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
	HAL046019	A. BUILDING: _____ B. WING _____	04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD MANOR	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 and the Hertford County Department of Social Services conducted an annual survey on 4/5/2016 - 4/7/2016.	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: Observation of the C hall during the initial facility tour on 04/05/16 between 10:00 AM-11:00 AM revealed black stains were seen along the base boards throughout the hallways. Observation of the shower room between Room #12 and Room #13 on the C hall on 04/05/16 at 10:10 AM revealed: -There were 2 black wheelchair leg rests on the floor under the sink. -The floor under the wheelchair leg rests was crusty with brownish dust. -There were 4 cracked tiles on the right side wall of the shower with blackened stains. -The tiles inside of the shower were covered with a white hazy film. -The grout and caulk on the shower walls was dingy and discolored with black and brown stains. -The shower floor was discolored with reddish-brown stains. -The grout and caulk on the outside wall of the shower were dingy and discolored and covered with white film and black stains.	D 074	- The facility has implemented a maintance work sheet where staff can read + record any finding of needed repairs. - The facility housekeeping staff will met weekly to discuss all immediately issues that needs attention. - The RCC + adm will check weekly to assure cleaning schedule has been done per the week accordingly. - Weekly review will be done by Supervisor, RCC + adm. By signing the schedule cleaning list that day.	5/31/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Ushell Strawhorn — Administrator — 5/3/16

Renewed and Accepted with Revisions 5/9/16 SM

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D 074	Continued From page 1 -The outside shower wall was covered with sticky, clear film that had dripped down the side of the wall. Observation of the common living room of the C hall on 04/05/16 at 10:20 AM revealed: -A housekeeper used a broom to sweep the carpet. -A cloud of dust was visible each time the housekeeper swept with the broom. Interview with housekeeper of the C hall on 04/05/16 at 10:25 AM revealed: -She said, "I'm old school. I sweep the carpet with a broom. I don't use a vacuum cleaner here". -She swept the common living every day. -She cleaned the sinks, toilets, and showers of the common bathrooms on the C hall every day. -She swept the all floors on the C hall every day. -The facility had a floor technician who mopped and buffed the floors about once a week. -She did not clean the base boards or walls on the C Hall. -She cleaned the sink and toilets in the residents' rooms every day. Observation of the beauty salon on the C hall on 04/05/16 at 10:30 AM revealed: -A bundle of clear plastic was on the floor in the far left corner of the room. -A rusty wire hanger was on the floor next to the bundle of clear plastic. Observation of the Room #2 on the C hall on 04/05/016 at 10:40 AM revealed: -Thick dusty cobwebs on the inside wall and window of the shared bathroom. -The entrance way of the shower room had chipped/peeling paint with several areas of exposed rusty metal.	D 074		

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D 074	Continued From page 2 Interview with a resident on 04/05/16 at 10:45 AM revealed: -She did not like the way housekeeping cleaned in her room. -It seemed like the housekeeper was always in a rush to finish working. -The housekeeper came in to clean the bathroom in her room but it still was not cleaned. -The housekeeper came in to sweep but dirt was still on her floor. -The housekeeper usually mopped the floor in her room about once a week. Observation of the dining room on the A hall on 04/07/16 at 8:55 AM revealed: -The floors were stained with dark black and brown marks throughout its perimeter. -The tile inside the entrance door was missing. -The walls had chipped/peeling paint throughout the dining area. -The walls to the dining area had stains of unknown substances scattered throughout the dining area. -The base board to the second entrance to the dining area was peeling away from the wall. -The ceiling air vent next to the second entrance was stained with thick brown dust. Observation of the A hall on 04/07/16 between 9:00 AM -10:00 AM revealed: -Black stains were seen along the base boards throughout the hallway. -The floors were dingy and discolored throughout the hallway. -The floor tiles outside of Room #3 were cracked with an exposed area that measured approximately 3 inches long. Observation of Room #9 on the A hall on	D 074		

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D 074	Continued From page 3 04/07/16 at 9:15 AM revealed: -Dirt and crumbs were scattered on the floor. -The base board located under the window was detached from the wall and laid on the floor covered with dust. -The walls and floors adjacent to walls in the bathroom in Room #9 were stained with brown residue. Interview with a second Housekeeper on 04/07/16 at 9:25 AM revealed: - He was assigned to clean on the C Hall on 04/07/16. -The facility did not have a housekeeping cleaning checklist. -He cleaned the facility as he was told to do in training. -He swept and mopped all of the floors in the residents' rooms everyday on the hall that he was assigned. -He swept and mopped the floors in the bathrooms of the residents' rooms everyday on the hall he was assigned. -He cleaned the shower stalls in the common bathrooms everyday on the hall he was assigned. -He swept and mopped the floors of the common bathrooms everyday on the hall he was assigned. -Deep cleaning at the facility was done about every two weeks. -Deep cleaning at the facility included pulling out the residents' beds so that the floors under the beds were swept and mopped. -Deeping cleaning at the facility also included wiping all of the residents' mattresses down with disinfectant once every two weeks. -He did not clean windows, walls, or baseboards in the facility. -The facility did not have a deep cleaning checklist for housekeeping.	D 074		

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D 074	Continued From page 4 Observation of the Room #12 on the A hall on 04/07/16 at 9:50 AM revealed: -The wall next to the bathroom door in Room #12 had several brown stains of unknown substance. -The grout of the floor of the bathroom discolored, dingy, and stained with brownish black marks. -An unknown brown liquid was on the floor at the base of toilet in shared bathroom. -A large cement block with a black toilet flapper sitting on top of it was on the floor next to the toilet in the bathroom. Observation of the common shower room on the A hall on 04/07/16 at 10:05 AM revealed: -The floor around the base of the bathtub had reddish-brown stains. -The shower stall was encased with a white, hazy film with reddish-brown stains and black marks. -The grout and caulking inside of the shower were discolored and had brown and black stains throughout. -The floor surrounding the toilet was discolored and stained with brown spots. Interview with a third Housekeeper on 04/07/16 at 11:00 AM revealed: -He worked as a Housekeeper/Floor Technician. -He was assigned to clean on the A Hall on 04/07/16. -He swept and mopped the floors of the residents' rooms every other day on the hall that he was assigned. -He did mop a resident's room more often if he knew the resident had problems with urinary incontinence. -He swept under the residents' beds every other day. -He dusted in all of the residents' rooms every day on the hall he was assigned. -He dusted the residents' nightstands, chests,	D 074		

