

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VINTAGE INN RETIREMENT COMMUNITY

**826 EAST BOULEVARD HWY 17 N BYPASS
WILLIAMSTON, NC 27892**

(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 survey on November 17-19, 2015.	D 000		
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 interview, the facility failed to assure the ceiling, air vents and walls were kept clean and in good repair in the residents' bedrooms, shared and common bathrooms, hallways and sitting areas on the Special Care Unit (SCU) and the Assisted Living Unit (ALU). The findings are: Observation of the South Hall on the SCU revealed the following: -9 of 13 residents' room on 11/17/15 from 12:00 p.m. to 12:45 p.m. revealed: -Room #39's two air vents were coated with gray dust. -Room #42's two air vents were coated with gray dust. -Room #43's two air vents were coated with gray dust. -Room #45's two air vents were coated with gray dust. -Room #46's two air vents were coated with gray dust. -Room #47's two air vents were coated with gray	D 074	<i>Please see attached plan of correction</i>	

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

TITLE

(X6) DATE

STATE FORM

6899

RZ4J11

If continuation sheet 1 of 20

Betty B. Dymally

ADMINISTRATOR

12/28/15

"Reviewed and accepted with Revisions"
1/15/16
DDC

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D 074	Continued From page 1 dust. -Room #48's two air vents were coated with gray dust. -Room #49's two air vents were coated with gray dust. -Room #50's two air vents were coated with gray dust. Observation of the sitting room on the South Hall of the SCU on 11/17/15 at 12:15 p.m. revealed a 10 x 12 inch light brown area near the air vent. Observation of the South Hall of the SCU community bathroom on 11/17/15 at 12:30 p.m. between room #41 and #43 air vents was coated with gray dust. Observation of the wall on both sides of the outside of the dining room door in the SCU facing the dayroom on 11/17/15 at 12:50 p.m. revealed chipped paint. Observation of the dayroom on the SCU on 11/17/15 at 2:00 p.m. revealed chipped paint throughout the sitting room area. Interview with the SCU Housekeeper on 11/19/15 at 9:00 a.m. revealed: -She was responsible for keeping the air vents clean in the SCU. -She dusted the air vents weekly and as needed. -The last time that the air vents were dusted was on 11/13/15. Observation on 11/19/15 at 9:50 a.m. revealed: -The SCU Housekeeper used a handheld duster to clean the air vents in the residents' room. Interview with the 1st personal care aide/SCU on 11/18/15 at 2:45 p.m. revealed:	D 074	<i>Please see attached Plan of Correction</i>	

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D 074	Continued From page 2 - Maintenance was responsible for keeping the air vents clean. -She did not know the last time the air vents had been cleaned on the SCU. Interview with the 1st medication aide/SCU on 11/18/15 at 3:40 p.m. revealed: -It had been a while since the air vents in the residents' room had been cleaned. -Maintenance was responsible for cleaning the air vents in the resident's room. Interview with the 2nd personal care aide/SCU on 11/19/15 at 1:45 p.m. revealed: -Housekeeping was responsible for keeping the air vent on the SCU clean. Interview with the Resident Care Coordinator (RCC) on 11/19/15 at 9:45 a.m. revealed: -She was not aware the air vents in the SCU were coated with dust. -The housekeeper on the SCU was responsible for dusting the air vents. -The housekeeper used a handheld duster to remove the dust from the air vents. -She did not know the last time the air vents had been dusted. -She thought Maintenance was responsible for supervising the housekeeping staff. Interview with the Maintenance Technician on 11/19/15 at 11:15 a.m. revealed: -He was not aware the air vents in the SCU were coated with dust. -The housekeeper was responsible for dusting the air vents in the SCU weekly. -The housekeeper was responsible for notifying him, if the air vents could not be cleaned by dusting. -He was responsible for cleaning the air vents, if	D 074	<i>Please see attached plan of correction</i>	

