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
	FCL011311	A. BUILDING: _____ B. WING _____	R 11/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY HEART FAMILY CARE HOMES # 23 /	231 COUNTRY TIME CIRCLE LEICESTER, NC 28748

(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 Section and Buncombe County Department of Social Services conducted a follow-up survey on November 12, 2015.	{C 000}	The administrator or designee will conduct documented weekly checks on the laundry room to ensure that chemicals are secured in a locked area. Immediately after the findings the administrator was checking them Monday-Friday daily. Some staff during their shifts will remove all chemicals from the laundry room while in use to complete laundry task to ensure that the residents do not have access to the chemicals.	12/27/15
C 059	10A NCAC [illegible] 0310 (b) Storage Areas 10A NCAC [illegible] 0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use. This Rule [illegible] met as evidenced by: Based on observation and interview, the facility failed to assure the laundry room with hazardous substances was maintained locked at all times. The findings [illegible] Observation on 11/12/15 at 9:10am, at 10:30am and 11:30am of the laundry room located off the bedroom hallway, with an unlocked closed door, revealed open accessable shelving with the following items: -A container of name brand septic tank cleaner, 32 2 ounces [illegible]8 full with a warning label which read, "Keep out of reach of children, may cause eye irritation -A name brand commercial cleaner which had a warning label may be harmful if swallowed." -A name brand 150 fluid ounces washing detergent which read "eye irritant, harmful if swallowed -A container of oven grill and fryer cleaner with a warning label to not breathe vapors and may be dangerous to digestive tract, eyes, and skin.	C 059		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE 12/23/15

STATE FORM [illegible] RFHZ12 If continuation sheet 1 of 19

POC accepted, Brenda Bopp 2-1-16

Serenity Heart FCH #231

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C 059	Continued from page 1 Review of 7 residents' FL2s residing in the home revealed: -Resident # 1 was "intermittently" disoriented on the current FL2 dated 8/3/15. -Resident # 4 was diagnosed as having a cognitive disorder on the current FL2 dated 3/27/15. Interview with the Supervisor-in-Charge (SIC), Staff A, on 11/12/15 at 11:30am revealed he had forgotten to lock the laundry room door but that it was usually locked. Interview with the second Supervisor-in-Charge (SIC), Staff B on 11/12/15 at 3:15pm revealed she was not aware of any residents who resided there who had ingested harmful substances. Interview with the Administrator on 11/12/15 at 11:25am revealed the SICs knew the laundry room should always be locked, would lock it immediately and the residents were supervised if they used the laundry room. Observation of the laundry room door on 11/12/15 at 2:45pm revealed it was locked.	C 059		
{C 074}	10A NCAC 13F .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13F .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.	{C 074}		

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{C 074}	Continued from page 2 This Rule is not met as evidenced by: Based on observation, record review, and interviews the facility failed to assure walls, ceilings, and floors were kept clean and in good repair in 5 of 6 residents' rooms (Rooms #1, #2, #3, #4 and #5 the living room, dining room, and hallways, in 3 of 3 common bathrooms, and in the laundry room. The findings include, Observation of the facility living room, dining room, and hallway on 11/12/15 at 9:30am revealed: -Dirt and dust on the tile floor around the baseboard. -Black scuff marks on the baseboards. Observation on 11/12/15 at 9:15am of Resident room #1 revealed -The floor of the closet had an unframed picture on the floor which covered areas of dust and dirt on the tiled floor. -Black scuff marks near the bottom of the door frame. -The electric baseboard heater was covered in dust. -Tile floor was dirty with small pieces of trash and needed to be swept and mopped. Observation on 11/12/15 at 9:45am of Resident room #2 revealed -A side chair was beside the bed with dirt and debris behind the chair. -The tile floor around the side table on the left side of the room had dust tobacco, cigarette butts, debris and scuff marks. -The tile floor behind the bed was dusty with debris. -The tile floor area in front of the dresser had dark	{C 074}	The administrator prior to the completion of this survey ensured that the staff significantly completed most of the tasks sited. For the first 30 days after this inspection the administrator would do daily inspections Monday-Friday in ensure that the home remained in compliance with the rule area. After such time the administrator or designee will conduct documented weekly checks to ensure compliance with rules and regulations.	12/27/15