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D 074	Continued From page 5 and television stands every day. -He cleaned the sinks and toilets in the bathrooms in the residents' rooms every other day. -He swept and mopped the floors in the bathrooms of the residents' rooms every other day on the hall he was assigned. -He cleaned sinks, tubs, and shower stalls in the common bathrooms every other day on the hall he was assigned. -He swept and mopped the floors of the common bathrooms every day on the hall he was assigned. -He cleaned the sinks, tubs, and shower stalls in the common bathrooms every day on the hall he was assigned. -The facility did not have a housekeeping cleaning checklist for housekeeping. -The facility did not have a deep cleaning checklist for housekeeping. -Deep cleaning at the facility was done every Thursday. -Deeping cleaning included sweeping and mopping under the residents' beds. -He wiped the residents' mattresses occasionally when he did deep cleaning. -He was assigned to wax and biuff the floors of the facility. -He waxed the main hallways every Thursday. -He buffed in the 3 dining areas of the facility when it was needed or if the administrator told him to do so. -He did not buff the floors in the residents' rooms. -He knew about the dark marks on the floor were probably wax build up and the floors needed to be stripped to get rid of those areas. -He had already cleaned the common bathroom on the A hall but he would go back and see if he could get rid of the stains in the shower stall. -He cleaned the base boards and walls in the	D 074		

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D 074	Continued From page 6 facility if he saw it needed to be cleaned. Interview with Administrator on 04/07/16 at 11:40 AM revealed: -She was in charge of the housekeeping staff. -She had trusted her housekeeping staff to do their jobs as they were assigned. -The facility did have a general housekeeping checklist and a deep cleaning checklist the housekeeping staff were supposed to go by for cleaning. -She did not know if the housekeeping staff were using the checklists. -The housekeeping staff were expected to follow those checklists to complete those housekeeping tasks. -The facility had a vacuum cleaner and it was expected for the housekeeping staff to use it for the carpet areas. -She was not aware the housekeeper used a broom to sweep the carpet in the common living room on the C hall. -Deep cleaning was supposed to done every two days at the facility. -She would have to check to see if the housekeeping staff was using the checklist for their cleaning schedules. -The floor technician usually waxed all the floors in the facility about once a week. -The dark stains on the floors in the facility were probably from wax build-up. -She would get with the floor technician to see if those areas could be scraped up and cleaned better. -It was expected for the housekeeping staff to clean all of the bathrooms in the facility every day. -She would see what could be done to clean up the base board areas. -She would see if she could get someone to check out the areas of peeling paint on the walls.	D 074		

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D 074	Continued From page 7 -She didn't know why the cement block or toilet flapper was in the shared bathroom in Room #12 on the A hall but she would have both items removed.	D 074		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes 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 facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and observations, the facility failed to maintain areas that were uncluttered, clean and orderly manner, free of all obstructions and hazards to the doors, residents' rooms, residents' bathrooms, common shower rooms, common living rooms, and dining areas. The findings are: Observation of the C hall on 04/05/16 between 10:00 A.M.-11:00 A.M. revealed: -There were 29 doors scarred with dark black/brownish stains and scraped marks across the lower halves of the door. Observation of the shower room between Room #12 and Room #13 on the C hall on 04/05/16 at 10:10 A.M. revealed:	D 079	- The facility will provide a uncluttered environment for resident reading at the facility all clutter will be disposed. - daily checks will be done by housekeepers as they cleand the rooms. - RCC & adm. will monitor on a daily basis and discuss any finding. - weekly review of each room will be done weekly and as needed by staff. - All hazards will be repaired.	~~5/31/16~~ 5/22/16

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D 079	Continued From page 8 -The entrance way of the shower room had chipped/peeling paint with several areas of exposed rusty metal. -The light fixture cover was missing from the two bulb light fixture. -Only one bulb was lit in the two bulb light fixture. -The ceiling vent was covered with dust. -The top pane of the window was cracked and covered with two pieces of gray tape. -There was no lock on the window. -The locking mechanism was sitting on the ledge of the window. -There was no soap in the bathroom for the resident to wash their hands. -The paper towel dispenser was empty and covered with a hazy white deposit. -The toilet paper dispenser was empty and covered with a hazy white deposit. -The toilet tissue and paper towel were sitting on the top of the toilet tank. -The top of sink was covered with brownish dust. -The faucets on the sink were covered with a white colored deposits. -The toilet seat had a dried brown smear of an unknown substance. -The faucets to the bathtub were spotted with white colored deposits. -There was no privacy curtain for use of the bathtub. -The bathtub had discolored grout that was discolored with brownish stains. -The interior of the bathtub contained grayish dust and one black screw. -The non-slip tread strips were peeling away from inside the bottom of the bathtub. -There were 4 brownish-black cracked tiles on the right side wall of the shower. -The faucet and handrails inside of the shower were covered with a hazy white residue. -The top of the white shower chair was stained	D 079		

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D 079	Continued From page 9 with black marks. Observation of the beauty salon on the C hall on 04/05/16 at 10:30 A.M. revealed: -A used green incontinence pad and a white towel were sitting on the back of the shampoo bowl. -There was a white cup with orange liquid sitting on a black stand in the left corner of the room. -There was a red and white coffee cup with brown liquid sitting on the black stand in the left corner of the room. -There was no door to the beauty salon and it was easily accessible to the residents. Observation of the Room #2 on the C hall on 04/05/016 at 10:40 A.M. revealed: -The hot and cold handles to the tub faucet were missing which exposed the water pipes. -The bottom of the bathtub was covered with gray dust and used white toilet tissue. -An empty tube of ointment had been discarded inside the bathtub. -A pink wash pan with some clear liquid and white hazy residue in its bottom was inside the bathtub. -The pink wash pan had brown stains around the top lip of it. -A shower chair with gray stains to its seat was in the tub. -The sink was dirty with brown stains. -The faucet of the sink was covered with hazy white spots. -The towel rack to left of the sink was rusty. -The light switch cover had chipped/peeling paint. -The paper towel dispenser was empty and covered with a hazy white deposit. -The toilet paper dispenser was empty and covered with a hazy white deposit. -The toilet tissue was sitting on the top of the toilet tank.	D 079		

