STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001140	A. BUILDING: _____ B. WING _____	12/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKVIEW FAMILY CARE HOME	3524 DICKEY MILL ROAD MEBANE, NC 27302

(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 conducted an annual survey on 12/11/15 amd 12/14/15.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the air vents, railings, cabinet, refrigerator, dishwasher and furniture were kept clean and in good repair for the front porch, rear patio, kitchen, 2 of 3 bedrooms, and 2 of 2 bathrooms. The findings are: Observation of the rear patio on 12/11/15 at 9:30 a.m. revealed: -The railing had missing paint. -The outside of the rear patio door had 12 inches of dry rot (decay) wood at the bottom of the door. Observation of the sitting room on 12/11/15 at 9:45 a.m. revealed the carpet had a yellow-brownish stain. Observation of the kitchen on 12/11/15 from 10:30 am.-11:00 a.m. revealed: -The front of the bottom drawer left of the range was attached by one nail on the left side. -The right side of the front of the bottom drawer	C 074		

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C 074	Continued From page 1 was not attached. -The range hood had an installed grease filter, but the filter had a buildup of grease. -The skylight over the stove in the kitchen had missing paint. -The folding pantry door next to the water heater room did not closed completely because it was off track. -The knob on the dishwasher was missing. -The air vent near the water heater had a buildup of dusk. -A white towel was observed on the floor in front of the refrigerator. Observation of the back day room on 12/11/15 at 11:15 a.m. revealed the carpet had a yellow-brownish stain. Observation of bathroom #1 on 12/11/15 at 12:30 p.m. revealed the air vent under the towel rack was rusty. Observation of bathroom #2 on 12/11/15 at 12:45 p.m. revealed the air vent near the commode was rusty. Observation of bedroom #2 on 12/11/15 at 12:50 p.m. revealed the air vent under the window was rusty. Observation of bedroom #3 on 12/11/15 at 12:55 p.m. revealed the air vent under the light switch beside the window was rusty. Observation of the front porch on 12/11/15 at 1:00 p.m. revealed: -The handrail on the right going down the steps to the front yard was wobbly. -One of the four front railings was wobbly, and the railing was on the opposite side of the steps.	C 074		

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C 074	Continued From page 2 Confidential interview with a resident revealed the air vents had been rusty for at least 5 months. Interview with the Supervisor-in-Charge (SIC) on 12/11/15 at 11:30 a.m. revealed: -She was aware the railing on the rear patio had missing paint. -She was aware the outside of the rear door had dry rot wood at the bottom of the door. -She was aware that the carpet in the sitting room and back day room were stained. -She was aware the front of the bottom drawer on the left of the range was attached by one nail. -She was aware the grease filter installed under the hood range had a buildup of grease. -She was aware the skylight over the stove in the kitchen had missing paint. -She was aware the folding door next to the water heater room did not closed completely. -She was aware the knob on the dishwasher was missing. -She was aware the air vent in the kitchen had a buildup of dusk. -She was aware the handrail going down the front porch was shaky. -She was aware that one of the railing on the front of the porch was shaky. -She was aware the air vents in bathroom #1 and #2 and bedroom #2 an #3 had rusty air vents. -The plumber came to fix the leak under the refrigerator on the 2nd or 3rd week of July 2015. -She had reported to the Licensee in August 2015 the refrigerator continued to leak. -She placed a towel under the refrigerator to keep the water from running out in the floor. It had been 5 months or more since the Licensee had been made aware of the needed repairs at the facility.	C 074		

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C 074	Continued From page 3 Interview with the Licensee on 12/14/15 at 5:00 p.m. revealed: -She was aware the railing on the rear patio had missing paint. -She was aware the rear door had dry rot wood at the bottom of the outside door. -She was aware the skylight area near the stove had missing paint. -She was not aware the bottom cabinet in the kitchen had not been fixed. -She was not aware the range hood grease filter had a buildup of grease. -She was not aware the pantry door in the kitchen did not closed properly. -She was aware the carpet in the sitting room and back day room had stained carpet. -She was not aware the air vents in the kitchen, the bathroom and the bedroom were rusty. -She was responsible for getting someone to fix needed repairs at the facility. -She was in the process of getting someone to fix the needed repairs at the facility. -No monitoring plan in place to keep track of the needed repairs at the facility.	C 074		
C 098	10A NCAC 13G .0316 (c) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: Based on observation and interview, the facility	C 098		

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C 098	Continued From page 4 failed to maintain fire safety requirements required by city ordinances or county building inspectors. The findings are: Interview with the Supervisor-in-Charge (SIC) on 12/11/15 at 12:05 p.m. revealed: -She could not find a fire inspection. -The Licensee was responsible for keeping up with the fire inspection. Telephone interview with the fire safety Office Manager on 12/11/15 at 12:33 p.m. revealed: -The last fire inspection at the facility was on 6/24/14. -The fire inspection should be done annually. -The facility had not requested a fire inspection. -The facility had not paid for a fire inspection to be done. Observation of a fire inspection faxed to the facility on 12/11/15 revealed the last fire inspection at the facility was dated 6/24/14. Telephone interview with the Licensee on 12/14/15 at 5:00 p.m. revealed: -She was aware the fire safety permit had expired. -She thought the county was responsible for keeping track of the facility's annual fire inspection. -She thought the county sent the fire inspector to the facility, prior to the expiration date of the fire safety permit. -She did not know she had to pay for a fire inspection. -There was no monitoring plan in place to track the annual fire inspection.	C 098		

