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 _____	R 12/08/2016

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 a follow-up survey on December 7-8, 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: Based on observations and interviews, the facility failed to assure a window, the residents' community bathroom, a toilet, two bedrooms and a closet door were in good repair in two resident ' s bedrooms, bathrooms and a dining room on the Special Care Unit (SCU). The findings are: Observation of the SCU dining room on 12/07/16 at 12:30 p.m. revealed heavy duty plastic was covering the bottom window frame next to the sink in the dining room. Interview with the Resident Care Coordinator (RCC) on 12/07/16 at 1:00 p.m. revealed: -The glass in the bottom window frame next to the sink had been broken for about month. -The bottom window frame had been replaced with flexi glass about a month ago. -The plastic had been put over the flexi glass. Observation of room #P7 on the SCU on	{D 074}		

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{D 074}	Continued From page 1 12/07/16 at 12:40 p.m. revealed: -The bathroom inside door of room #P7 had an 8 inch splinter area at the bottom of the door. Observation of the residents' community bathroom on the SCU near room #P10 on 12/07/16 at 12:00 p.m. revealed: -The half-wall section separating the sink and shower was missing one of the 3.6 inch X 6 inch ceramic tile on the front, leaving a rough caulking and exposed rough wood surface. -The bottom edge of the missing ceramic tile was dark brown in color and had water marks. -The half-wall section between the shower and the toilet was missing one of the 3.6 inch X 6 inch ceramic tiles on the front, leaving a rough caulking and exposed rough wood surface. -The bottom edge of the missing ceramic title was dark brown in color and had brown water marks. Interview with a personal care aide on 12/07/16 at 12:30 p.m. revealed: -She was not aware the half-wall section separating the sink and shower in the resident's community bathroom had one missing ceramic tile. -She was not aware the half-wall section separating the shower and the toilet in the resident' s community bathroom had one missing ceramic title. Observation on 12/07/16 at 12:45 p.m. of room #P2 revealed: -A closet door had a damaged area about the size of a baseball which was 6 inches from the bottom of the door. Interview with a resident in room #P2 on 12/07/16 at 12:55 p.m. revealed: -The damage area on the outside of the closet	{D 074}		

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{D 074}	Continued From page 2	{D 074}		

door had been there for a long time.
-No date was given on how long the outside of the closet door in room #P2 had been damage.

Interview with the Housekeeping Director on 12/08/16 at 9:45 a.m. revealed:
-He was aware the bottom window frame in the dining room in the SCU had been broken over a month ago.
-The bottom window frame next to the sink in the SCU dining room had been replaced with flexi glass about a month ago.
-The windows were old and could be replaced.
-He also was not aware the inside bathroom door of room #P7 had splinter edges at the bottom of the door.
-He was not aware the half-wall section separating the sink and shower in the resident's community bathroom had one missing ceramic tile.
-He was not aware the half-wall section separating the shower and the toilet in the resident's community bathroom had one missing ceramic title.
-He was not aware a closet door in room #P2 had a damaged area at the bottom of the door.
-The personal care aide or medication aide would notify him of needed repairs at the facility.
-He made rounds at the facility on Monday and Thursday to check for needed repairs.
-He would try to fix needed repairs at the facility, if he could not fix the repairs he would notify the Maintenance Director.
-The Maintenance Director worked part-time at the facility.

Interview with the Administrator on 12/07/16 at 3:30 p.m. revealed:
-She was aware the bottom window in the dining room on the SCU had been broken for about a

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{D 074}	Continued From page 3 month. -The bottom window frame in the dining room on the SCU had been replaced with flexi glass about a month ago. -The bottom window frame in the dining room on the SCU would be replaced with glass on 12/08/16. -She was not aware the half-wall section separating the sink and shower in the resident's community bathroom had one missing ceramic tile. -She was not aware the half-wall section separating the shower and the toilet were missing a title. -She was aware the inside bathroom door of room #P7 had splinter edges at the bottom of the door. -She was not aware a closet door in room #P2 had a damage area at the bottom of the door. -Staff verbally reported needed repairs to the Administrator and Resident Care Coordinator (RCC) daily. -She could not give an exact date when the needed repairs would be completed. -She would make lists of needed repairs at the facility and gave it to the Maintenance Director on 12/08/16. -The Maintenance Director would be coming to the facility on 12/08/16 after 3:00 p.m. -The Housekeeper Director also help with needed repairs at the facility. -The Maintenance Director only worked on Monday, Wednesday and Sunday. The Maintenance Director was unavailable for interview on 12/08/16.	{D 074}		
{D 079}	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings	{D 079}		

