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
	FCL092153	A. BUILDING: _____ B. WING _____	12/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MANOR AT EDGEWATER	1038 STORMY LANE RALEIGH, NC 27610

(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 conducted an annual survey on 12/8/15-12/10/15.	C 000		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .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 observations and interviews, the facility failed to ensure the family care home was maintained in an uncluttered, clean, and orderly manner in resident living areas, and the floors were free of obstructions and hazards in the kitchen, hallway, and entrance to resident bedroom. The findings are: Observation of the facility during the tour of the family care home on 12/8/15 between 11:05am and 11:55am revealed: 1. The dining room floors had a sticky substance on them around the dining table. -There was a sticky substance underneath the small refrigerator between the dining table and French doors. -The kitchen table tops had a sticky substance on	C 078	RECEIVED JAN 21 2016 ADULT CARE LICENSURE SECTION RALEIGH 12/15/15 The Facility had Contracted a Contractor to Fix the flooring prior to the survey visit and the contractor was scheduled to do the floors two days after the survey visit day and the State surveyors were notified that there is a plan	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Ellen Rogers — Administrator — 1/18/16

STATE FORM 6899 NQB911 If continuation sheet 1 of 19

Reviewed + Accepted - BR 1/22/16

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C 078	Continued From page 1 them. -The blinds on the French doors in the dining area had a yellowish-brown stained appearance with dust and dirt build-up on the slats. -Dirt and dust build-up was visible along the baseboards in the dining and kitchen areas. -The kitchen cabinets had multiple stains throughout. -Four pieces of laminate wood flooring in front of the kitchen sink area were loose and had gaps between them. When walked on, the pieces would move back and forth creating a trip hazard for residents. -Two residents observed in the home used a walker for ambulation. 2. The Resident common bathroom revealed: -The shower curtain liner had spots of mildew and mold on the bottom half portion of the shower curtain. -A portion of the shower curtain was attached to the shower rod with plastic bags tied in knots. -The hallway outside of the bathroom had three pieces of laminate wood flooring that were loose and would move back and forth when walked on, creating gaps in the floor that posed a trip hazard. 3. Observation of the entry to one Resident bedroom revealed the strip of floor in the doorway unglued from the floor and was lying loosely in place and would move if stepped on creating a possible trip hazard for residents entering the bedroom. Interview with Supervisor-In-Charge (SIC) on 12/8/15 at 11:52am revealed: - "I was cleaning the house when you arrived. -I clean the shower 3-4 times a week. -The last time I cleaned the shower was this morning.	C 078	already in place to take Care of the floor. As of to date. The floors has been repaired and replaced. The stains in the kitchen, dining room and underneath the small refradgerator has been cleaned. The Shower Curtain and rods have been replaced, There was also extra bathroom Shower Curtain with rods that was kept at facility but new staff was not aware and did not notify administrator of Shower Curtain needed to be replaced. The Floors and strip of floor outside the bathroom and resident bedroom were all under plan to be repaired and replaced prior to survey. The house has always been maintained in a Clean environment	

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C 078	Continued From page 2 -I mopped the floors this morning also." Interview with the Administrator on 12/8/15 at 11:55am revealed: - "We will replace the shower curtain. -We contacted someone on Monday to fix the floors and he is coming on Wednesday. -The man came yesterday to look at the floors." -There have been no resident falls or injuries as a result of the gaps in the floor. Review of the facility's Inspection of Residential Care Facility report from the Division of Environmental Health dated 12/16/14 revealed: -The date of inspection was 12/16/14. -Total demerit score was 2. -Comments stated, "There were gaps in the floor in the kitchen. There were also loose pieces of floor boards in the kitchen. The floor boards are starting to peel in the kitchen. All floors must be in good repair." The facility provided the following Plan of Protection on 12/10/15: -The facility had hired a contractor to repair the furnishings of the house that needs repairing prior to visit and they are currently being repaired and also replaced. -The facility will ensure that the contractor information is available at the facility to call for any repair that needs to be done. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 24, 2016.	C 078	Staff cleans daily. POC: The facility will ensure that the house remains in good condition by staff notifying the contractor immediately when something needs to be repaired or replaced. The contractor's contact information is posted so the staff can have access to it at anytime to call for repairs. The staff also will keep the house cleaned at all times and the house will be inspected by management weekly to make sure that it is maintained in good condition.	12/15/15
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service	C 257	~~The chemicals have always been in a separate closets since the opening of facility.~~	

