STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035029	A. BUILDING: _____ B. WING _____	R 01/24/2017

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PIONEER HEALTHCARE #2	113 JUSTICE STREET LOUISBURG, NC 27549

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C 000	Initial Comments The Adult Care Licensure Section conducted an Annual and Follow-up survey on 01/24/2017.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews the facility failed to assure that all walls, ceilings, and floors at the facility were clean and maintained in good condition, including ceilings covered with a black fuzzy substance, broken and cracked windows, and floors. The findings are: Observation of a bedroom at the facility on 01/24/17 at 7:18 AM revealed: -There were black fuzzy spots that covered the back side of the ceiling of the room that spread from the wall to about 12 inches from the wall. -One of three light switch covers were broken. -Two of two window seals were cracked and scratched all up around the corners and edges. -The top of 3 of 4 dressers were scratched and scuffed. -The bedroom door did not have a door knob on it; there was only a hole there to open and close the door.	C 074		

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C 074	Continued From page 1 -One of four walls had a crack in the wall about the size of a softball. Observation of a bathroom at the facility on 01/24/17 at 7:30 AM revealed: -There were black fuzzy spots covering the ceiling in the backside of the bathroom and above the shower. -One of one metal blinds in the bathroom were rusted and had sharp jagged edges around the bottom side of the blinds. Observation of second bedroom at the facility on 01/24/17 at 7:39 AM revealed: -There were black fuzzy spots covering the ceiling all over the backside of the bedroom that spread from the wall to about 12 inches from the wall. -The top of 3 of 3 dressers were scratched and scuffed. -One of two windows appeared to be broken and were covered with a piece of brown cardboard that was held up with silver duct tape. Observation of the hallways at the backside of the facility on 01/24/17 at 7:42 AM revealed: -There was a cracked place on the wall about middle way down the hallway and there were 5 electrical cords protruding out of the hallway. -One of one vent covers was bent and had a jagged edge on the side and was also covered in brown and orange rust spots. Observation of a third bedroom at the facility on 01/24/17 at 7:46 AM revealed: -There were black fuzzy spots covering the ceiling on the back side of the bedroom spreading from the wall to about 12 inches from the wall. -The top of 2 of 3 dressers were scratched and scuffed. -One of three windows had a crack running	C 074		

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C 074	Continued From page 2 through the middle of the window. Observation of a second bathroom at the facility on 01/24/17 at 8:07 AM revealed: -There were black fuzzy spots covering the ceiling and the edges of the wall on the side the shower was located. -There were 5 pieces of cracked and broken tile on the bathroom floor. Interview with the Medication Aide on 01/24/17 at 10:20 AM revealed: -The staff at the facility had noticed the black spots on the ceiling sometime around the middle of December 2016. -The staff at the facility were aware that the windows were broken and needed to be repaired. -The staff were aware of the tile breaking in the floor; it had already been patched a few times but it continues to break up. -The contracted maintenance person had been made aware of the repairs that were needed at the facility. -The contracted maintenance person had come to the facility sometime toward the end of December 2016 and evaluated all the repairs. -The contracted maintenance person had said he did not know what was on the ceilings but he did not find any leaks. -The contracted maintenance person was scheduled to come to the facility on the weekend of 01/21/17 to do all the repairs at the facility but did not show up. Interview with a resident at the facility on 01/24/17 at 7:35 AM revealed: -He had been living at the facility for 1 year. -He has not seen any maintenance work being done at the facility since he has been living there. -The window that was covered in cardboard has	C 074		

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C 074	Continued From page 3	C 074		

been that way since he has been living there.
-He has not noticed any black spots on the ceiling.

Interview with the contracted maintenance person on 01/24/17 at 3:45 PM revealed:
-He does all the contracted maintenance work for the facility.
-In September of 2016 he replaced all the windows and floors at the facility.
-He does not remember if the facility called him in December of 2016 to come look at the ceilings.
-He can't remember if he had an appointment this past weekend to come and provide the facility with some repair work this past weekend or not.
-He was just notified today for the first time about there being some brown and black spots on the ceilings at the facility.
-He was going to go to the facility tomorrow to evaluate the ceilings.

Interview with the Administrator on 01/24/17 at 10:30 AM revealed:
-She does not remember any maintenance work being done at the facility since November 2016.
-On that day in November 2016 she had some new sink fixtures installed at the facility.
-She had contacted her maintenance person last month in December of 2016 to let him know about the black spots on the ceilings.
-The maintenance person had come out towards the end of December 2016 and looked at the ceilings and roof and said he could not find any leaks.
-She said the maintenance person told her he did not know if that was mold on the ceilings; he did not think it was but was not sure what was on the ceilings.
-The maintenance person was scheduled to come out this past weekend on 01/21/17 to do