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D 079	Continued From page 10 Observation of the Room #7 on the C hall on 04/05/016 at 3:50 P.M. revealed: -The dresser had scarred and chipped edges. -The paneling on the side of the dresser was peeling away. Interview with a Resident in Room #7 on C hall on 04/05/16 at 3:50 P.M. revealed: -The dresser had been like that for a while but she wasn't sure for how long. -Facility staff had tried to fix the panel a while back but the panel kept popping off. Observation of the dining room of the A hall on 04/07/16 at 8:55 A.M. revealed: -The 4 blinds to the windows were all broken and bent in several areas. -The walls had chipped/peeling paint throughout the dining area. -The door and door frame of the rear exit door had chipped/peeling paint. -The base board to the second entrance to the dining area was peeling away from the wall. -The ceiling air vent next to the second entrance was stained with thick brown dust. -The light fixture next to the second entrance was dimmed and not working properly. -The entrance way leading from the dining room to the kitchen had chipped/peeling paint. -The door leading from the dining room to the kitchen was scarred with dark black/brownish stains and scrape marks across the lower half of the door. Interview with Administrator on 04/07/16 at 8:57 A.M. revealed: -She was not aware of the dimmed light in the dining room for the A hall. -She would have to call the maintenance to come look at the chipped paint and the base boards in	D 079		

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D 079	Continued From page 11 the dining room area. -She was aware of the broken blinds and she planned to order more blinds to replace the broken ones. -She would get housekeeping to see about cleaning the vents. Observation of the A hall on 04/07/16 between 9:00 A.M.-10:00 A.M. revealed: -A total of 26 doors scarred with dark black/reddish brown stains and scraped marks across the lower halves of the door. -The floor tiles outside of Room #3 were cracked with an exposed area that measured approximately 3 inches long. Observation of the Room #9 on the A hall on 04/07/16 at 9:15 A.M. revealed: -The dressers and nightstands in the room were dirty and covered in dust. -The window was off track and allowed cold air in the room. -The door frame of the bathroom in Room #9 had chipped/peeling paint and rust spots. -The door of the bathroom had 3 scrapped areas to the bottom of the door. -The toilet paper dispenser was empty and opened. -The toilet paper was on the floor next to the toilet. - The paper towel was sitting on the back of the toilet -The sink in the shared bathroom was dingy with brown stains. -The faucet was discolored and crusted with a white deposit. -The 4 towel racks inside of the bathroom in Room #9 had scattered rust stains. -The light switch cover in the bathroom was rusty with chipped peeling paint.	D 079		

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D 079	Continued From page 12 -The door of the bathroom had hole in its paneling that measured approximately 4 inches wide and 5 inches long. Interview with a Housekeeper on 04/07/16 at 9:25 A.M. revealed: -The toilet paper dispensers in the residents' rooms were left open because the key had been lost that opened most of them. -He had just been putting the toilet tissue in the bathrooms on the back of the toilet and sometimes the residents put their toilet tissue on the floor. -He swept and mopped all of the floors in the residents' rooms every day on the hall that he was assigned. -He did not dust in the residents' room because he did not want to touch their personal things. -He did not know about the window being off track in Room #9 but he would look at it. -He swept and mopped the floors in the bathrooms of the residents' rooms every day on the hall he was assigned. -He cleaned the toilets and sinks in the bathrooms of the residents' rooms but the faucets had calcium deposits and he couldn't get it off the faucet. -He had told the administrator about the faucets with the deposits. -He cleaned the shower stalls in the common shower rooms every day on the hall he was assigned. -He cleaned the sinks and bathtubs of the common shower rooms every day. - He swept and mopped the floors of the common shower rooms every day on the hall he was assigned. Observation of the Room #8 on the A hall on 04/07/16 at 9:45 A.M. revealed:	D 079		

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PINEWOOD MANOR	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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 079	Continued From page 13 -The room smelled strongly of urine. -The door frame had chipped/peeling paint and scattered rust spots. -The inside corners of the window had thick dusty cobwebs. -Two towel racks inside of the bathroom in Room #8 had scattered rust stains. -The towel rack next to the bathroom door had an opened rusty wire hanger wrapped over it. -The opened toilet paper dispenser in the bathroom had a dusty interior and contained one roll of toilet tissue. -The sink in the bathroom was dingy had scattered brown spots on the inside of the sink. -The faucet on the sink was discolored and covered with white spots. Observation of the Room #12 on the A hall on 04/07/16 at 9:50 A.M. revealed: -The door frame of the bathroom in Room #12 had scattered rust spots. -The sink in the bathroom had scattered brown spots. -The faucet to the sink was dirty and hazy with a white residue. Observation of the common shower room on the A hall on 04/07/16 at 10:05 A.M. revealed: -The window was cracked in the common shower room. -There was no privacy curtain for use of the bathtub. -The bathtub had several areas of brown stains to its interior. -The grout and caulking outside of the bathtub was discolored and had brownish stains. -The faucet handles inside of the shower were stained brownish-yellow. -The paper towel dispenser was covered with a whitish haze.	D 079		

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D 079	Continued From page 14 -The towel rack and the glove rack located over the sink had several areas of rust spots. -The soap holder was dirty and discolored with brown stains. -The top of sink had two areas with brown stains. -The contact paper on the right side of the sink cabinet was bubbled and peeling away from the cabinet base. -There were 4 twenty ounce empty soda bottles and an empty vanilla pudding can in the sink cabinet. -The underside of the toilet seat had several brown stains. -The 2 of the 4 tabs under the toilet seat were broken. -There was a used green incontinence pad on the back of the toilet. -There was a clear plastic bag on the floor of the toilet. -The door frame of the common bathroom had chipped/peeling paint with rust spots. Observation of the laundry room on the A hall on 04/07/16 at 10:05 A.M. revealed: -Approximately 4 inches of the bottom right of the door frame was missing. -The door frame of the laundry room had chipped/peeling paint with rust spots. -The wood surrounding the top hinge to the laundry door was split. -The door to the laundry was scraped the floor and was difficult to open and close. Observation of the common living room on the C hall on 04/07/16 at 10:50 A.M. revealed: -The carpet area was covered with several pieces of white paper and other white flaky materials. - Four vinyl-clothed chairs had cracked seating and armrests. -The television stand was dusty.	D 079		