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C 257	Continued From page 3 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Type B Violation Based on observations and interviews, the facility failed to procure, store, and prepare foods and beverages in areas free of contamination. The findings are: Observation of the unlocked pantry on 12/8/15 at 11:45am revealed the following items were stored in the closet with food and beverages: -32 oz. bottle of insecticide -2 ½ gallon bottle of household cleaning product -3 liter bottle of bleach -22 lb. container of laundry detergent -25 oz. container of powdered multi-purpose cleaner -1 gallon of liquid laundry detergent -(4) 21oz. cans of insecticide -12 ½ oz. can of furniture polish -84 oz. bottle of drain cleaner -(4) 8 oz. cans of room spray -(2) 28 oz. bottles of hand sanitizer -56 oz. bottle of liquid hand soap -1 large tub of sanitizer wipes -1.32 gallon of all-purpose cleaner -The pantry was lockable and accessible to residents. Interview with the Administrator on 12/8/15 at 11:55am revealed:	C 257	The chemicals have always been in a separate closets and the new staff removed some of the chemicals and stored them in the food closet to make space for staff personal things, without notifying management. until day of survey, mgmt was unaware that the chemicals have been moved. Staff states that she moved them without notice to mgmt and stored them at the second food pantry because residents	

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C 257	Continued From page 4 -Chemicals are supposed to be in the other closet. -She [Staff A] just started about a month or so ago. Observation of the closet, located next to the Resident common bathroom, that the Administrator referred to where the cleaning products were to be located om 12/8/15 at 11:55am revealed that the closet was filled with clothes and blankets. This closet had a door lock on it, but was unlocked at the time of observation. The Administrator asked the Supervisor-In-Charge to move the items to this closet. Interview with the SIC on 12/8/15 at 11:57am revealed: -"I did not know the cleaning things could not be stored in the pantry closet. -Those are my personal things in this closet (the closet next to the Resident common bathroom)." Observation of the kitchen on 12/8/15 at 1:00pm revealed the following: -Six raw fish filets were found inside a kitchen cabinet in a plastic bowl with a paper plate lying on top. -Cooked rice was found in a small, porcelain bowl with a small butter plate lying on top sitting on the microwave. The rice was cold. -Lettuce greens kept in a plastic container were sitting on the kitchen counter. There was a label on the container that stated "keep refrigerated." -A small blue bowl of cooked potatoes was found in a bottom cabinet wrapped in foil with no date indicating when the food was prepared. -A small blue bowl of cooked, shredded meat was also found in the same bottom cabinet wrapped in foil with no date of when it was prepared.	C 257	dont use that pantry, which was used to store extra food items that are not used on a regular daily basis. POC: The facility has educated new staff on Storing cleaning chemicals separately from food products and to keep the cleaning chemical storage locked at all times. The facility will ensure that frequent checks done at facility to ensure compliance from staff. The new staff was in training during survey visit. Staff stated that she had taken out her food items to prepare her meal for the week, the day of the visit and she explained to the State survey rep	12/15/15

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C 257	Continued From page 5 -An opened package of bakery cakes dated 12/6/15 was found in a bottom cabinet with packages of chocolate and vanilla pudding. -The menu on the refrigerator revealed that baked fish filets on a bun, Cole slaw, and an orange was scheduled to be served for lunch on 12/8/15. Observation of the lunch meal on 12/8/15 at 12:10pm revealed: -The residents were served ham or turkey sandwiches (depending upon resident preference) on either wheat bread or a roll, potato chips, apple slices, and water or Sugar Free Cherry Limeade. Interview with the SIC on 12/8/15 at 1:20pm revealed: -Lunch was served between 12:30pm-1:00pm. -The food inside the two small blue bowls found in the bottom cabinets was Staff A's lunch. -The fish in the bowl found in the cabinet was Staff A ' s dinner. -The fish that was going to be served for lunch was in the freezer. (Staff A went to freezer and removed a bag of frozen fish.) -The pudding and cakes were for the residents. -"I put the fish in the cabinet when you arrived. I put my food under the cabinet then, too." Observation of the unlocked pantry on 12/9/15 at 1:30pm revealed the following items remained in the closet with food and beverage items: -32 oz. bottle of insecticide -2 ½ gallon bottle of household cleaning product -25 oz. container of powdered multi-purpose cleaner -1 gallon of liquid laundry detergent -12 ½ can of furniture polish -(4) 21 oz. cans of insecticide	C 257	that some of the foods were here. Though fish was on Lunch menu, however, only 3 residents are available at the facility for lunch at the time of survey. The fourth resident refused Lunch. The fish that was out, does not match the type of fish the facility buys for the residents and the staff states she bought the fish at the African food market. Secondly the fish would not have been taken out for only 3 residents. Some of the residents put their personal food in the cabinet per staff. 12/20/15 POC: The facility has given new staff training on food and nutrition and	