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D 074	Continued From page 3 the housekeeper could not clean the air vents by dusting. Interview with the Administrator on 11/19/15 at 12:00 p.m. revealed: -She was not aware the air vents in the SCU were coated with dust. -The facility did not have a monitoring plan in place to assure air vents were kept clean and in good repair. Observation of the sitting room on the South Hall of the SCU on 11/17/15 at 12:15 p.m. revealed a 10 x 12 inch light brown area near the air vent. Observation of the South Hall of the SCU community bathroom on 11/17/15 at 12:30 p.m. between room #41 and #43 revealed the air vents were coated with gray dust. Observation of the wall on both sides of the outside of the dining room door in the SCU facing the dayroom on 11/17/15 at 12:50 p.m. revealed chipped paint. Observation of the dayroom on the SCU on 11/17/15 at 2:00 p.m. revealed chipped paint throughout the inside of the dayroom area. Interview with the Resident Care Coordinator (RCC) on 11/19/15 at 9:45 a.m. revealed: -Maintenance was responsible for repairing leaks and painting. -She was not aware of a brown area near the air vent in the sitting room on the SCU. -She was not aware of the chipped paint inside the dayroom area. -She was not aware of the chipped paint on both sides of the dining room door across from the dayroom.	D 074	<i>Please see attached Plan of Correction.</i>	

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D 074	Continued From page 4 Interview with the Maintenance Technician on 11/19/15 at 11:15 a.m. revealed: -He was responsible for repairing leaks and painting. -He was not aware of a brown area near the air vent in the sitting room on the SCU. -He did not know, if there was a leak in the ceiling. -He was aware the walls on both sides of the dining room door across from the dayroom had chipped paint. -He was aware the walls inside of the dayroom across from the dining room had chipped paint. -He would be repainting the walls. -He made rounds bi-weekly in the facility to see if repairs were needed. -Otherwise the staff was responsible for notifying him if repairs were need. -The facility had a maintenance log book for staff to write in needed repairs. Interview with the Administrator on 11/19/15 at 12:00 p.m. revealed: -She did not know the walls on both sides of the dining room door next to the dayroom had chipped paint. -She did not know the walls in the dayroom had chipped paint. -She was not aware of the brown area near the air vent in the sitting room on the SCU. The facility did not have a monitoring plan in place to assure ceiling, walls and floors were kept clean and in good repair. Observation on the north hall in the Special Care Unit (SCU) on 11/17/15 revealed the following from 11:55 a.m. to 12:45 p.m. -Both sides of the walls at entrance to the north hall had chipped paint.	D 074	<i>Please see attached Plan of Correction.</i>	

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D 074	Continued From page 5 -In room #51, one of four walls (by the window) had chipped paint. Three black streaks were on the bottom of the closet door. The wooden entrance door had three chipped pieces of wood missing in under the door knob and at the bottom corner of the door. -Inside of the shared bathroom between room #51 and room #53, one of four walls (across from the toilet) had two black streaks on the lower part of the wall. The bottom of both doors had two black streaks. The paint on one of four walls (under hand rails) was chipped. -In room #52, the wooden entrance door had chipped wood. Two of four walls had streaks of chipped paint. The tiled floor at the entrance had brown and green stains. There was one piece of chipped wood above the door knob to the shared bathroom between rooms #52 and #54. -In room #55, the entrance door had chipped wood. One of four walls (in front of head board) had streaks of paint missing. One of two closet doors had a hole in the lower part of the door. -In room #56, one of four walls (by entrance door) had missing paint. -In the private bathroom in room #61, three different areas of paint was missing on one of four walls. Two black strips were on the bottom of the door. -One of four walls in the spa had chipped pieces of paint. Observation of the ceiling vents on the north hall in the SCU on 11/18/15 from 12:15 p.m. to 12:17 p.m. revealed 6 of 12 rooms had dusty vents, which revealed: -One of two vents in rooms #54, #58, #57, #60 and #59 was coated with gray dust. -Two of two vents in room #53 was coated with gray dust.	D 074	Please see attached plan of correction.	

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D 074	Continued From page 6 Interview with a Personal Care Aide (PCA) on 11/19/15 at 9:53 a.m. revealed: -She did not have any problems with the cleanliness of the facility and no residents or family had complained to her about the cleanliness of the facility. -She had not seen anyone clean the vents since she had been working at the facility. Interview with the Administrator on 11/19/15 at 2:04 p.m. revealed: -If something needed to be repaired, she documented the need on a form and reported the needed repair to Maintenance. -Housekeeping was responsible for cleaning vents. -She did not check behind Housekeeping to make sure the vents were cleaned. -Maintenance was responsible for painting when a resident moved out of the facility and as needed. There was no guidelines for spot painting. -In the past, the facility had problems with leaks on the ceiling. Some of the spots are in the ceiling, because there is a drip pan in the attic which may over flow. -Maintenance checked the attic every week. -She checked the logs weekly to make sure Maintenance had fixed the repairs. Observations of the Assisted Living Unit on 11/18/15 and 11/19/15 revealed : Observation on 11/18/15 at 1:30 pm revealed 1 of 2 vents in the Spa Room had built up dust. Observation on 11/18/15 at 1:35 pm revealed 1 of 2 air vents in room #27 had built up dust. Observation on 11/18/15 at 2:31 pm revealed 2 of	D 074	<i>Please see attached Plan of Correction</i>	