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{C 074}	Continued from page 3 liquid spills and brown coffee grounds on the floor. -A guitar and amplifier were on the floor and were covered in dust. Interview with Resident #1 who resided in room #2 on 11/1[illegible] at 11:15am revealed: -He cleaned his room one time per week. -Staff did not assist with cleaning his room because he preferred to clean it himself. Observation on 11/12/15 at 9:30am of Room #3 revealed: -The floors were dirty with debris, dirt, and black black scuff marks -Clothes were piled in the floor. -A candy wrapper and empty cracker packet were on the floor in the corner of the room. Observation on 11/12/15 at 9:10am of Resident room #4 revealed the floor was dusty with areas of dirty brown spots. Observation on 11/12/15 at 9:10am of Resident room #6 revealed -Three cigarette butts, debris, dust, and white balls of pillow filling behind the bed. -The entire floor had dust and dirty brown marks. Observation of the laundry room floor on 11/12/15 at 10:25am revealed an accumulation of lint on the left side of the dryer and what appeared to be a dark dried brown liquid stain. Observation of the resident common bathroom (#1) located on the left side of the hallway on 11/12/15 at 9:45am revealed: -The floors were dirty -Paint was peeled from the bottom of the door frame.	{C 074}		

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{C 074}	Continued from page 4 -The ceiling exhaust fan was dusty. -The walls had black scuff marks. Observation of the first resident bathroom (#2) on the right side of the hallway on 11/12/15 at 10:15am revealed -The floor was dirty with black scuff marks. -The electric baseboard heater cover was dusty. -The door frame had peeled paint near the bottom of the frame. -The door stopping was loose from the frame near the bottom of the door frame. Observation of the second resident common bathroom (#3) on the right side of the hallway on 11/12/15 at 10:55am revealed: -Missing areas of wood strips near the bottom of the left side wall of the vanity cabinet. -The toilet paper holder was broken which had been attached to the left side wall of the vanity cabinet. -Build up of dark black grimy area across the back of the commode where the lid was attached. -The tile floor was dirty brown and sticky when walking on the floor. -The wall behind the commode was dirty with dried brown liquid areas. -The baseboards were dusty. Interview with Supervisor-in-Charge (SIC) on 11/12/15 at 11:10am revealed: -He did not work every day of the week in this home. -He and other SICs were responsible to clean the facility. -He was not aware of any cleaning schedule nor any documentation that management required him to keep for cleaning. -He mopped the dining room, the living room and the hall floors every day when he was in the	{C 074}		

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{C 074}	Continued from page 5 facility and had mopped them that morning. Some residents did not want him in their rooms to clean. Interview with a second SIC, Staff B, who worked in the home on 11/12/15 at 3:15pm revealed. She spent a lot of time on paper work when she was in the facility She did not go to the residents' rooms every day when she was working at the facility. -It was more important she spend time talking to the residents rather than cleaning. She knew she was supposed to sweep and mop the common areas every day when she was in the facility She was not sure when she had last cleaned any resident rooms. Some residents did not want staff to clean their rooms. Interview with the Administrator on 11/12/15 at 11:20am revealed She had walked through the home last week. -She had not looked into the residents' closets. -The SICs "must not be" checking residents' rooms. -The SICs were supposed to maintain the rooms in a clean and safe manner. She told the SICs "yesterday" to assure the homes were clean and safe because of residents using their heaters. -She said the facility did have a cleaning schedule but could not find it Review of the daily time line from 7:00am to 9:00pm for the SICs revealed 3 meals and 3 snacks to be prepared and served, medications to be administered residents to be supervised or assisted as needed paper work to be completed, activities, break times, and times for general	{C 074}		

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{C 074}	Continued from page 6 routine cleaning as follows -8 15 am to 9 15am "Clean up breakfast and dining room" -9 15 am to 1 00am "Mop kitchen and dining area, clean bathrooms and residents' rooms for those who are incapable of doing so." -1 00pm to 1pm "Clean up lunch and dining room." -1 30pm to 0pm "Daily clean-up." -5 45pm to 6pm "Clean up dinner meal and dining room Mop kitchen and dining room." Review of the last local county Health and Sanitation Report revealed -An approved score with with 8 demerits, dated 3/16/15. -No documentation on the report of the concerns listed above	{C 074}		
{C 078}	10A NCAC 0315(a)(5) Housekeeping and Furnishings 10A NCAC 0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interviews, and record review, the facility failed to assure the home was maintained uncluttered, clean, in an orderly manner, and free of all obstructions and hazards	{C 078}		