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C 257	Continued From page 6 -(4) 8 oz. cans of room spray -56 oz. bottle of liquid hand soap -1 large tub of sanitizer wipes Observation of the pantry on 12/10/15 at 12:00pm revealed the pantry door was locked. Staff A unlocked the door. The following items were found to be stored in the pantry with food and beverages: -12 ½ can of furniture polish -(4) 8 oz. cans of room spray - 56 oz. bottle of liquid hand soap -1 large tub of sanitizer wipes -Staff A immediately moved the items out of the closet and placed them under the unlocked bathroom cabinet in the Resident common bathroom. Interview with the Administrator on 12/10/15 at 12:35pm revealed: - "Staff A notified me about the fish in the cabinet. -She told me that it was her food for the week. -I told Staff A that it did not matter whose food it was, that it was still not stored properly. -Staff A is still in training and she is new." The facility provided the following Plan of Protection on 12/10/15: -The facility will train SIC immediately on nutrition and food service to ensure that SIC understands nutrition and food service tasks for FCH. -SIC will be supervised during and after training until competency is completed. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 24, 2016.	C 257	I will ensure that Staff continues to receive reinforcement training on food and nutrition including proper food storing and preparation.	

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C 293	Continued From page 7	C 293		
C 293	10A NCAC 13G .0905 (e) Activities Program 10A NCAC 13G .0905 Activities Program (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks. This Rule is not met as evidenced by: Based on observations, interviews, and review of the facility's activity calendar, the facility failed to develop a program of activities designed to promote the residents' active involvement. The findings are: Observation during tour of the facility on 12/8/15 revealed: -There was an activity calendar posted in the kitchen area on the wall. -Daily devotional was scheduled every day for the month of December at 8am. -On 12/8/15, computer studies was scheduled from 7-8pm. -On 12/9/15, a house meeting was scheduled from 6-7pm. -Other activities listed on the calendar included: yoga, Bingo, movie night, brain teasers, crossword puzzles, board and card games, and shopping. -There was one outing scheduled on 12/26/15 for	C 293	There is an activity calender posted for residents to participate on, however, residents have been refusing to participate in activities for a while now. They prefer to play bingo only if monetary compensation or prize was offered. Administrator told residents that no monetary prize will be offered in order to play bingo so residents refrained from participation.	1/5/16

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C 293	Continued From page 8 "Walk in the Park" from 2:00pm-4:00pm. -Each Sunday, the schedule revealed "Church Services" from 8:30am-12:00pm. -Each week averaged 14-15 ½ hours of planned activities. Interview with a resident on 12/9/15 at 12:00pm revealed: - "We all have different backgrounds. -We do the devotionals on our own. -We don'tt force anyone to do devotion." Interview with a second resident on 12/9/15 at 1:00pm revealed: - "I don't remember if anyone ever asked me about things I like to do. -They do not have a lot of different activities at the facility. - We don't ever do anything. -What you see on that calendar does not happen. - The others go out to church, but I don't go because I'm Catholic. - We don't have devotion. -We never play Bingo or other games like the calendar says. -I stay in my room and watch football or play games on my computer." Interview with a third resident on 12/9/15 at 3:45pm revealed: - "They know things I like to do. -They don't have a variety of things for us to do. -We have a calendar up, but none of the things listed on there are done with us. -There are no activities at all. - About once a month, we do go to Wal-Mart for about two hours, but it takes me that long to figure out where three or four things are in the store. -What I would like is Bingo. I love Bingo.	C 293	The facility offered to train on Computer use and games on Computer, however, no resident seemed interested except for one resident who was using computer to play games. The residents at that house dont want to participate in many activities in doors, but are willing to always want to go out. Due to lack of interest from residents, some activities were not done. Residents were not forced to participate. Activities were always offered and residents showed no interest despite what was reported. POC: Administrator and activity director has instructed staff on activities and also with residents on various activities. An activity participation log	

