 11/03/15 and 11/04/15 revealed: -Family members had noticed the carpet in the facility to be very dirty and stained. -The facility staff "kept it clean most of the time." -"They clean [the carpets] but the stains...they can't get up." -One family member described the smell from the carpets as "horrendous" and "smells like urine." -"The carpets are dirty, soiled, and have a smell." -The facility is "not as clean as I would have expected it to be." -"Its not a fresh smell when you walk in" to the facility. Interview with facility Maintenance on 11/03/15 at 2:20pm revealed: -He was not responsible for cleaning the facility floors. -"I only fix and repair the floors." -The shared bathroom floor for rooms #100 and #101 were on his list to be replaced. -The shared bathroom floor for room #107 was on his list to be replaced. -"There's material to replace the floors in the maintenance area right now. We've been working on them as they tell us what is priority." Interview with the Executive Director on 11/04/15 at 12:20pm revealed: -Some of the floors in the facility were in need of deep cleaning and repair. -Maintenance and a contractor hired to strip, wax, and buff the tiled floors were working to repair and deep clean on the floors a few at a time. Random resident interviews revealed no concerns regarding the floors or the environment.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036013	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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	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 observations and interviews the facility failed to maintain 3 resident chairs clean and in good repair. The findings are: Observation during initial tour of the facility on 11/03/15 beginning at 9:45am through 10:45am revealed: Room #218 had 2 resident recliner chairs: -One had a thin, worn, blue/green cloth fabric with dark, smooth, shinny stains on the arm rest, dark splotches/stains all over the back rest and seat. -One had a beige fabric with a dark splotched stain on the seat approximately 2 x 3 inches. Room #212 had 1 resident recliner chair with: -A brown/rust vinyl/leather material. -Dark colored stains on the arm rests. -The foot rest was covered with dark plastic tape. Confidential interviews with residents revealed: -The chairs were their personal chairs brought from home or from a private donor. -The residents had the chairs for "a long, long time." -The residents could not afford a new chair. -The residents did not know they could request	D 076	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of truth of the facts alleged or conclusion set forth in the statement of deficiencies or corrective action, report, the Plan of Correction prepared solely as a matter of compliance with State Laws. It is the policy of Country Time Inn to assure the rights of all residents guaranteed under 10A NCAC 13F. 0306(a)(3) are maintained and may be exercised without hindrance. Room 218: The blue/green cloth fabric chair has been discarded and replaced. The beige chair has been discarded and replaced.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NAL036013	A. BUILDING: _____ B. WING _____	11/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TIME INN	602 BREVARD ROAD KINGS MOUNTAIN, NC 28086

(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 7 for the chairs to be cleaned. -The residents would like to have a new or clean chair because "it is rough and sticks to my fingers." Interview with the Executive Director on 11/04/15 at 12:20pm revealed: -She monitored every resident's room "at some point" each week. -She was not aware of the condition of the chairs. -No staff or residents had brought the need of cleaning the chairs to her attention. -The recliners were not part of routine cleaning in resident rooms unless there was a spill or a resident accidentally soiled the chair.	D 076	Room 212: The recliner chair has been discarded and replaced for the resident with another chair. The facility will ensure that all furniture is clean and in good repair with a quarterly furniture inspection done by the Executive Director. Furniture that needs replaced will be removed. Staff was in-serviced on 11/23/2015 to notify Executive Director of any furniture in need of repair. A log will be kept by the Executive Director of furniture that needs to be cleaned or replaced. If cleaning the furniture cannot be cleaned it will be removed.	