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D 079	Continued From page 15 -An unused cable outlet had an exposed pointed black cable wire extended from the outlet cover. Observation of the dining room on the C hall on 04/07/16 at 11:10 A.M. revealed: -The light switch cover had chipped/peeling paint. - The green cabinet in the dining room had clipped paint and the knob was missing to the right cabinet door. -The side of the green cabinet was stained with brown spots. -The areas to the base of the cabinets were dirty and corroded. Observation of the common sitting room on 04/07/16 at 11:15 A.M. revealed: -The exit door had a jagged gaping hole to the lower right base of the door frame. -Open area was approximately 4 inches long and 2 inches wide. -Light from the outside was visible through this hole in the door frame. Observation of resident room and bathroom in P7 on the special care unit on 4/5/16 at 9:07 AM revealed: -The room ceiling light would not turn on. -The bedside lamp bulb was not working. -The 3 bulb over the bathroom sink fixture would not turn on and there was no other light source in the room or bathroom. -There was no covering for the window. -The window was a large, first floor window that overlooked a field. Interview with the resident that lived in room P7 on 4/5/16 at 9:07 AM revealed: -He had reported to the staff (name unknown) about "a month ago" that he did not have any light in his room.	D 079		

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D 079	Continued From page 16 -He had not had a blind on the window in months since it was broken. Observation of resident bathroom in room P4 on the special care unit on 4/5/16 at 9:18 AM revealed: -The door knob to the bathroom was loose. -There were 2 broken towel rods in the bathroom that only had one side attached to the wall. -The cover of the toilet paper holder was broken off. -There was no lid on the back of the toilet. Observation of resident room P10 on the special care unit on 4/5/16 at 9:21 AM revealed: -The light switch located by the door that controlled the overhead light was broken in half leaving the inside wiring visible. -The wall to the left of the doorway had raised areas where the paint was falling off. -The far corner of the left wall had a black substance in the corner that was in contact with the ceiling moulding. Observation of resident room P2 on the special care unit on 4/7/16 at 11:15 AM revealed a 4 drawer chest of drawers with no drawer in the bottom spot, with a piece of wood sticking out. Interview with Administrator on 04/07/16 at 11:40 A.M. revealed: -Staff reported to her when things needed to be fixed. -She couldn't get things fixed if she did not know about them. -It was her responsibility to call maintenance with any needed repairs for the faciltiy. -The facility used a corporate maintenance crew and she would check the list to see what had been done and report all the needed repairs.	D 079		

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D 079	Continued From page 17 -She would check with maintenance about getting the windows fixed in the shower rooms. -She would have someone to look at the window in Room #9. -She knew that some of the doors in the facility were corroded. -She had ordered for 3 doors to be replaced due to rust spots and peeling paint but they had not arrived yet. -One of the doors she had ordered was for the exit door in the common sitting room. -She would check to see what could be done about the faucets with the white deposits. -She was not aware of the exposed cable wire in the common living room on the C Hall and she would get someone to fix it. -She was responsible for the housekeeping staff. -She would have to check to see exactly what the housekeeping staff were doing in cleaning the residents' rooms, bathrooms, and common areas. -It was expected for the housekeeping staff to clean all of the bathrooms in the facility every day. -She would see what could be done to clean up the base board areas. -She would see if she could get someone to check out the areas of peeling paint on the walls and doors. _____ The facility provided a plan of protection on 4/7/16. -The Administrator had a meeting with the housekeeping and maintenance staff on 4/7/16 to implement their housekeeping schedule that will start 4/7/16. -The schedule included certain cleaning task that will be done daily. -An assessment of maintenance issues would be	D 079		

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D 079	Continued From page 18 assessed 4/7/16 by the Administrator and a work order list would be given to housekeeping/maintenance to complete. -Any maintenance/housekeeping issues would be reported to the Administrator or Resident Care Coordinator when they are identified. -The Resident Care Coordinator and the Administrator would check daily to ensure tasks had been completed. -A list of work orders would also be sent to the corporate office and needs for a work crew would be assessed. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 22, 2016.	D 079		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 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 food preparation areas, ice machine, reach-in freezer and reach-in coolers and the resident dining rooms were clean and protected from contamination. The findings are: Observation of a 2 sink preparation area, in the kitchen on 4/5/16 at 8:57 AM revealed: -There were 2 drawers that were stacked on top	D 282	The facility has proper preparation area to assure all meals will be free from contamination. - The facility will maintain a clean & safe area free from contamination staff will follow the cleaning schedule daily. - all staff will contribute and work daily to assure all areas of the kitchen is free from unsafe & hazard area. - The administrator will check daily and monitor weekly.	5/31/16

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D 282	Continued From page 19 of each other, sitting on top of the sink. -The drawers contained an apron and white towels with greyish brown stains. Observation of a sink in front of the back pantry in the kitchen on 4/5/16 at 8:58 AM revealed: -A can of oven cleaner with no top was sitting in the sink. -The hot and cold water handles had a brown discoloration under the clear plastic. -The 2 cabinet doors under the sink were open and there was a plastic bin of opened cleaning chemicals and a white towel with brown, greyish stains. Observation of a one door reach-in cooler on 4/5/16 at 8:50 AM revealed: -There was a facility refrigerator temperature log dated April 2016 attached to the front of the refrigerator. -There were dates written in for all days in April. -There were no recorded temperatures on the sheet. -When the door was opened, the cooler felt the same temperature as a kitchen. -There were whole green peppers in a bin on a shelf inside the cooler. -There was a 1 pound opened container of relish with no date on the shelf inside the cooler that was labeled to refrigerate after opening. -There was a 1 pound opened container of yellow mustard with no date on the shelf inside the cooler. -There was an opened container of BBQ sauce with no date on the shelf inside the cooler. Second observation of the one door reach-in cooler on 4/6/16 at 9:04 AM revealed: -There was a facility refrigerator temperature log dated April 2016 attached to the front of the	D 282		