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{D 079}	Continued From page 4 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: FOLLOW-UP TO AN UNABATED TYPE B VIOLATION Based on these findings, the previously Unabated Type B Violation has not been abated. Based on observations and interviews, the facility failed to assure the residents' community bathroom, toilet and call bell systems' extender cords were free of obstruction and hazards which included the storage and usage of an electric heater on the Special Care Unit (SCU) in the community bathroom and the dayroom. The findings are: 1. Observation of the community bathroom on the SCU on 12/07/16 at 12:10 p.m. revealed: -An electric heater was sitting on the left side of the bathroom about 12 inches from the entrance door and 6 inches from the brick wall. -The electric heater was unplugged. -The heater cord and plug were lying on the floor in an oblong shape which extended 16 inches from the heater. -The heater cord was about 5 feet long.	{D 079}		

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{D 079}	Continued From page 5 Interview with a personal care aide on 12/08/16 at 12:10 p.m. revealed: -She used the electric heater in the community bathroom for a resident who complain of being cold when he was given a bath. -The electric heater was used every other day in the community bathroom if the same resident complain of being cold. -She did not used the electric heater on 12/07/16. -She forgot and left the electric heater in the residents' community bathroom on 12/06/16. The personal care aide was responsible for moving the electric heater into the storage room after each use. -She did not know an electric heater could not be used at the facility. -The central heat was on in the bathroom. Interview with another personal care aide on 12/08/16 at 12:14 p.m. revealed: -She had observed the electric heater in the residents' community bathroom, but it was always supervised by staff. -She had assisted another staff member giving the same resident a bath while using the electric heater. Interview with the Resident Care Coordinator (RCC) on 12/08/16 at 12:30 p.m. revealed: -She had never observed the electric heater in the residents' community bathroom. -She was aware an electric heater was stored on the SCU in the storage room. -About 3 months ago she observed the electric heater in the dayroom. -She thought it was okay to use the heater in the dayroom, but not in the bathroom. Interview with the Administrator on 12/08/16 at 1:00 p.m. revealed:	{D 079}		

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{D 079}	Continued From page 6 -She was not aware an electric heater was being used in the residents' community bathroom on the Special Care Unit (SCU). -She was aware an electric heater should not be used in the facility. -She removed the electric heater from the facility on 12/08/16. 2. Observation of the community bathroom on the SCU on 12/07/16 at 12:10 p.m. revealed the toilet was loose from the floor, and it rocked from side to side. Interview with the Housekeeping Director on 12/08/16 at 9:45 a.m. revealed he was not aware the toilet in the community bathroom on the SCU near room #P10 had become loose from the floor and rocked from side to side. Interview with personal care aide on 12/08/16 at 12:10 p.m. revealed she was not aware the toilet in the residents' community bathroom was loose and rocked from side to side. -Interview with another personal care aide of 12/08/16 at 12:14 p.m. revealed she was not aware the toilet in the residents' community bathroom rocked from side to side. Interview with the Resident Care Coordinator (RCC) on 12/08/16 at 12:30 p.m. revealed she was not aware the toilet in the community bathroom on the SCU near room #P10 had become loose from the floor and rocked from side to side. Interview with the Administrator on 12/08/16 at 1:00 p.m. revealed: -She was not aware the toilet in the community bathroom on the SCU near room #P10 had	{D 079}		

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{D 079}	Continued From page 7	{D 079}		

become loose from the floor and rocked from side to side.
-The Housekeeper Director or Maintenance Director would make the needed repairs in the bathroom.
-The toilet in the residents' community bathroom would be repaired by the end of the day on 12/08/16.

3. Observation on 12/07/16 at 12:30 p.m. of the day room revealed:
-The call bell system's insert was placed into the wall jack in the day room.
-A white cord extender from the call bell system was hanging freely over the coffee table.
-The call bell pushed button was attached to the end of the white cord.

Observation on 12/07/16 at 12:45 p.m. of room #P2 revealed:
-The call bell system's insert was placed into the wall jack in room #P2.
-A white cord extender from the call bell system was hanging freely at the feet of bed #2.
-The call bell pushed button was attached to the end of the white cord.

Observation on 12/07/16 at 1:00 p.m. of room #P5 revealed:
-The call bell system's insert was placed into the wall jack in room #P5.
-A white cord extender from the call bell system was hanging freely between bed #1 and bed #2.
-The call bell pushed button was attached to the end of the white cord.