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D 074	Continued From page 7 2 air vents in the Middle Living Room had built up dust. Observation on 11/18/15 at 2:36 pm revealed 1 of 2 air vents in Room #17 had built up dust. Observation on 11/18/15 at 2:37 pm revealed 1 of 2 air vents in Room #19 had built up dust. Observation on 11/18/15 at 2:45 pm revealed 2 of 2 air vents in Room #28 had built up dust. Observation on 11/19/15 at 10:09 am revealed 2 of 4 walls in Room# 31 had chipped paint and broken baseboard. Observation on 11/19/15 at 10:30 am revealed Room # 32's ceiling had chipped paint. Interview with ALU Housekeeper on 11/19/15 at 9:30 a.m. revealed: -Housekeeping did light dusting but was not allowed to do any climbing. -Maintenance was responsible for heavy dusting of the vents and repair of walls. Interview with the 1st personal care aide on 11/18/15 at 2:45 p.m. revealed: - Maintenance was responsible for keeping the air vents clean. -She did not know the last time the air vents had been cleaned. Interview with the 1st medication aide on 11/18/15 at 3:40 p.m. revealed: -It had been a while since the air vents in the residents' room had been cleaned. -Maintenance was responsible for cleaning the air vents in the resident's room.	D 074	<i>Please see attached plan of correction.</i>	

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D 074	Continued From page 8 Interview with the 2nd personal care aide on 11/19/15 at 1:45 p.m. revealed: -Housekeeping was responsible for keeping the air vents clean. Interview with the Maintenance Technician on 11/19/15 at 11:15 a.m. revealed: -He was not aware the air vents on the ALU were coated with dust. -The housekeeper was responsible for dusting the air vents weekly. -The housekeeper was responsible for notifying him, if the air vents could not be cleaned by dusting. -He was responsible for cleaning the air vents, if the housekeeper could not clean the air vents by dusting. -He was responsible for painting. -He made rounds bi-weekly in the facility to see if repairs were needed. -Otherwise the staff was responsible for notifying him if repairs were need. -The facility had a maintenance log book for staff to write in needed repairs. Interview with the Administrator on 11/19/15 at 12:00 p.m. revealed: -She was not aware the air vents on the ALU were coated with dust. -The facility did not have a monitoring plan in place to assure air vents were kept clean and in good repair. The facility did not have a monitoring plan in place to assure walls and baseboards were kept clean and in good repair.	D 074	<i>Please see attached Plan of Correction.</i>	
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service	D 282		

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D 282	Continued From page 9 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the walk-in cooler, food storage area, ice machine, reach-in cooler, kitchen walls, and the dining room floors, ceilings, and walls were clean and protected from contamination. The findings are: Observation of the kitchen on 11/17/15 at 11:25 AM revealed: -There was black grime on the racks where dishes were stored in the kitchen. -Built up yellow spots under 2 of 3 sinks in the kitchen. Observation of the ice machine on 11/17/15 at 11:27 AM revealed: -There was some orange rust around the vent system of the ice machine. -There were some white and brown stains on the front lid of the ice machine. Observation of the reach in cooler on 11/17/15 at 11:30 AM revealed: -Brown and yellow stains on all of the racks in the reach in cooler. -Brown and yellow stains on 3 of 3 walls in the reach in cooler. Observation of the dry food storage area on 11/17/15 at 11:35 AM revealed: -There were some dried up black and white	D 282	<i>Please see attached plan of correction.</i>	

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D 282	Continued From page 10 particles on top of the cookie bin lid. -There were some dried up black and brown stains on the floor. -Dried up white and brown food particles on the floor. Observation of the walk in cooler on 11/17/15 at 11:40 AM revealed: -The ceiling and 4 of 4 walls in the cooler had built up black dust particles. -The vent system in the walk in cooler had black dust particles built around the whole ventilation system. -The floor was black and had rust all over. Observation of the vent system near the exit door of the kitchen on 11/17/15 at 11:45 AM revealed there was brown dust and dirt built up. Observation of the dining room in the Assisted Living on 11/17/15 at 11:17 AM revealed: -There were 7 of 7 walls that had chipped and scuffed up paint. -There were 2 of 2 doors that had peeled paint around the door frames. -There were 4 of 5 vents on the ceiling that were covered in black dirt and had black dirt all around the outside of the -The doorway entry to the kitchen had orange and brown stains around the door frame. -There were no residents in the dining room at this time. Observation of the Special Care Unit dining room on 11/17/15 at 2:30 PM revealed: -There were 6 of 6 walls with peeled and chipped paint on them. -There were 2 of 2 entry doors with peeled paint around the door frame. -There was 1 of 1 vent in the ceiling that had	D 282	<i>Please see attached Plan of Correction.</i>	