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C 293	Continued From page 9 -None of the games on there we do. -We didn't have a computer activity last night. -I read the little daily bread things my roommate gave me and at night, my roommate will read to me from the Bible." Observation on 12/9/15 at 6:15pm revealed that the house meeting that was scheduled to begin at 6:00pm had not started. Telephone Interview with Staff B, Supervisor-In-Charge (SIC) on 12/10/15 at 8:35am revealed: - "I'm in charge of Activities and taking residents to their appointments. -I usually go to the homes every day because they need to be taken to the doctor. -Residents do devotion on their own. -Most of the residents go to day programs so they participate in activities there. -The residents at the home have ballgames and other games, but it is up to them; it's their choice. -We had a house meeting last night from 6-7pm." Interview with two residents on 12/10/15 revealed they did not attend a house meeting on the evening of 12/9/15. Interview with the Administrator on 12/10/15 at 11:20am revealed: -The other homes were more active. -The residents here do not want to be involved in the activity. -Bingo was the only game they wanted to play, and only if the prize was money. -Most of the time, the residents wanted to watch a movie. -Indoor activities were not something they did. -They liked to go out for activities; that was the only time they got excited.	C 293	created to indicate the achivity participation of residents on a daily basis. the activity director will check on activity participation weekly and also get ongoing suggestions from residents when updating new ~~monthly~~ activity. Staff is instructed to offer activity and document participation. Activity Calenders are also posted in each room for residents to see activities for the ~~month~~	

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C 293	Continued From page 10 Observation throughout the survey on 12/8/15 - 12/10/15: -No activities were observed to be done or offered in the facility. -The residents usually gathered in the dining area for lunch and supper, and then remained in their own rooms at other times. -Two residents attended a day program until approximately 3:30pm each day.	C 293		12/15/15
C 350	10A NCAC 13G .1005 (a) Self-Administration Of Medications 10A NCAC 13G .1005 Self-Administration Of Medications (a) The facility shall permit residents who are competent and physically able to self-administer to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 4 sampled residents (Resident #4) had an order for the resident to self-administer two prescription medication creams and two over-the-counter medications that were kept at the resident's bedside.	C 350	The Facility management and staff was not aware that the resident has OTC meds in the room. The resident had gone for few days with family members and did not notify any body about the OTC meds. Administrator asked resident where he got the meds from, resident # 4 stated that the doctor gave him the cream and the pills he bought from the store. Administrator called doctor's office to clarify, however, doctor's office staff are not aware of Med given to resident	

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C 350	Continued From page 11 The findings are: Observation of Resident #4's room on 12/8/15 during the tour of the facility at 11:25am revealed the following medications on Resident #4's nightstand: -One bottle of Ibuprofen 200mg; 500 count bottle (Ibuprofen is an anti-inflammatory drug used to treat fever and mild to severe pain.) -One tube of Mupirocin 22 grams cream (Mupirocin is a prescription antibiotic cream used to treat skin infections.) -One tube of Clotrimazole cream 1% (Clotrimazole is an antifungal cream used to treat common fungal infections associated with athlete's foot, jock itch, and other fungal skin infections). Review of Resident #4 's FL2 dated 9/16/15 revealed: -Resident was admitted to the facility on 9/15/15. -Resident diagnoses included: cognitive impairment, depression, hypertension, diabetes, arthritis, and neuropathy. -Mediation orders included: Folic Acid 1mg daily Aspirin 81 mg daily Atenolol 50 mg daily Citalopram 10mg daily Meloxicam 7.5mg twice daily as needed for pain Donepezil HCL 10mg at bedtime Metformin HCL 500mg twice daily Simvastatin 10mg nightly Multivitamin daily Gabapentin 300mg three times daily Tramadol-Acetaminophen 37.5-325mg every 8 hours as needed for pain -No subsequent orders for Resident #4 to	C 350	by doctor. Administrator spoke to doctor who stated that resident did not get med from him, however, wanted to know if resident needs cream. Resident was notified of doctor's statement and that resident needs to get an order from the doctor. Prior to doctor's conversation with administrator, all OTC meds were removed from resident's room. Resident # 4 moved to facility a few months prior, and moved from home where resident was used to self administering some meds, however, upon admission to facility, resident and family members were advised that all meds including OTC meds has to be locked in the med cart. Resident and family verbalized understanding. Resident's family stated at time	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MANOR AT EDGEWATER	1038 STORMY LANE RALEIGH, NC 27610

