STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026062	A. BUILDING: _____ B. WING _____	R 09/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301

(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 Cumberland County Department of Social Services conducted a follow-up survey October 20 - 22, 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: FOLLOW-UP TO TYPE B VIOLATION The Type B Violation is unabated. Non-compliance continues. Based on observations and interviews, the facility failed to assure the walls and floors in 7 of 18 resident rooms and in resident bathrooms (7 of 14 shared bathrooms and 5 of 5 community bathrooms) were kept clean and in good repair (floors with dirt/grime buildup, broken and missing tile pieces, dirty commodes and walls with holes and in need of painting and repairs). The findings are: 1. Observations of the C Hall (resident rooms 18A- 29B) and Hall B (rooms 9 - 16) during the facility tour on 9/20/16 from 10:00am to 12:30pm revealed: -Room 26 had black dirt stains along the entrance wall. -Room 28 had black dirt stains on the floor tiles along the wall of the entrance doorway and around the bathroom doorway.	{D 074}		

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{D 074}	Continued From page 1 -The bathroom shared by residents in Rooms 28 and 26 had dead bugs and dust on the floor. There were dark brown spots and drips on the wall and floor surrounding the toilet. -Room 29 had a hole in the wall above the baseboard near the bathroom door. There were black dirt stains in the doorway of the entrance to the room and black dirt stains on both sides of the entrance doorway walls. -Rooms 27 and 29 shared a bathroom. The bathroom floor tiles were covered in black dirt and brown rust stains. The floor of the bathroom around the commode was covered with brown rust and black dirt. The wall behind the toilet had a brown stain and an uneven patch repair that was cracking. The molding was separating from the walls surrounding the toilet. -Room 24 had dead bugs on the dirty floor. Sticky spills were on the windowsill and the heating unit. -The bathroom shared by residents in Rooms 24 and 22 had stained, chipped tile flooring. The ceiling had a brown spot by the ventilation fan, evidence of a leak. -The baseboards in Room 22 were separating from the wall. -The bathroom shared by residents in Rooms 18 and 20 had a tile floor that was cracked, with stains by the toilet. -The ceiling of Room 19 had evidence of unfinished patches/repairs. -The bathroom in Room 9 had several missing tile pieces near the commode. The remaining tile had dirty/grime buildup. The base of the commode was cracked. -The bathroom shared by residents in Rooms 12 and 13 had cracked floor tile near the base of the commode. The sealant around the sink was cracked and the commode would not flush. Observation of the shared bathroom for residents	{D 074}		

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{D 074}	Continued From page 2 in Rooms 14 and 15 revealed: -The green tiles throughout the bathroom were dirty in appearance with different colors of light and dark stains. -Three tiles were broken away in front of the commode base revealing the brown black subflooring. -The tiles had brown stains in the area in front of the commode base and around the sides of the base and along the wall next to the commode. -The bathroom had a crack on the right side of the wall below the sink. Interview on 9/22/16 at 4:00pm with the resident residing in room #15 revealed: -The bathroom shared with the resident room next door was in poor condition. -The green tiles in front of the commode were broken and stained a dark color. -The tiles were dirty in appearance and he was concerned about bacteria. -Housekeeping cleaned the bathrooms sometimes during the week, but it did not remove the dirty appearance of the tiles. -He had been trying to get something done about it for months. Nothing had happened when he told the facility management staff about it. 2. Observations made on E Hall (resident rooms 38A - 49B) and F Hall (resident rooms 50A - 66B) on 9/20/16, from 2:30pm to 3:30pm revealed: -Community bathrooms on Hall E and F had black dirt buildup on tile around commode, shower stalls, bath tub, and around edges of walls. -A community bathroom on Hall E had multiple tile pieces broken and missing with dirt buildup and rotted exposed wood at doorway. The floors inside the shower stalls had black dirt/grime buildup on tiles and rust around edged of the commodes.	{D 074}		

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{D 074}	Continued From page 3 -A second community bathroom on Hall E had a hole in the wall, behind the door, approximately the size of a door knob and the paint on the walls was peeling. -Multiple resident room doors on both hallways had dark scuff marks about halfway up the doors and dirt build up on tiles around edges of rooms, near walls. Confidential interviews with six residents revealed: -The community shower rooms were cleaner and in better shape than the individual shared bathrooms. -The individual shared bathrooms needed repairs. -Walls need to be repaired and painted. -Sometimes toilets and pipes leak. -The floors need to be replaced. -The individual shared bathrooms "have always looked this way", "this is what I expect", "the building is old". -The housekeepers cleaned each bathrooms' sink, toilet, and floor once a day. -Housekeeping staff was not always available, the facility sometimes had only one housekeeper for the whole building. Interview with a housekeeper on 10/21/16 at 11:00am revealed: -Two housekeepers were scheduled to work each shift. -The housekeepers were responsible for cleaning each room and bathroom in the facility. -Daily cleaning of the resident and community rooms consisted of dusting furniture and windows, and sweeping and mopping floors. -Each bathroom was cleaned every day, by cleaning the inside and outside of sinks and toilets, and sweeping and mopping floors each day.	{D 074}		

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{D 074}	Continued From page 4 Interview with the facility's Administrator on 9/20/16 at 3:30pm revealed: -The facility had 3 fulltime housekeepers who were responsible for keeping the facility clean, including community bathrooms and resident rooms. -The floor tiles throughout the facility were old and needed replacing. -The facility's "corporate office" was aware of the need to replace flooring, but had not yet authorized a budget and timeline to get repairs made. -The facility hired a full-time maintenance person 1 month ago. He was working very hard to fix maintenance issues in the building. They were without any maintenance person for approximately six months. _____ Review of the facility's Plan of Protection dated 10/11/16 revealed: -The Corporate Maintenance Director visited the facility on 9/22/16 to assess needed repairs. -A contractor is scheduled for repairs to floors October 3 - 7, 2016. -The facility Maintenance Person will begin immediate repairs as able. -Immediate cleaning to address order in resident bathrooms. -The Administrator/Designee will complete weekly walk-throughs to assure walls, ceilings, floors are clean and in good repair. The facility will be in compliance with the Housekeeping and Furnishings rule area by October 22, 2016.	{D 074}		
D 163	10A NCAC 13F .0504(c) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For	D 163		

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D 163	Continued From page 5	D 163		

Licensed Health Professional Support Task
(c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation.