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(C 078)	Continued from page 7 in 5 of 6 resident rooms (Rooms #1, #2, #3, #4, #6), in the hall closet, and the dining room air conditioner. The findings include: Observation on 11/12/15 at 9:30am of resident Room #3 revealed -An electric baseboard heater was under the window near the floor. -The bottom section of the one piece thin polyester window curtain was stuck to the electric baseboard heater with brown scorched looking areas on the bottom of the curtain. -The electric baseboard heater was hot to touch. -The top area of the electric baseboard heater had at least an 11 by 3 inch brown scorched/rusty looking area where the window curtain had been stuck to the heater. -The wall thermostat was set on 75 degrees Fahrenheit. -The resident's bed was on the left side of the room against the wall. -The wooden headboard of the bed was against the window wall. -The 4 inch wide wooden bed post leg on the right side of the headboard was touching the electric baseboard heater with a dark brown scorched looking area where it touched the heater. -The walk in clothes closet floor had more than a four foot pile of unfolded clothes, some garbage bags, and at least 1 pillow with only one piece of clothing on a hanger. -A dusty television was on a side table (on the right side of the room) with a dusty radio on top of the television. The two drawers of the side table were partially extended from the table and hanging downward and would not slide into the table.	(C 078)	The administrator prior to the completion of this survey ensured that the staff removed all fire safety hazards of moving furniture, curtains and debris away from the baseboard heaters in all areas. For the first 30 days after this inspection the administrator would do daily inspections Monday-Friday in ensure that the home remained in compliance with the rule area. After such time the administrator or designee will conduct documented weekly checks to ensure compliance with rules and regulations.	12/27/15

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{C 078}	Continued from page 8 Interview with the Resident #3, who resided in Room #3, on 11/12/15 at 9:30am revealed: -The clothes on the bottom of the pile in the closet were not his and had been there since he was admitted to the facility. -His clothes were on top of the clothes pile. -He had not asked staff about the other clothes or to remove them. -The drawers on the side table had been that way since he moved in. Review of Resident Register for Resident #3 revealed he was admitted to the facility on 8/4/15. (The discharged resident's clothes had been in Resident #3's room for more than 3 months.) Observation on 11/12/15 at 9:10am of resident Room #6 revealed: -The electric baseboard heater was under the window near the floor. -The resident's bed was pushed against the window wall with the headboard pushed against the right wall. -The white bedspread was draped over the back of the bed and draped over the electric baseboard heater. -The electric baseboard heater was hot to touch. -The wall heater thermostat was set on 73 degrees F. Interview with Resident #6 who resided in room #6 on 11/18/15 at 9:10am revealed no response when asked about his room. Observation on 11/12/15 at 9:15am of Resident room #1 revealed: -An overhead light with the light bulb exposed with no cover. -A dusty side table and electric baseboard heater cover.	{C 078}		

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{C 078}	Continued from page 9 -There were clothes piled on a chair. Interview with Resident #4 who resided in room #1 on 11/12/15 at 9:15am revealed the clothes piled on the chair belonged to him. Observation on 11/12/15 at 9:45 am of Resident room #2 revealed. -A 36 inch tall garbage can full of trash with no liner -A dusty dresser. -The closet had unfolded clothes and a bedspread piled on the floor. Observation on 11/12/15 at 11:15am of Resident room #2 revealed -The Resident residing in room #2 emptied the trash can. -The inside of the trash can had dirty brown streaks on all sides and a brown liquid substance covered the bottom of the trash can with no liner. Interview with Resident #1 who resided in Room #2 on 11/12/15 at 11:15am revealed he cleaned his room one time per week and staff did not clean his room. Observation on 11/12/15 at 9:10am of Resident room #4 revealed -Broken pieces of furniture were piled in the right corner of this room -Two dusty portable televisions were stacked on top of each other on the floor. -Another dusty portable television was on a dusty night stand Interview with the Supervisor-in-Charge (SIC) on 11/12/15 at 9:10am revealed. -The resident who had resided in room #4 no longer lived there and had been discharged.	{C 078}		

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{C 078}	Continued from page 10 -The resident who had resided in room #4 had broken the entertainment table before he left. Record review for Resident #2 who had resided in room #4 revealed he chose to leave the facility on 11/4/15 (8 days before the survey) and live elsewhere Observation of the hallway linen closet for clean linen on 11/12/15 at 10:25am revealed: -Unfolded sheets, pillowcases, and bed covering piled in the floor -Parts of a Christmas tree on the bottom of the pile -Folded and unfolded pillowcases on the shelf. Observation of the air conditioner in the dining room window on 11/12/15 at 3:10pm revealed a heavy build up of dust all over the air conditioner cover and control panel Interview with the Supervisor in-Charge (SIC) on 11/12/15 at 3:30am revealed: -He did not work every day of the week in this home. -He and other SICs were responsible to clean the facility. -He was not aware of any cleaning schedule nor any documentation that management required him to keep for cleaning. -Some residents did not want him to clean the room. -Resident #1 who resided in Room #2 did not want staff to clean his room Interview with a second SIC Staff B, who worked in the home on 11/12/15 at 3:15pm revealed: -She spent a lot of time on paper work when she was in the facility. -She did not go to the residents' rooms every day	{C 078}		