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D 282	Continued From page 20 refrigerator. -There were dates written in for all days in April. -There were no recorded temperatures on the sheet. -When the door was opened, the cooler felt the same temperature as a kitchen. -There were whole green peppers in a bin on a shelf inside the cooler. -There was a 1 gallon opened container of relish with no date on the shelf inside the cooler that was labeled to refrigerate after opening. -There was a 1 gallon opened container of yellow mustard with no date on the shelf inside the cooler. -There was an opened container of BBQ sauce with no date on the shelf inside the cooler. -There was a small bowl covered in tin foil with unknown contents with no date. -There were 2 pitchers of red punch drink. Third observation of the one door reach in-cooler on 4/7/16 at 8:57 AM revealed: -There was a facility refrigerator temperature log dated April 2016 attached to the front of the refrigerator. -There were dates written in for all days in April. -There were no recorded temperatures on the sheet. -When the door was opened, the cooler felt the same temperature as a kitchen. -There was a 1 gallon opened container of relish with no date on the shelf inside the cooler that stated refrigerate after opening. -There was an opened bottle of apple juice with no date that stated refrigerate after opening. Interview with the Dietary Aide on 4/7/16 at 8:57 AM revealed she was unsure of how long the items had been in the broken cooler and threw the items in the trash.	D 282		

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D 282	Continued From page 21 Observation of the ice machine on 4/6/16 at 9:06 AM revealed: -There was a dried brownish white chalky substance on the metal border under the lid. -The blue ice scoop and handle was completely under the ice. -There was a black substance on the 2 rubber pieces on the inside white flap in the back of the machine. -There was thick dust on the outside 2 front, top vents of the machine. -There was dried food particles on the inside of the lid. Observation of the 3 door reach-in freezer on 4/6/16 at 8:40 AM revealed: -There were unknown crumbs in all 3 door handles. -There were frozen chicken pieces in a clear, plastic bag closed by a tie, on the far right door, resting on top of frozen vegetables. -There were frozen chicken pieces in a clear, plastic bag closed by a tie, in the middle door, resting on top of frozen vegetables. -There was a dried, cloudy, uncolored substance on the front of all three doors. -There were dried food particles stuck to the outside of the doors. -There were food particles and corn kernels on the bottom shelf throughout the bottom of the freezer. Observation of a 2 door reach-in cooler on 4/6/16 at 9:00 AM revealed: -There was an opened 5 pound container of cole slaw with no date. -There was an opened 5 pound container of pimento cheese with no date. -There were individually wrapped ½ peanut butter	D 282		

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D 282	Continued From page 22 and jelly sandwiches in a plastic bin with no date. -There were dried food particles on the outside of the doors. -There were dried food particles in the outside handles. Interview with the Cook on 4/5/16 at 8:50 AM revealed: -She and a dietary aide worked in the kitchen. -There was another team that consisted of a cook and a dietary aide that worked on the other days. -The one door reach in cooler had been broken (time unknown) and the facility was working on getting a new one. -They only had the food items in the broken cooler because they were expecting a food truck delivery and needed the space. Interview with the Cook on 4/6/16 at 8:45 AM revealed: -She was not aware of any particular cleaning schedule for the kitchen. -She was told by the Administrator that the kitchen needed to be cleaned daily by wiping everything down. -She was not aware of when the last time the ice machine was cleaned. -She thought the other Cook handled the cleaning of the inside of the ice machine. Interview with the Dietary Aide on 4/6/16 at 8:47 AM revealed: -She tried to wipe down everything daily. -She was not aware of any particular cleaning schedule. Interview with the second Cook on 4/7/16 at 8:42 AM revealed: -She was hired a few months ago (time unknown).	D 282		

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D 282	Continued From page 23 -She had not received any formal training regarding cleaning of the kitchen. -She just tried to keep things clean and wipe down the surfaces. Interview with a second Dietary Aide on 4/7/16 at 8:45 AM revealed: -The kitchen staff used to utilize a cleaning schedule but she was unsure of where it was. -She just tried to keep things clean and wipe down everything daily. Interview with the Administrator on 4/6/16 at 1:20 PM revealed: -There was a cleaning schedule for the kitchen. -The cleaning schedule was posted in the kitchen. -The kitchen staff knew there was a cleaning schedule. -She would ensure the kitchen staff was cleaning according to the schedule. -There was no particular person responsible for cleaning the ice machine. -The ice machine was purchased in the last year and they call a company to come and service it. -There was no record of having the ice maching serviced. -She had the owners manual to the ice machine in the business office. Observation of the Dining Room for A Hall on 04/07/16 at 8:55 AM revealed: -Three plastic pitchers filled with water were uncovered and sitting out on each of the 3 tables along the back wall of the dining room. -The nozzle and backsplash to the water cooler was marked with several brown stains. -There were no cups available in the dining room for residents to obtain a drink of water. -The door leading from the dining room to the	D 282		

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D 282	Continued From page 24 kitchen was scarred with dark black/brownish stains and scrape marks across the lower half of the door. Interview with the cook on 04/07/16 at 9:03 AM revealed: -The pitchers of water were left out on the table so the residents could have water to drink. -The pitchers were normally covered with plastic wrap when they were left on the table. -She didn't know why those 3 pitchers were uncovered unless a resident removed the plastic wrap from them. -The nozzle and backsplash to the water cooler was cleaned at least daily and more often if needed. -The residents messed up the nozzle and backsplash on the water cooler as fast as the staff cleaned the area. -Pitchers of water were made available for the residents who could not operate the water cooler to get water. -The residents normally brought their own cups to get water from the dining room. -She was not sure what could be done about the door to the kitchen. Observation of Dining Room for A Hall on 04/07/16 at 8:57 AM revealed: -The Administrator asked the dietary manager to remove the uncovered pitchers from the dining area. -No additional pitchers of water were provided for the A Hall dining room. Interview with Administrator on 04/07/16 at 8:58 AM revealed: -She did not know why the pitchers of water were out on the table uncovered. -She had the dietary manager to remove the	D 282		