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D 282	Continued From page 11 brown dust and dirt built up in and around the vent. -There was black dirt and grim built up around the edges of the floor closest to the walls. -There was brown spilled liquid on the floor of the dining room. -There was no resident's or staff in the dining room. -There were no residents in the dining room at this time. Interview with the Dietary Manager on 11/18/15 at 10:33 AM revealed: -The dietary staff cleans the dining rooms after each meal. -In the Special Care Unit the personal care aides clean the tables after each meal. -The dietary staff sweeps and mops the floors after each meal. - She thinks it had been a while since the walls and ceilings had been cleaned. -The dietary staff is responsible for cleaning up the kitchen area after each meal. -The walk in cooler and reach in cooler is cleaned 2-3 times per week. -The dry food storage area is cleaned 1-2 times per week usually when the truck comes in. -The dietary staff wipes down the ice maker in the kitchen after each meal. Interview with a Personal Care Aide from the Special Care Unit on 11/18/15 at 10:44 AM revealed: -The personal care aides wipe all the chairs and tables down after every meal. -The dietary staff will sweep and mop the floors after every meal. -If there is a spill she will get the mop out of the kitchen and clean the mess up. -The dietary staff are responsible for cleaning the	D 282	<i>Please see attached Plan of Correction.</i>	

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D 282	Continued From page 12 walls and ceiling. -The dietary staff only clean the walls and the ceiling when there is a spill or something needs to be cleaned. -The personal care aide was unsure of when the last time the walls or ceilings were cleaned. Interview with a second Personal Care Aide from the Special Care Unit on 11/18/15 at 10:53 AM revealed: -The personal care aides clean the tables and chairs after each meal. -The dietary staff sweeps and mops the floors after each meal. -The third shift aides do some of the dietary task on their shift. -She was not sure who is responsible for cleaning the walls and ceilings. -The personal care aides clean up spills on the walls and floors if they see them. Interview with a Personal Care Aide in the Assisted Living on 11/18/15 at 11:00 AM revealed: -The personal care aides in the assisted living only clean the tables in the dining room after lunch. -The dietary staff cleans the tables after all the other meals. -The dietary staff swept and mopped the floors after each meal. -The personal care aide was unsure of who cleans the walls and ceilings in the dining room. Interview with the Administrator on 11/18/15 at 2:45 PM revealed: -The Dietary staff swept and mopped the floors in both dining rooms after each meal. -The Personal Care Aides clean the tables in both dining rooms after each meal.	D 282	<i>Plan for</i> <i>attended</i> <i>plan created</i>	

Division of Health Service Regulation

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D 282	Continued From page 13 -The Maintenance staff was responsible for cleaning the walls and the ceilings. -The facility was planning on fixing the walls where all the chipped and peeled paint was at. -The design of the chairs the residents sit has caused the rubbing marks on the walls. -The Dietary staff is responsible for cleaning the kitchen after every meal. -The Dietary manager keeps a log of who is to clean each area of the kitchen. -The Dietary manager was responsible for keeping a check on that log at least once a week. -The Administrator said she does not check behind the Dietary manager to see if task are being done. Interview with a Cook on 11/18/15 at 3:18 PM revealed: -The dietary staff swept and mopped the floors after each meal. -The personal care aides on the assisted living side clean the tables after the breakfast meal. -The dietary staff cleans the tables on the assisted living side after all the other meals. -The personal care aides in the Special Care Unit clean the tables after every meal. -The cook's clean the serving tables and the stoves. -The other dietary staff are responsible for cleaning up the rest of the kitchen. -The dietary staff cleans the walls and ceilings in the dining rooms. -The dietary staff cleans the walls and the ceilings once or twice per month. -The Maintenance staff is responsible for cleaning the coolers and the ice maker.	D 282	<i>Please see attached Plan of Correction.</i>	
D 338	10A NCAC 13F .0909 Resident Rights	D 338		