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C 350	Continued From page 12 self-administer Ibuprofen, Mupirocin, or Clotrimazole cream or to have these medications at bedside were noted in the resident's record. Interview with Resident #4 on 12/9/15 at 1:00pm revealed: - "I use these creams when I have the jock itch. -My doctor gave them to me." - "I take the Ibuprofen when I want to. I got it one day when my family took me out." Observation of Resident #4 during the interview on 12/9/15 at 1:00pm revealed: -Resident #4 opened up the top drawer of his nightstand and pulled out a bottle of No Miss Fungal Killer (used to treat fungal infections associated with toenails and fingernails) that he used on his toe when he had a fungus a while back, because his doctor told him to get it. -Resident #4 also found a jar of Desitin cream (used to treat common skin rashes) that he usesd when he wanted to "relieve aches." Interview with Staff B, Supervisor-In-Charge, on 12/10/15 at 8:35am revealed: -Resident #4 should not have any cream in his room unless it is body cream. -Anything else should be on the medication cart and locked up for staff to administer. Interview with the Administrator on 12/10/15 at 11:20am revealed: - "We are not aware of any creams in Resident #4's room. -We have told him and his family member that any over-the-counter meds or meds he gets from the doctor, we have to know about them, because they have to be in the cart." -The medicines cannot stay in Resident #4's room.	C 350	of when meds were removed from resident, that they were unaware of resident having those meds. They agreed, together with resident that anytime resident goes to the store, that their bags can be checked for OTC. relatives POC: The facility has removed all OTC from resident and has notified resident's doctor. The facility and resident/family has agreed to check residents bag /room for OTC meds since family thinks that resident might forget agreement and do it again. The facility will ensure that all medications are stored in medication cart and that any medication that is self administered has to have a doctor's order to indicate that The facility and residents have agreed to a monthly check for	

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C 350	Continued From page 13 - "I will have to ask him when he goes out to show me what he buys so I can be sure that he doesn't bring them in. -We can't just take his word." -Resident #4 goes over night with his family frequently, so he brings things back with him at that time.	C 350	OTC meds.	12/20/15
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Type B Violation Based on observations and interviews, the facility failed to ensure that 1 of 2 sampled residents were treated with respect, consideration, dignity, and full recognition of his or her privacy by allowing other residents the use of the bathroom that was located inside a resident bedroom. The findings are: Observation of Resident #2's bedroom during the facility tour on 12/8/15 at 11:30am revealed that there was no shower or bathroom in Resident #2's bedroom. Confidential interview with a resident on 12/9/15 at 12:30pm revealed: - "Can you do anything about someone coming in your room and using your shower? -Another resident comes in every morning	C 911	The facility had a meeting with all residents prior to survey visit, about one resident using the bathroom inside the master bedroom in the morning to take a shower when the other bathroom is occupied. The meeting between residents, staff and administrator was conducted because one of the resident in the master bathroom does not want that resident to use the bathroom anytime at all because she does not get along with that resident, but will allow other residents to use the bathroom if they needed it. At the meeting, ~~the~~ both	

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C 911	Continued From page 14 between 5 and 6 am, turns on the lights, and makes all kinds of noise to take a shower. -I don't mind anyone using the shower, but can't they make it so that there is not shower after 8pm and before 7am?" Confidential interview with a second resident on 12/9/15 at 6:00pm revealed: - "It doesn't bother me about the shower. -I try to stay out of it. -I wish she [Resident #2] would wait until after 7:00 in the morning to come in and use the shower. -I was told by the staff that she [Resident #2] could come in any time after 6:00 in the morning, but a little later would be better." Interview with the Administrator on 12/10/15 at 11:20am revealed: - "We had a meeting with the staff and residents and discussed that it was unacceptable." -The residents were told that there was no rush to shower. - "I talked to staff and told them to make sure it was a decent time. -We are working on this. -I told staff to let me know if it was not working." -It's difficult to get Resident #2 to follow the rules. - "We have talked to Resident #2's physician about this situation and they are working on adjusting her medications. -We are trying to give Resident #2 the opportunity to see if the medication changes help her rather than giving up. -We try to exercise patience." Confident Interview with a resident on 12/10/15 at 12:30pm revealed: - "I don't remember there being any problem this morning with the shower."	C 911	residents that stay in the Masterbedroom agreed that it is ok for the resident to use the shower after 7 Am in the morning. The resident agreed to wait till after 7 Am for shower and staff was instructed to follow up and check on the resident time aduse of bathroom inside master bedroom. A second meeting was called later that month to check on Compliance and all residents and staff agreed that the resident has been Compliant, except for the resident that has issue with the resident that is still Complaining. When asked why she is still having problems with resident using the bathroom at the time agreed upon. Resident stated that because she does not like the resident, she does not want to see her in her room. However, resident still Complains	