Observation on 12/07/16 at 1:15 p.m. of room #P6 revealed:
-The call bell system's insert was placed into the wall jack in room #P6.

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{D 079}	Continued From page 8 A white cord extender from the call bell system was hanging freely at the feet of bed #1. -The call bell pushed button was attached to the end of the white cord. Interview with a personal care aid on 12/08/16 at 12:14 p.m. revealed the call bed system's cord extender in room #P2, #P5 and #P6 always hung freely. Interview with the Resident Care Coordinator (RCC) on 12/07/16 at 1:00 p.m. revealed: -She was not aware the call bell system's white cord extender in the day room had not been attached to the wall. -She was not aware the call bell system's white cord extenders in room #P2, #P5 and #P6 had not been attached to the wall. -She monitored for needed repairs monthly on the SCU. -She verbally reported to the Administrator within 24 hours of any needed repairs at the facility. -Staff monitored for needed repairs daily. -Staff verbally reported to her daily of needed repairs at the facility. Interview with the Housekeeping Director on 12/08/16 at 9:45 a.m. revealed: -He was not aware the call bell system's white cord extender in the day room had not been attached to the wall. -He was not aware the call bell system's white cord extenders in room #P2, #P5 and #P6 had not been attached to the wall. -The personal care aide or medication aide was responsible for notifying him of needed repairs at the facility. -He made rounds at the facility on Monday and Thursday to check for needed repairs at the	{D 079}		

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{D 079}	Continued From page 9 facility. -He would try to fix needed repairs at the facility, if he could not fix the repairs he would notify the Administrator and the Maintenance Director. Interview with the Administrator on 12/08/16 at 1:00 p.m. revealed; -She was not aware the call bell system's white cord extender in the day room had not been attached to the wall. -She was not aware the call bell system's white cord extenders in room #P2, #P5 and #P6 had not been attached to the wall. -She would get the Housekeeper Director or Maintenance Director to secure the call bell system cords to the wall by the end of the day on 12/08/16. The storage and usage of an electric heater on the SCU was detrimental to the safety of residents on the SCU because the usage of the electric heater was a fire hazard. The call bell system' cord extender not being attached to the wall in the dayroom and three bedrooms was detrimental to the safety of the residents on the SCU because the cord extender hanging freely was a fall hazard. _____ The facility provided a Plan of Protection on 12/08/16. -The Administrator removed the electric heater from the facility on 12/08/16. -An in-service would be done on heaters and the importance of safety and why they should not be used in the facility. -Staff will be trained or in-service by 12/12/16 on why heater should not be used in the facility.	{D 079}		

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{D 079}	Continued From page 10 -Policy will be reviewed by all staff on 12/12/16.	{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 observations and interviews, the facility failed to assure two of the stand alone coolers and two of the stand-alone freezers, ice maker, kitchen storage area, exit door, and floors in the kitchen and dining areas were cleaned, in good repair and free of contamination. The findings are: Observation of two stand alone coolers, two stand alone freezers, and ice maker on 12/07/16 at 11:23 a.m. revealed: -Large spilled yellowish, red and brown liquid substances were on the bottom shelves at door seals. -Large areas of dried food were on the bottom shelves by the rubber door seals. -The bottoms of the shelves were dirty with dark brown stained areas. -The door seals of the stand alone coolers were loose and detached in several places from the doors. -Large towels with dried liquid and food stains were on the bottom shelves under the pitchers of liquids of the stand alone coolers. -The doors of the stand alone coolers had dark	D 282		

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brown stains on the rubber seals of the doors from the top of the doors and down the side of the doors.
-A large red scoop with handle was covered with ice in the middle of the ice maker.
-The ice in the ice maker had melted.
-The front of the ice maker had dark brown stains along the entire front at the door opening.

Observation of the nonperishable kitchen food storage area on 12/07/16 at 11:33 a.m. revealed:
-A gallon of bleach on the floor.
-A storage cart with a small microwave and two clear bins with nonperishable food items on top had two loose hanging lower front doors that would not close.

Observation of the exit door located in the kitchen area on 12/07/16 at 11:45 a.m. revealed:
-The exit door was slightly ajar when closed completely.
-The door hinges were rusted with several dark brown stained areas.
-Clipped and peeling paint at the top and on the middle to the bottom of the door.
-Large dark brown stained areas were at the top, along the sides, and on the middle to the bottom of the door.
-Large water stained areas were along the lower portion to the bottom of the door.