Division of Health Service Regulation

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D 338	Continued From page 14 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure paper towels or cloth towels were on hand for residents use at all times. The findings are: Observation on 11/18/15 at 2:00 p.m. and 11/19/15 at 1:30 p.m. revealed the shared and private bathrooms on the South Hall of the SCU did not have paper towels or cloth towels in the bathrooms. Observation of 1 of 2 residents' community bathrooms on 11/19/15 at 11:45 a.m. did not have paper towels in the holder. Observation of the supply closet on the SCU on 11/19/15 at 2:45 p.m. revealed 120 bath towels and 90 wash cloths. Interview with the SCU Housekeeper on 11/19/15 at 9:00 a.m. revealed: -She was responsible for putting paper towels in the residents' community bathrooms. -The residents' shared and private bathroom were not supplied with paper towels. Confidential interview with a resident revealed: -The facility did not put paper towel in the resident's bathroom. - His family brought him paper towels. -He was given a bath and facial towel, if he	D 338	Please see attached Plan of Correction.	

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D 338	Continued From page 15 needed them. Confidential interview with another resident revealed: -Cloth towels were not always available for use in the bathroom. - He used toilet tissue to wipe his hands. Confidential interview with a family member revealed: - She did not know if the facility provided paper towels for residents. -She did not know how often the staff put cloth towels in the residents' bathroom. Interview with the 1st personal care aide/SCU on 11/18/15 at 2:45 p.m. revealed: -The housekeepers did not put paper towels in the residents' private or shared bathrooms. -The residents used cloth towels in the bathroom to wipe their hands. -There was no system in place to assure cloth towels were available in the residents' bathroom at all times for use. Interview with the 1st medication aide/SCU on 11/18/15 at 3:40 p.m. revealed: -Paper towels were not put in the residents' private or shared bath. -Residents used towels in the bathroom to wipe their hands. -There was no system in place to assure cloth towels were available in the residents' bathroom at all times for use. Interview with the 2nd personal care aide/SCU on 11/19/15 at 1:45 p.m. revealed: -Paper towels were not in the residents' shared or private bathrooms. -Paper towels were put in paper towel holder in	D 338	<i>Please see attached plan of correction</i>	

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D 338	Continued From page 16 the community bathroom. -Staff carried a caddy which contained paper towels, hand sanitizer and towels to residents' room. -There was no system in place to assure cloth towels were available in the residents' bathroom at all times for use. Interview with the Administrator on 11/19/15 at 12:00 p.m. revealed paper towels were only provided for residents' community bathrooms. -Paper towels were not provided for residents' shared or private bathrooms. -There was no system in place to assure cloth towels were available in the residents' bathroom at all times for use. [Refer to G.S. 131D-21 (2) Resident Rights]	D 338	<i>Please see attached Plan of Correction.</i>	

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D 338	Continued From page 17 Observation of the North Hall in the Special Care Unit (SCU) on 11/17/15 during the tour from 12:00 p.m. to 12:31 p.m. revealed: -At 12:00 p.m., the shared bathroom between room #51 and #53 or the rooms did not have any paper towels or towels. -At 12:32 p.m., the shared bathroom between room #52 and #54 or the rooms did not have any paper towels or towels. -At 12:39 p.m., the private bathroom in room #59 did not have any paper towels or towels. Observation of a private bathroom in room #60 on 11/19/15 at 10:01 a.m. revealed no paper towels or towels in the bathroom or room. Interview with a Personal Care Aide (PCA) on 11/19/15 at 9:53 a.m. revealed: -When she takes a resident to the bathroom she gets a towel and washcloth for incontinent care. -The facility does not have paper towels or towels in the SCU. The residents who go to the bathroom independently, she did not know what they used to dry their hands. "Maybe the residents used toilet paper to dry their hands." -Only the spa had paper towels for the residents to dry their hands. -No residents or family members had complained about not having towels to use to dry their hands. A confidential interview with a resident revealed: -There was no paper towels or towels in the bathroom. -The resident dried the hands with tissue or a piece a paper towel the resident brought from home. -The resident looked for the paper towel in the drawer, but could not find it. -The resident had never seen paper towels in the	D 338	<i>Please see attached Plan of Correction</i>	