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C 294	Continued From page 5	C 294		
C 294	10A NCAC 13G .0905(f) Activities Program 10A NCAC 13G .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on interview and review of the activity calendar for December 2015, the facility failed to assure that each resident had the opportunity to participate in at least one outing every other month. The findings are: Observation on 12/11/15 at 11:00 a.m. revealed no activity calendar for December 2015 was posted. Confidential interviews with 5 of 5 residents revealed: -One resident stated the last time the resident went on an outside outing except for physician visits was a year ago. -5 of 5 residents stated the only time they left the facility was to go to a physician's appointment. -5 of 5 residents stated they would like to go on outside outings. -5 of 5 residents stated there was no van transportation at the facility to take residents on outings. Interview with the Supervisor-in-Charge (SIC) on 12/14 /15 at 3:30 p.m. revealed: -The residents had not been on an outside outings except for physicians' appointments since	C 294		

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C 294	Continued From page 6 April 2015. -The facility did not have a van to take residents to outside outings. -The activity calendar for December 2015 had been completed, but it had not been posted. Review of the activity calendar for December 2015 on 12/11/15 at 3:00 p.m. revealed no outside outings were documented on the calendar. Interview with the Licensee on 12/14/15 at 5:00 p.m. revealed: -The residents outside outings were incorporated with the residents' physicians' appointments. -The facility did not have a van to take residents to outside outings. -The administrator was responsible for making sure residents had transportation to go on outside outings. -There was no monitoring system in place to assure residents went on outside outings. -She was in the process of getting transportation for residents to go on outside outings as a group.	C 294		
C 357	10A NCAC 13G .1006 (f) Medication Storage 10A NCAC 13G .1006 Medication Storage (f) Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C). This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have a working thermometer in the	C 357		

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C 357	Continued From page 7 refrigerator for a Lantus Insulin pen which should be stored between 36 degrees Fahrenheit (F) to 46 degree F. The findings are: Observation on 12/11/15 at 11:45 a.m. of the facility's refrigerator revealed: Three thermometer were found inside the refrigerator. -3 of 3 thermometer did not work. - The kitchen contained an upright side by side refrigerator/freezer combination. -The food in the refrigerator was cold -The food in the freezer was frozen. Interview with the Supervisor-in-Charge (SIC) on 12/11/15 at 11:45 a.m. revealed: -She was not aware the thermometer in the refrigerator did not work. -She had not checked the thermometers to see, if they were working. Telephone interview with the Licensee on 12/14/15 at 5:00 p.m. revealed: -She was not aware the thermometers in the refrigerator were not working. -The Supervisor-in-Charge (SIC) was responsible for making sure there was a working thermometer in the refrigerator. -She would get a thermometer to put in the refrigerator. -She did not give a time frame to get a thermometer.	C 357		
C 358	10A NCAC 13G .1006 (g) Medication Storage 10A NCAC 13G .1006 Medication Storage	C 358		

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C 358	Continued From page 8 (g) Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure a Lantus Insulin (pen) stored in the facility was maintained in a safe manner under locked security except under the immediate or direct physical supervision of staff in charge of medication administration for 1 of 1 sampled resident (#1) residing in the facility. Review of Resident #1's current FL-2 dated 7/15/15 revealed: - A medication order for Lantus insulin (a long acting insulin to lower the blood sugar) 20 units at night. Observation of medication on hand in the refrigerator for Resident #1 on 12/11/15 at 11:45 a.m. revealed: - A Lantus insulin pen was stored in a closed container. -The container was not locked. Observation of the refrigerator on 12/11/15 at 11:45 a.m. revealed: - The kitchen contained an upright side by side refrigerator/freezer combination. - The refrigerator side of the combination was on the right hand side.	C 358		

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C 358	Continued From page 9 - The kitchen was accessible by all residents. Interview with the Supervisor-in-Charge (SIC) on 12/11/15 at 11:45 a.m. revealed: -She was aware the insulin pen in the refrigerator was not stored in a lock box. -The Licensee was notified about 2 months ago that medications stored in the refrigerator needed to be kept in a lock box. Interview with the Licensee on 12/14/15 at 5:00 p.m. revealed: -She was not aware that the insulin was not stored in a lock box in the refrigerator. -There had been a lock box in the refrigerator, but apparently it rusted. -The Supervisor-in-Charge (SIC) was responsible for making sure that all medications stored in the refrigerator were kept in a lock box. -She would get a lock box to store the insulin inside the refrigerator. -She did not give a time frame to get the lock box. -There was no monitoring plan in place to make sure medications stored in the refrigerator were kept in a lock box.	C 358		