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C 911	Continued From page 15 Confidential Interview with a second resident on 12/10/15 at 12:35pm revealed: -No issues with the shower this morning. - "Way to go." (Resident gives the thumbs up sign). The facility provided the following Plan of Protection on 12/10/15: -The facility had already taken action to ensure the rights of residents in the master bedroom are not violated prior to visit. -All residents and staff have agreed on a plan of action to make sure that the bathroom is used at a time frame convenient for residents of the master bedroom, and that they have to knock and make sure it is okay before coming in. -The plan is already in place and implemented. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 24, 2016.	C 911	about everything the other resident does and Continue to do so even unnecessarily. Resident has a tendency to dwell on things even after it's not an issue so it is not surprising that resident complained. Resident complained about the same thing when mgmt comes to facility and it's been ongoing even though the complaint is old and resolved. 12/20/15 POC: The facility had put a plan in place prior to survey visit and after the survey visit the facility has encouraged resident to use bathroom in the hall way and not use bathroom in master bedroom. Resident has started using 2nd bathroom in the hall way. A notice on the master bedroom door has been posted to	
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 observations and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws	C 912		

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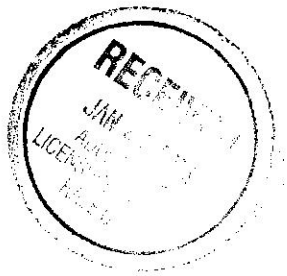
C 912	Continued From page 16 and rules and regulations related to housekeeping and furnishings and nutrition and food services. The findings are: 1. Based on observations and interviews, the facility failed to ensure the family care home was maintained in an uncluttered, clean, and orderly manner in resident living areas, and the floors were free of obstructions and hazards in the kitchen, hallway, and entrance to resident bedroom. [Refer to Tag C078, 10A NCAC 13G. 0315(a)(5). (Type B Violation)] 2. Based on observations and interviews, the facility failed to procure, store, and prepare foods and beverages in areas free of contamination. [Refer to Tag C257, 10A NCAC 13G. 0904(a)(2). (Type B Violation)]	C 912	noting the occupants and get permission to use bathroom inside the master bedroom. Residents residing in the master bedroom agreed to a set time that bathroom inside bedroom can be used daily. Other residents at facility also agreed to comply with set time and notice. The administrator/SIC manager will check regularly for compliance.	
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5	C 934		



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C 934	Continued From page 17 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 3 of 3 staff (Staff B, C, and D) had completed annual state infection control training. The findings are: 1. Review of the personnel file for Staff B, Supervisor-In-Charge (SIC) on 12/9/15 revealed: -Staff B was hired on 11/29/13. -There was a certificate of completion that Staff B completed State Infection Control Training on 9/4/14. 2. Review of the personnel file for Staff C, Supervisor-In-Charge (SIC) on 12/9/15 revealed: -Staff C was hired on 5/19/14. -There was a certificate of completion that Staff C completed State Infection Control Training on 9/4/14. 3. Review of the personnel file for Staff D, Supervisor-In-Charge (SIC) on 12/9/15 revealed: -Staff D was hired on 9/22/14. -There was a certificate of completion that Staff D completed State Infection Control Training on 10/20/14. Telephone interview with the Administrator on 12/9/15 at 2:45pm revealed: -The staff was supposed to come into the office and get their training this month for renewal. - "I know there is two classes being offered, but I am not sure if Infection Control is one of them. -The certifcates are issued by me once the	C 934	Due to schedule conflict/absence with other staff, classes were scheduled for December to renew certificate, one of the PRN staff works full time for another company and was supposed to submit renewal certificate. However, class training was given to one of the staff for infection control after survey visit and as of up to date. All staff certificate are updated. POC: The facility will ensure that certificate are renewed prior to expiration. The facility will check on expiration dates for all certificates and create a master list for reminders.	

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C 934	Continued From page 18 trainings are completed."	C 934