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D 338	Continued From page 18 bathroom since the resident had been living at the facility. The resident could not remember how long the resident had been living at the facility. Interview with the Resident Care Coordinator (RCC) on 11/19/15 at 11:35 a.m. revealed: -The residents in the Special Care Unit (SCU) did not have paper towels or towels to dry their hands, because the residents would try to put the towels in the toilet. -Some residents' family members provide towels and wash clothes to the residents. -Most of the residents in the SCU need assistance with going to the bathroom. -The aides take wipes and caddies, which contained supplies, for incontinent care. -No one had complained of not having paper towels or towels in the bathrooms. -She was unsure how long paper towels and towels had not been in the bathrooms. -The residents may have used the toilet tissue to dry their hands. Interview with the Administrator on 11/19/15 at 2:04 p.m. revealed: -The spa's have paper towels in the bathrooms. -The residents in the SCU flush the paper towels in the toilet. -A few of the residents in the SCU go to the bathroom independently. -The residents should ask the Personal Care Aides for a towel when needed. -She was not aware some residents were using toilet tissue to dry their hands.	D 338	<i>Please see attached Plan of Correction.</i>		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights	D912			

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D912	Continued From page 19 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to cloth towels or paper towels. The findings are: Based on observation and interview, the facility failed to ensure paper towels or cloth towels were on hand for residents use at all times.	D912		

The Vintage Inn of Williamston

826 East Blvd. Williamston, NC 27892

License # HAL-058010

Plan of Correction for DHSR Annual Survey 11/19/2015

Date: 12/18/2015

Cited Violation 10 NCAC 13F .0306 (a) 1 Housekeeping and Furnishing

Plan of Correction

The facility shall assure that air vents are routinely cleaned by re-implementing the maintenance duty task sheet which will include routine cleaning of air vents. *monthly and PRW per phone conversation 1/15/16 DD-Z*

11/20/2015 & ongoing

The facility shall assure that walls are repainted as needed by re-implementing the maintenance duty task sheet which will include routine painting of scuffed doors & walls.

11/20/2015 & ongoing

Administrator and Maintenance director were retrained on the maintenance duties task sheets, documentation of completion of task and follow up of reported areas that need repair/cleaning.

11/20/2015 & ongoing

Monitoring System

Administrator/designee will complete weekly walk thru's within the community to assure that walls, ceilings and floors are in good repair.

11/20/2015 & ongoing

Regional Director/designee will complete random walk-thru's within the community assure that walls, ceilings and floors are in good repair.

11/20/2015 & ongoing

Regional Director/designee will completed random audits of maintenance task sheet to assure that documentation of duties are completed and that follow up is done.

11/20/2015 & ongoing

Cited Violation 10 NCAC 13F .0904 (a)(1) Nutrition and Food Service

Plan of Correction

The facility shall assure that the kitchen, dining and food storage areas are clean , orderly and protected from contamination by re-implementing a dietary and maintenance duty task sheet.

11/20/2015 & ongoing

Staff re-trained on daily cleaning and maintenance responsibilities to include documentation and follow up of needed cleaning and repairs.

12/21/2015 & ongoing

Any staff members found not following policy and procedures will be disciplined up to and including termination.

12/21/2015 &going

Monitoring System

Administrator/designee will complete weekly walk thru's within the kitchen and dining rooms to assure that the walk-in- cooler, food storage area, ice machine, reach-in-cooler, kitchen walls, and the dining room floors, ceilings and walls are clean and protected from contamination.

11/20/2015 & ongoing

Regional Director/ complete random walk-thru's within the kitchen and dining rooms to assure that the walk-in- cooler, food storage area, ice machine, reach-in-cooler, kitchen walls, and the dining room floors, ceilings and walls are clean and protected from contamination.

11/20/2015 & ongoing

Regional Director/designee will completed random audits of maintenance task sheet to assure that documentation of duties are completed and that follow up is done.

11/20/2015 & ongoing

Cited Violation 10 NCAC 13F.0909 Residents Rights

Plan of Correction

The facility shall assure that residents have cloth towels readily available for their use in their bathrooms.

11/20/2015 & ongoing

Staff retrained on providing towels to residents on their assignment.

12/21/2015 & ongoing

Daily staff assignments will include assuring towels are kept in the residents bathrooms.

12/21/2015 & ongoing

Any staff members found not following policy and procedures will be disciplined up to and including termination.
12/21/2015 & going

Monitoring System

The administrator/designee will conduct weekly rounds to assure residents have towels available for their use in their bathrooms.
11/19/2015 & ongoing

The administrator/designee and the regional director will conduct random resident interviews monthly to assure that residents have towels available for their use.

12/21/2015 & ongoing

The regional director/designee will randomly monitor towels to assure residents have towels in their bathrooms.
12/21/2015 & ongoing

Barry Dymal 12/28/15
Administrator Signature & Date