This Rule is not met as evidenced by:
Based on observations, interview, and record review, the facility failed to have an order from the physician that staff could be validated and apply bilateral lymphatic pumps for 1 of 1 residents (Resident #7) sampled, who had a medical condition that required them for wound healing.

The findings are:

Review of Resident #7's resident register revealed an admission date of 7/29/11.

Review of Resident #7's current FL-2 dated 5/10/16 revealed:
-Diagnoses included CABG (coronary artery bypass graft surgery) X3, coronary artery disease, congestive heart failure, atrial fibrillation, insulin-dependent diabetes mellitus, hypertension, peripheral artery disease, asthma, and history of right below-the-knee amputation.

There was an order dated 5/10/16 for lymphatic pumps, use twice daily one hour each time.

Review of Resident #7's Licensed Health

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D 163	Continued From page 6	D 163		

Professional Support (LHPS) Quarterly Review dated 8/31/16 revealed:
-The LHPS Review was signed by a nurse.
-Tasks included daily Accuchecks.
-Use of bilateral lymphatic pumps was not addressed.

Review of a physician's order dated 9/12/16 revealed:
-Referral to wound care clinic for follow-up checks.
-An order to continue use of lymphedema pump hose 1 hour twice daily.

Review of Resident #2's record revealed there was no physician certification that non-licensed personnel could be competency validated to use lymphatic pumps twice daily for wound healing.

Review of the September 2016 Medication Administration Record for Resident #2 revealed:
-There was an order to apply lymphatic pump twice daily, one hour each time, once from 6am-2pm, and once from 2pm -10pm.
-There was documentation using the initials of staff on from September 1-22, 2016 that the lymphatic hose were placed on Resident #7 by facility Medication Aides, along with documentation of occasional refusals by Resident #7.

Interviews with a Medication Aide (MA) on 9/21/16 at 2:30pm revealed:
-Resident #7 had a below-knee amputation this past winter.
-Resident #7 was in the hospital through March 2016.
-Home health nurses provided dressing changes at the facility for only a week or so, when the wound was healed and he was no longer eligible

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D 163	Continued From page 7	D 163		

for their services.
-He had been followed by one of his physicians at a wound care clinic since May 2016.
-The physician ordered lymphatic pumps be applied [to improve circulation] "because he had gotten small sores on his stump".
-The stump has been clear of skin breakdown since the lymphatic pumps have been used.
Interview on 9/22/16 at 12:15 p.m. with the Resident Care Coordinator (RCC) revealed:
-Lymphatic pump hose were being used for Resident #7.
-The hose had been used since he came back from the hospital.
-The medication aides (MA) and the the RCC had been applying and starting the pump twice daily on Resident #7 since he returned with them from the hospital.
-The RCC was not aware of the need for training by a nurse with a return demonstration for the hose.
-She was not clear if this would be a temporary task or not.
-The wound clinic had just released the resident and orders were now up to the primary physician for the care of the resident's legs.
-She would have to check with the resident's physician to see what the plan was for the the hose.
-The hose were being used to help circulation.
-The hose company had been to the facility to train on the use of the hose.
-The RCC was not sure if the trainer was a nurse.
-MAs and RCC did not give a return demonstration at the training and there was not a list of MAs trained available.

Interview on 9/22/16 at 2:30 p.m. with the Administrator revealed:
-She was not aware if the lymphatic pumping

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D 163	Continued From page 8 hose was a temporary need or permanent. -She was not aware the task would require training with a return demonstration by a nurse. -The company came out to train the MAs on the use of the hose in April or May 2016. -She would ensure a nurse would train and validate on the application and use of the hose before the next application was due this evening. Interview on 9/22/16 at 3:35 p.m. with an evening shift MA revealed: -She had been applying and starting the hose for Resident #7 many times. -The MA supervisor taught her how to apply and start the pump on the hose. -There was no return demonstration completed. -The MA said she put the hose on Resident #7's legs; then the hose were plugged into the electric pump; and then the pump was turned on. -Resident #7 was to wear the hose for 1 hour on first shift and again for one hour on second shift. Observation on 9/22/16 at 3:40 p.m. revealed the day and evening shift MAs and the RCC were in the hose training by the nurse. Interview on 9/22/16 at 4:20 p.m. with Resident #7 revealed: -He was pleased the wound on his stump leg had healed. -The wound clinic had discharged him because the hose had kept his legs healthy. -All of the MAs had applied and started the pump on the hose twice a day for him. -There were no problems with the use of the lymphatic hose.	D 163		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights	{D912}		

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{D912}	Continued From page 9 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, interviews and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings. The findings are: Based on observations and interviews, the facility failed to assure the walls and floors in 7 of 18 resident rooms and in resident bathrooms (7 of 14 shared bathrooms and 5 of 5 community bathrooms) were kept clean and in good repair (floors with dirt/grime buildup, broken and missing tile pieces, dirty commodes and walls with holes and in need of painting and repairs). [Tag 074, 10A NCAC 13F .0306 Housekeeping and Furnishings (Unabated Type B Violation)].	{D912}		