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D 282	Continued From page 25 uncovered pitchers from the tables. -The facility used water pitchers and the water cooler to make water available for the residents to drink. -She would talk with the dietary staff to make sure water pitchers were not left out uncovered. -She would talk with the dietary staff to maintain the cleanliness of the nozzle and backsplash on the water cooler more often. -She would check to see what could be done about the door to the kitchen. Observation of the dining room on the C hall on 04/07/16 at 11:10 AM revealed: -The light switch cover had chipped/peeling paint. - The green cabinet in the dining room had clipped paint and the knob was missing to the right cabinet door. -The side of the green cabinet was stained with brown spots. -The areas to the base of the cabinets were dirty and corroded. -There were 3 water jugs prepared for lunch with missing cover tabs to their lids. -There was a half filled water pitcher with a cracked blue lid sitting on the far table in the dining room. Review of the dietary cleaning schedule provided by the Adminstrator on 4/6/16 revealed: -The sheet would be dated for an entire week at a time. -Each day would have cleaning tasks. -After each task was completed, the kitchen staff were to place their initals beside the task. -There was no signed dietary cleaning schedule found in the notebook for any dates.	D 282		

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D 291	Continued From page 26	D 291		
D 291	10A NCAC 13F .0904(c)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain matching menus in the kitchen for the current menu day and therapeutic cycle menu for resident's that had orders for a pureed, no added salt and a no concentrated sweets diet for guidance of the food service staff. The findings are: Observation of the kitchen on 4/5/16 at 8:50 AM revealed: -There was a Fall/Winter weekly menu 2015-2016 week 2 posted in the kitchen. -There was a stack of therapeutic cycle menus in a binder clip in a clear, plastic sleeve on the wall. -The therapeutic cycle menu posted in the kitchen for Fall/Winter weekly menu 2015-2016 week 4 was on the top and facing out of the sleeve on the wall for viewing. Interview with a Cook on 4/5/16 at 8:50 AM revealed: -The kitchen staff only used the weekly menu. -The kitchen staff was following the Fall/Winter weekly menu 2015-2016 week 2.	D 291	- The facility has a five Cycle menu with the attached diet sheet indicating the Serving Size. - The five Cycle menu will Continue and be Carried out accordingly weekly. - The dietary Supervisor will monitor daily to assure the menus are being followed as scheduled. - A daily review of menus food preparation will be done to assure all diets are Carried out accordingly. - Kathy Sodoma will conduct a inservice on portion Control therapeutic diets any other needed concerns regarding the kitchen area.	5/31/16

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D 291	Continued From page 27 -The kitchen staff did not follow a therapeutic cycle menu. -She did not follow a menu that included serving sizes. -The weekly menu had each day with breakfast, lunch and dinner listed so they knew what to prepare for that day. -All the residents were served the same thing. -The residents would choose what beverage they wanted with their meals. -All the tea was sweetened with sugar. Interview with a Dietary Aide on 4/5/16 at 9:00 AM revealed: -She was not responsible for the menus. -She just helped the cook prepare the food that the cook told her. -All the residents were served the same thing. -The only time the residents were given something different is if they didn ' t like what they were serving. -If a resident did not like what they were serving they would offer them a sandwich. Review of the weekly menu for Fall/Winter 2015-2016 week 2 menu for 4/5/16 revealed: -Breakfast was to include: vitamin C juice, cereal, biscuit, turkey sausage patty, hash browns and 2% milk. -Lunch was to include: beverage, baked glazed ham, sweet potatoes, greens, fruit crisp and corn bread. -Dinner was to include: BBQ chicken, baked beans, corn cobbette, banana pudding, white/wheat roll and 2% milk. Review of the therapeutic cycle menu in the kitchen for Fall/Winter weekly menu 2015-2016 on 4/5/16 revealed the menu was for week 4.	D 291		

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D 291	Continued From page 28 Observation of the lunch meal on 4/5/16 at 12:00 PM revealed: -All residents were served tea. -There were water pitchers on every table. -All residents were served a slice a baked glazed ham, sweet potatoes, greens, diced peaches and corn bread. Interview with the Administrator on 4/6/16 at 8:58 AM revealed: -She checked with the kitchen staff every morning to see what they will prepare for meals. -They utilized the menus posted on the wall. -If there was something on the menu that the kitchen did not have in stock, she would go to the grocery store. A second interview with the Administrator on 4/6/16 at 1:20 PM revealed: -She would ensure the kitchen staff were retrained on how to utilize the therapeutic diet menu based on diet orders and serving sizes. -She had spoken with the corporate office and obtained menus that she would utilize. -She had placed these menus in the kitchen on 4/5/16. -She had to substitute the meat selection on the therapeutic menu that corporate had provided because it did not match the Fall/Winter weekly menu 2015-2016 week 2. -She would record this substitution in the kitchen food substitution book. Interview with the second Cook on 4/7/16 at 8:45 AM revealed: -The kitchen had a therapeutic menu that showed serving sizes but the kitchen staff just served everyone the same thing. -There was no one that had instructed her to serve things any different.	D 291		

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D 291	Continued From page 29 Interview with the second Dietary Aide on 4/7/16 at 8:50 AM revealed: -She followed the weekly menu and not the daily therapeutic menu. -She would serve the diabetics the unsweet tea as their beverage. -All residents were served the same thing.	D 291		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a matching therapeutic diet menu for 1 of 5 sampled resident (#1) with diet orders for a combination no added salt (NAS)/ no concentrated sweets (NCS) diet. The findings are: Review of Resident #1's FL-2 dated 3/10/16 revealed: -The resident's diagnoses included insulin dependent diabetes mellitus and benign hypertension. -Resident #3 was admitted on 3/27/15. -The diet ordered was a NAS/NCS diet. Review of facility diet list (no date) revealed Resident #1 was listed to receive a NAS/NCS diet.	D 296	- The facility will provide matching Therapeutic diet menu for those resident that require the diet. - The RCC will provide a list indicating what resident requires the diet. - The RCC & administrator will monitor daily & weekly as the menu changes to assure the diets are followed accordingly. - monitoring daily & weekly and as needed.	5/31/16