Observation of the kitchen and dining room floors on 12/07/16 at 11:55 a.m. revealed:
-Several clipped, cracked, black stained tiles were on the kitchen floor by the exit door and kitchen nonperishable food storage areas.
-Large areas on dining room floor by kitchen entrance had several clipped, cracked, loose, black stained tiles.
-The floor of the dining room area by the kitchen

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entrance was dirty with several dark gray to black areas.

Interview with the Cook on 12/07/16 at 03:49 p.m. revealed:
-The cooks and kitchen aides were responsible for cleaning the floors of the kitchen and dining room, kitchen storage areas, and stand alone coolers and freezers daily at the end of their shifts.
-She was not aware the stand alone coolers and freezers were dirty and had towels on the bottoms of the stand alone coolers.
-She said the ice maker had to be turned off at times to allow the ice to build back up but it was not broken.
-She thought it was "okay to put the scoop for the ice, inside the ice."
-She said maintenance had not buffed the floors "in quite a while and dirt does not stick as easily when the floors are buffed."
-She had not informed the maintenance worker regarding the floors or any needed repairs.

Second observation of the dining room and kitchen areas on 12/07/16 at 3:43 p.m. revealed:
-The gallon of opened bleach was on the floor in the nonperishable food storage area.
-The ice scoop was in the ice maker in the middle of the ice with water leaking from the top.
-The ice maker was not on and the majority of the ice had melted.

Interview with a Maintenance Worker on 12/08/16 at 10:33 a.m. revealed:
-He was not aware of the condition of the floors in the kitchen area until that day.
-He was aware of the condition of the floors in the dining room by the kitchen area.
-He said the floors had been buffed a few months

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D 282	Continued From page 13	D 282		

ago when the tiles were replaced that needed replacing in the dining room area by the kitchen.
-He was not aware of the loose, broken storage cart doors or the condition of exit door in the kitchen area.
-He said the ice maker had to be unplugged to defrost but it was not broken.
-He was aware of the ice maker leaking on the inside from the top at times and said that only happened when the ice built up in it.
-The facility had not contacted him regarding the condition of the floors in the dining room, kitchen area or the exit door and storage cart.

Third observation of the kitchen and dining room areas on 12/08/16 at 10:40 a.m. revealed: -A gallon of bleach was on the floor in the non-perishable food storage area.
-The ice scoop was in the middle of the ice of the ice maker with melted ice.
-The two stand alone coolers and two stand alone freezers were as observed in the same condition as the first and second observations.

Interview with the Administrator on 07/25/16 at 3:00 p.m. revealed:
-The kitchen staff were responsible for ensuring the dining and kitchen areas were cleaned and were in working order at the end of their shifts each day.
-The expectation was the dining and kitchen areas were to be kept clean which included cleaning floors and stand alone coolers and freezers.
-She would remind the kitchen staff to clean the coolers and freezers immediately and to ensure cleaning occurred as needed on a daily basis.
-She expected to be informed of any issues by the kitchen staff and/or maintenance.
-The kitchen staff were responsible for informing

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 _____	R 12/08/2016

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 282	Continued From page 14 the Cook who informed maintenance and herself of any issues in the kitchen/dining areas. -The dining room floors were stripped, buffed, and the tiles replaced a few months ago. -She would inform the owner again about the conditions of the kitchen and dining room floors. -She would remove the large taped area on the ice maker which was dirty. -She said the ice maker was not broken and it was only a year old. -For the ice maker to defrost, she said it needed to be turned off at times especially when the ice had built up. -She was not aware the ice scoop could not be kept inside the ice maker in the ice. -She said it took time to correct all of the survey findings since the last annual visit in August of 2016 and the facility was working toward fixing everything. -She was not aware of any problems with the cleanliness or any needed repairs for the kitchen or dining room areas.	D 282		
{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 ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{D912}	Continued From page 15 and rules and regulations related to housekeeping and furnishings. The findings are: Based on observations and interviews, the facility failed to assure the residents' community bathroom, toilet and call bell systems' extender cords were free of obstruction and hazards which included the storage and usage of an electric heater on the Special Care Unit (SCU) in the community bathroom and the dayroom. [Refer to Tag D 079, 10A NCAC 13F .0306(a)(3) Housekeeping and Furnishings (Continuing Unabated Type B Violation)].	{D912}		