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{C 078}	Continued from page 11 when she was working at the facility. -It was more important she spent time talking to the residents rather than cleaning. -Some residents did not want her to clean their rooms Interview with the Administrator on 11/12/15 at 11:20am revealed. -She had walked through the home last week. -She had not noticed any items against the heaters, maybe because the residents had not used their heaters until this past "Sunday." -She had not looked into the residents' closets. -The SICs "must not be" checking resident rooms. "I forgot" about the clothes in Room #3 which belonged to the other resident who moved out. The resident never returned to get them. -The SICs were supposed to maintain the rooms in a clean and safe manner -She told the SICs "yesterday" to assure the homes were clean and safe because of residents using their heaters Review of the daily time line from 7:00am to 9:00pm for the SICs revealed 3 meals and 3 snacks to be prepared and served, medications to be administered, residents to be supervised or assisted as needed, paper work to be completed, activities, break times and times for general routine clean-up as follows -8:15 am to 9:15am "Clean up breakfast and dining room -9:15 am to 1:00am "Mop kitchen and dining area, clean bathrooms and residents' rooms for those who are incapable of doing so." -1:00pm to 1:30pm Clean-up lunch and dining room." -1:30pm to 2:45pm "Daily clean-up." -5:45pm to 6:45pm "Clean up dinner meal and	{C 078}		

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{C 078}	Continued from page 12 dining room. Mop kitchen and dining room." Review of the last local county Health and Sanitation Report revealed an approved score with with 8 demerits dated 3/16/15. The facility provided a Plan of Protection on 11/12/15 as follows -The Administrator will have staff complete and submit daily check sheets to assure that a visual check will be done on each resident room. -The Administrator will walk through Monday through Friday to assure the building safety is consistent with no hazards CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED, DECEMBER 27 2015.	{C 078}		
C 093	10A NCAC 13G 0315(b)(8) Housekeeping and Furnishings 10A NCAC 13G 0315 Housekeeping and Furnishings (b) Each bedroom shall have the following furnishing in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed, or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading This rule applies to new and existing homes. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure one of six residents' bedrooms (Room #5) had an overhead light with a workable switch in reach of the non ambulatory resident who resided in the room.	C 093		

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SERENITY HEART FAMILY CARE HOMES #23	231 COUNTRY TIME CIRCLE LEICESTER, NC 28748

(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 093	Continued from page 13 The findings include: Observation of Room #5 where Resident#5 resided on 11/12/15 at 9:55am revealed: -A ceiling fan with an exposed light bulb with a pull cord extending down at least 30 inches -The light would not turn on when the wall light switch was in the on position or when the cord was pulled -Resident #5 was sitting in a wheelchair in his room. -There were no other lamps or lights in the room. Interview with Resident #5 revealed: -The pull cord did not work to turn the light on. -The light could only be turned on by turning the light bulb in the socket (when the light switch was in the up position) -Resident #5 could not reach the light bulb. -Resident #5 had not been able to turn on the light since he was admitted to the facility in July, 2015. -He used the light from the television. -He had never told any staff the light did not work. Review of a MAR 2, dated 7/1/15, for Resident #5 revealed he was non-ambulatory and used a wheel chair Review of Resident #5's Resident Register revealed he was admitted to the facility on 7/2/15. (Resident #5 had lived in the room for more than 4 months with no light.) Interview with the Administrator on 11/12/15 at 11:40am revealed -She was not aware the light could not be turned on with the pull cord -Since Room #5 had a ceiling fan, she may have	C 093	Upon completion of this survey the resident had a new ceiling fan and light to use. He was also given a table lamp the next day to use. Staff have been instructed to check each resident room to ensure that all furniture And fixtures are in good working order The administrator or designee will conduct documented weekly checks as well to ensure that the staff are following through with directives.	12/27/15