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D 296	Continued From page 30 Review of residents weekly fall/winter cycle 4 menu for 4/5/16 revealed there was no menu for the NAS/NCS diet. Observation of Resident #1's lunch meal on 4/5/16 revealed: -At 12:08 PM, the resident was served a 2 ounce slice of baked glazed ham, ½ cup of baked sweet potatoes, 1/2 cup of greens, diced peaches in light syrup, corn bread and 12 ounces of tea and 2 sugar substitute packets. -At 12:32 PM, the resident had consumed all of her meal and drank ½ of her tea. Interview with Resident #1 on 4/5/16 at 12:32 PM revealed: -She was a diabetic and she had to take blood pressure medication. -The tea she was given at lunch was sweet but she added the sugar substitute packets to make it taste sweeter. -The facility gave her sugar cookies for snacks. Interview with a Cook on 4/5/16 at 8:50 AM revealed: -The kitchen staff only used the weekly menu and not the therapeutic menu. -There was a diabetic list on the refrigerator. -The weekly menu had each day with breakfast, lunch and dinner listed so they knew what to prepare for that day. -All the residents were served the same thing. -The residents would choose what beverage they wanted with their meals. -All the tea was sweetened with sugar, they did not make unsweet tea. Interview with a Dietary Aide on 4/5/16 at 9:00 AM revealed:	D 296		

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D 296	Continued From page 31 -She was not responsible for the menus. -She just helped the cook prepare the food that the cook told her. -All the residents were served the same thing. -The only time the residents were given something different is if they didn't like what they were serving. -If a resident didn't like what they were serving they would offer them a sandwich. Interview with the Administrator on 4/6/16 at 8:58 AM revealed: -She checked with the kitchen staff every morning to see what they will prepare for meals. -They utilized the menus posted on the wall. -There was a weekly menu and a therapeutic menu posted in the kitchen for staff guidance. -If there was something on the menu that the kitchen did not have in stock, she would go to the grocery store. Interview with the Resident Care Coordinator on 4/6/16 at 1:20 PM revealed she understood that with the combination diet NAS/NCS, there needed to be a therapeutic menu for kitchen staff to follow. Continued interview with the Administrator on 4/6/16 at 1:20 PM revealed: -She would ensure the kitchen staff were retrained on how to utilize the therapeutic diet menu based on diet orders and serving sizes. -She was not aware there had to be a NAS/NCS diet option listed on the therapeutic menu, she thought the individual NCS and NAS diets could both be used. -She thought the NAS diet would not have added salt and the NCS diet would not receive the dessert every day, only certain days a week or by physician order.	D 296		

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D 296	Continued From page 32 -She had spoken with the corporate office and obtained menus that she would utilize. -She had placed these menus in the kitchen on 4/5/16. -She would consult the dietician and primary care provider to ensure the facility was providing the diet that was ordered.	D 296		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to offer 8 ounces of milk twice a day to 5 of 5 (#1,#2,#3,#6,#7) sampled residents that were to have received milk. The findings are: Review of Resident's #1,#2,#3,#6,#7 diet orders revealed each resident should have received milk twice a day. Observation of the refrigerator on 4/6/16 at 11:45 AM revealed there were 13 gallons of milk.	D 299	- The facility will provide milk twice a day accordingly, and provide the accuate amount to any resident that has an order. - The facility will provide milk for each table twice daily as required. - The dietary aide will assure milk is available during the time is required to be served. - The RN c.a administrator will monitor daily to assure the task has been carried out.	5/31/16

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D 299	Continued From page 33 Observation of the lunch meal on 4/6/16 at 11:45 AM revealed 5 of 5 sampled resident's (#1,#2,#3,#6,#7), were not served or offered milk. Review of the 4/6/16 menu revealed 8 ounces of 2% milk were to be served to all residents at breakfast and dinner, no milk was to be served at lunch. Observation of the dinner meal on 4/6/16 at 5:05 PM revealed no milk was served on the table to 5 of 5 sampled resident's (#1,#2,#3,#6,#7). Review of the weekly menu for Fall/Winter 2015-2016 week 2 revealed the residents were to be served milk at breakfast and at dinner and 4 out of 7 days for bedtime snack. Interview with a Cook on 4/6/16 at 8:15 AM revealed: -She was trained by another kitchen staff. -Milk was served if there was a doctor's order at lunch and dinner. -Some resident's didn't like milk. -The facility only served milk to all resident's during the breakfast meal. -She was not aware the facility must offer milk to all resident's twice a day. Interview with the Dietary Aide on 4/6/16 at 9:00 AM revealed: -She served milk at breakfast. -There was only 1 resident that was supposed to receive milk at lunch and dinner. -The kitchen staff only served milk to all resident's once a day. Interview with a Personal Care Aide (PCA) on 4/6/16 at 9:30 AM revealed: -She had worked day shift 7:00 AM-3:00 PM and	D 299		

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D 299	Continued From page 34 evening shift 3:00 PM-11:00 PM. -The PCA was responsible to monitoring meals in the dining rooms. -The facility always served milk at breakfast to all residents. -The facility used to serve milk in the evenings but they did not do that anymore. -She was not sure why the facility only served milk at breakfast. -She had never seen milk served during lunch or dinner except to 1 resident. -She thought the resident that received milk during lunch and dinner had a physician's order. Interview with a second PCA on 4/6/16 at 9:35 AM revealed: -She monitored meals in the dining room. -The residents only received milk at breakfast. -The Medication Aide (MA) told her which residents got milk at lunch and dinner because they had a physician's order. Interview with a third PCA on 4/6/16 at 10:10 AM revealed: -She had worked at the facility less than a year. -She monitored meals in the dining room. -She had worked day and evening shifts. -She had never seen milk served at lunch or dinner. Interview with a resident on 4/6/16 at 10:30 AM revealed: -The residents were only given milk at breakfast. -She had never asked for milk at any other time. Interview with a second resident on 4/6/16 at 10:31 AM revealed: -He only received milk at breakfast. -He had never asked for it at other times. -They kitchen staff used to serve it more often	D 299		

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D 299	Continued From page 35 once a day but he didn't know why they stopped. Interview with a third resident on 4/6/16 at 10:32 AM revealed: -She was given a small glass of milk in the morning at breakfast. -She had never been given milk at another other time other than at breakfast. -She had never asked for it at other times. Interview with the Administrator on 4/6/16 at 1:20 PM revealed: -The kitchen staff followed the menu which said to serve with breakfast and dinner. -There was enough milk kept in the refrigerator to serve milk to all residents twice per day. -Some resident's did not like milk. -At breakfast the milk is poured in a cup and placed on the table in front of the resident. -At dinner the milk is poured in a cup and placed on the tablet in front of the resident. -She was aware all residents were to be served milk twice a day per the menu unless there was a physician's order that stated otherwise. -The residents were served milk in the morning and in the evening. Interview with a second Dietary Aide on 4/7/16 at 8:45 AM revealed: -The kitchen staff always served milk at breakfast. -There were some resident's that had a physician's order to receive milk at lunch and dinner.	D 299		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train	D 468	– The facility will provide 6 hours of Training, alone with twenty hours within 6 months of being hired.	

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D 468	Continued From page 36 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 3 of 6 sampled staff (Staff A, B and D) assigned to perform duties in the special care unit received the 20 hours of training within six months of employment. The findings are:	D 468	- The facility has enstrum to provide training for the twenty hours required. - The continuation of training will be kept in place for All new hire to obtain the require hours. - The business office manager will review chart daily to make sure all proper paperwork has been obtain. - The administrator will review charts weekly of all new hires to assure all proper paperwork has been obtain accordenly.	5/31/16

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D 468	Continued From page 37 1.Review of Staff A's personnel record revealed: -Staff A was hired on 9/15/15 as a personal care aide (PCA). -There was no documentation to show Staff A had completed 20 hours of orientation on the nature and needs of the resident in a special care unit within the first 6 months of working on the special care unit. Review of the staff schedule dated 3/27/16 through 4/23/16 revealed Staff A was on the schedule to work 20 shifts as a Medication Aide at the facility. Refer to interview with the Resident Care Coordinator on 4/7/16 at 8:30 AM. Refer to interview with the Office Manager on 4/7/16 at 9:15 AM. Refer to interview with the Office Manager on 4/7/16 at 12:15 PM. Refer to interview with the Administrator on 4/7/16 at 12:15 PM. 2.Review of Staff B's personnel record revealed: -Staff B was hired on 3/30/15 as a personal care aide (PCA). -Staff B completed the requirements to work as a Medication Aide on 4/21/15. -There was no documentation to show Staff B had completed 20 hours of orientation on the nature and needs of the resident in a special care unit within the first 6 months of working on the special care unit. Review of the staff schedule dated 3/27/16 through 4/23/16 revealed:	D 468		

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D 468	Continued From page 38 -Staff B was on the schedule to work 20 shifts at the facility. -She was scheduled to work as a supervisor of the entire facility on third shift. Refer to interview with the Resident Care Coordinator on 4/7/16 at 8:30 AM. Refer to interview with the Office Manager on 4/7/16 at 9:15 AM. Refer to interview with the Office Manager on 4/7/16 at 12:15 PM. Refer to interview with the Administrator on 4/7/16 at 12:15 PM. 3.Review of Staff D's personnel record revealed: -Staff D was hired on 2/1/15 as a personal care aide (PCA). -There was no documentation to show Staff D had completed 20 hours of orientation on the nature and needs of the resident in a special care unit within the first 6 months of working on the special care unit. Review of the staff schedule dated 3/27/16 through 4/23/16 revealed Staff D was on the schedule to work 19 shifts. Refer to interview with the Resident Care Coordinator on 4/7/16 at 8:30 AM. Refer to interview with the Office Manager on 4/7/16 at 9:15 AM. Refer to interview with the Office Manager on 4/7/16 at 12:15 PM. Refer to interview with the Administrator on 4/7/16	D 468		

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D 468	Continued From page 39 at 12:15 PM. Interview with the Resident Care Coordinator (RCC) on 4/7/16 at 8:30 AM revealed: -The Office Manager kept up with the employee personnel records. -The facility scheduled employee trainings. -The Administrator and the RCC would determine what trainings were needed and the Office Manager would assist in coordinating trainings. Interview with the Office Manager on 4/7/16 at 9:15 AM revealed: -She could not locate any documentation of Staff A, B or D having had the 20 hours training to work on the special care unit. -She would check with Staff A, B and D to see if they had any training certificates that she did not have in their personnel record. -All staff that was hired watched a video about the special care unit during their first week. -The video was the training for the 6 hour requirement to work on the special care unit. -She was not aware there was a 20 hour training required within the first 6 months of hire. Interview with the Office Manager on 4/7/16 at 12:15 PM revealed: -The facility had a contract with a nurse that performed all training to staff. -The nurse that performed the training had been out of work for a while. -The nurse came back in February 2016. -Depending on when a staff had been hired, there were less trainings offered towards the end of the year. Interview with the Administrator on 4/7/16 at 12:15 PM revealed: -She thought all the staff had the special care unit	D 468		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046019	A. BUILDING: _____ B. WING _____	04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 468	Continued From page 40 training that included the 6 hour and 20 hour requirement. -She thought the staff had one year to complete the 20 hour special care unit training from their date of hire.	D 468		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure appropriate care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to maintaing a faciltiy in an uncluttered, clean and orderly manner and free of all obstructions and hazards. The findings are: Based on interviews and observations, the facility failed to maintain areas that were uncluttered, clean and orderly manner, free of all obstructions and hazards to the doors, residents rooms, residents' bathrooms, common shower rooms, common living rooms, and dining areas. [Refer to Tag D0079, 10A NCAC 13F .0306 (a)(5) Housekeeping and Furnishings. (Type B Violation)].	D912	- The facility implemented a system to assure all area of the resident room are free from cluttered items and provide a safe entrance walk way. - The facility will have a inservice regarding resident Rights. - The facility RN will conduct a inservice by 5/31/16 on resident Rights. - The facility will have inservice as needed on resident rights. 5/31/16	