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C 093	Continued from page 14 not noticed the light would not work. -Interview with the Supervisor-in-Charge on 11/12/15 at 10:40am revealed he was not aware the light in Resident #5's room could not be turned on by the pull cord	C 093	The stove was replaced on 11/13/15 as the staff could not could not effectively clean the oven as well as there was an eye on top of the stove that did not work. The administrator during the first 2 weeks after this inspection will conduct documented checks Monday-Friday to ensure that the stove remains in good working and clean conditions. The administrator or designee will ensure that the stove is cleaned at minimal once per month.	12/27/15
C 258	10A NCAC 27G .0904(a)(1) Nutrition and Food Service 10A NCAC 27G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family 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 kitchen stove oven and burners were maintained clean. The findings were: Observation of the kitchen stove on 11/12/15 at 10:30am revealed: -Heavy build up of baked on dark brown residue throughout the oven and on the inside of the oven door. -All 4 surface burner elements had a heavy build up of greasy dark substances under the rims. -All 4 drip pans contained food crumbs and dark substances -Food crumbs and greasy dark substances were under the 4 drip pans Interview with the Adminsitrator on 11/12/15 at 3:15pm revealed she had observed the stove	C 258		

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C 256	Continued from page 15 "last week" and it was clean. Interview with the Supervisor-in-Charge (SIC) on duty on 11/12/2015 at 2:55pm revealed: -He did not know when the stove had last been cleaned -He was not aware of any cleaning schedule and not aware of any documentation required for cleaning. The Administrator did not provide a staff cleaning schedule or check off sheet per request by the surveyor on 11/12/15 at 11:30am. Review of the daily time line for the SICs revealed times for general routine cleaning but nothing specific for cleaning the stove.	C 256		
(C 282)	10A NCAC [illegible].0905 (d) Activities Program 10A NCAC [illegible] 0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bee.	(C 282)		

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(C 292)	Continued from page 16 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure a minimum of 14 hours of activity were offered as scheduled on the activity calendar for 4 of 5 residents residing at the facility. The findings are: Observation of the activity calendar posted in the dining room on 11/12/15 revealed: -September and October 2015 printed on the top of the calendar. -There were greater than 14 hours of scheduled weekly activities. -Examples of activities scheduled were afternoon walks, movie, board games, television and card games, with date and amount of time allotted for each activity. -Two days on each month were marked "meet with resident." Observation of the bookcase in the dining room on 11/12/15 at 2:30pm revealed there was a selection of puzzles and board games. Confidential interviews with 4 residents revealed: -"[named staff] does not offer activities." -"I like to just walk and smoke cigarettes, but nothing is offered." -"I would participate if activities were offered." -No one had asked what activities would be good to offer residents. -"I would enjoy card games or board games if someone wanted to play." -"Cards and board games are in the dining room if we want to play, but no one really does." -"Probably would not participate if they were offered, but they are not offered." -"I would not be interested if they were offered." -"No one has asked me what I might like to do."	(C 292)	The administrator or designee will check monthly to ensure that the activity calendar is completed and activities offered daily with documentation.	12/27/15

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{C 292}	Continued from page 17 Interview with the Supervisor-In-Charge (SIC), Staff A, on 11/12/15 at 2:45pm revealed: -He did offer activities, but most residents were not interested. -He watched news on television and discussed with those residents who were interested. -"Most residents do not want to participate." -Staff A said he had not met with the residents to ask what their interest were in activities. Interview with the Administrator on 11/12/15 at 3:00pm revealed: -She sent a monthly calendar for activities to each facility. -There were days designated on each calendar that staff should meet with residents to ask what they were interested in doing and would be scheduled if possible the following month. -The SIC was responsible for assuring activities were being offered. -The SIC should be meeting with residents each month to ask what they are interested in doing and plan accordingly. Interview with Staff A on 11/12/15 at 3:15pm revealed "he was not sure" what it meant when asked about the two days on the Activity Calendar marked as "Meet with Residents." Interview with the second SIC, Staff B, on 11/12/15 at 3:30pm responded when asked about the 2 days on the calendar marked as meeting with residents "I think to see if there are problems or anything." Observation on 11/12/15 from 9:00am until 4:00pm revealed no activities were offered to the five residents in the facility but there were activities scheduled on the calendar during this	{C 292}		

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{C 292}	Continued from page 18 time.	{C 292}	The administrator or designee will ensure through this plan of correction with frequent oversite and resident interviews that the residents receive the best possible care and healthy living environment.	12/27/15
{C 912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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 This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure each resident received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings. The findings are: Based on observation, interviews, and record review, the facility failed to assure the home was maintained uncluttered, clean, in an orderly manner, and free of all obstructions and hazards in 5 of 8 resident rooms (Rooms #1, #2, #3, #4, and #6), in the linen closet and the dining room air conditioner. [Refer to Tag 78 10A NCAC 13G .0315(a) Housekeeping and Furnishings (TypeB Violation).]	{C 912}		