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C 074	Continued From page 4 some repair work that needed to be done at the facility, but he did not show up. -The maintenance man had told her that he would come this weekend on 01/28/17 to do all the repair work. -She was going to call him today and have him come either today or tomorrow to get the work done. -If the staff found a problem at the facility then they are to notify her immediately so she can have the problem fixed or repaired immediately. -It was her responsibility to make sure that any repair work that needed to be done was taken care of as soon as possible. The facility's failure to maintain ceilings from having black fuzzy stains, windows in the facility were broken and cracked, floors being broken or cracked, and walls having cracks in them. The facility's noncompliance was detrimental to resident's safety and constituted a Type B Violation. Review of the facility's plan of protection dated for 01/24/17 revealed: -The Administrator will immediately contact the appropriate technician to fix and repair the problems. -The Administrator will follow up to make sure the problem has been fixed correctly by 01/24/17. -The Administrator will routinely check the facility bi weekly to make sure that the environment is decently maintained at all times. -All repairs will be done in a timely manner and completed by 02/07/17. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED March 10, 2017.	C 074		

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C 293	Continued From page 5	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 and interviews the facility failed to assure that all residents were given the opportunity to participate in planned individual or group activities as scheduled on the activities calendar. The findings are: Observation of the activities calendar on 01/24/17 revealed: -There were 15-18 hours of planned activities a week on the January 2017 Calendar. -Most of the activities were planned between 5 and 7 PM each day except on the weekends. Observation of the facility on 01/24/17 from 7 AM to 1PM revealed: -There were no activities scheduled or done during this time. -All the residents left around 8:30 AM to go to the day program.	C 293		

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C 293	Continued From page 6 Interview with a resident on 01/24/17 revealed: -He does not get any activities offered to him in the evenings. -He only participated in activities at the day program that he attended every day Monday through Friday. -Sometimes on the weekend they do go out to eat and go to church. Interview with a second resident on 01/24/17 revealed: -He went out to a day program every day of the week where he participated in activities. -No other activities were offered in the evening time at the facility. -Sometimes they go out to eat on the weekends. -They do get some free time at night at the facility, where they can do whatever they want to do. Interview with a third resident on 01/24/17 revealed: -The only activities that he had done was when he went to his day program every day to the week. -No activities are offered to him at the facility. Interview with a fourth resident on 01/24/17 revealed: -The only activities that he was offered during the weekdays was at the day program that he attended. -He was not aware of any activities being offered at the facility. -Sometimes the staff do take them out to eat and to church on the weekends. Interview with a fifth resident on 01/24/17 revealed: -He was not aware of any group or individual	C 293		

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C 293	Continued From page 7 activities offered at the facility. -He does go to a day program during the week where he gets activities. -He gets free time at night and on the weekends to things that he wants to do. -Sometimes he likes to go on walks around in the back yard. Interview with a Medication Aide on 01/24/17 at 11:10 AM revealed: -The staff on duty were responsible for makings sure that all planned or scheduled activities were being done. -During the day all the residents attend a day program. -All the activities are scheduled for the evenings due to the day program. - Every Sunday the residents get to go out to church. -The Administrator does the activities calendar every month and brings it to the facility. -All the activities on the calendar are being done. -He has not gotten any complaints from the residents about them not receiving activities. Interview with the Administrator on 01/24/17 at 11:50 AM revealed: -She prepared the activities calendar each month and brought it to the facility. -The staff on duty each day were responsible for making sure the activities were done with the residents. -She was not aware that activities were not being performed, and no residents have complained to her about not having activities offered to them.	C 293		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights	C 912		

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C 912	Continued From page 8 Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings and other requirements. The findings are: 1.Based on observations and interviews the facility failed to assure that all walls, ceilings, and floors at the facility were clean and maintained in good condition, including ceilings covered with a black fuzzy substance, broken and cracked windows, and floors. [Refer to Tag D0074 10A NCAC 13F .0315(a)(1) Housekeeping and Furnishings (Type B Violation).]	C 912		
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	C 934		

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C 934	Continued From page 9	C 934		

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

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to assure that all staff members who required the state approved infection control training had been trained within the first year of hire and then yearly for 3 of 3 sampled staff (Staff A, B, and C).

The findings are:

1. Review of Staff A's personnel file on 01/24/17 revealed:
-Staff A was hired at the facility on 12/28/15 as a Supervisor in Charge.
-The last infection control training that had been completed was on 12/28/15.

Attempted interview with Staff A on 01/24/17 at 11:27 AM revealed Staff A was not available for interview.

Refer to interview with the Administrator on 01/24/17 at 11:50 AM.

2. Review of Staff B's personnel file on 01/24/17 revealed:
-Staff B was hired at the facility on 07/03/15 as a Supervisor in Charge.
-The last infection control training that had been completed on 07/15/15.

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C 934	Continued From page 10 Interview with Staff B on 01/24/17 at 11:00 AM revealed: -He has been trained in infection control since he had been working at the facility. -The Administrator does the training for him and he was not sure when he last received this training. Refer to interview with the Administrator on 01/24/17 at 11:50 AM. 3. Review of Staff C's personnel file on 01/24/17 revealed: -Staff C was hired at the facility in November of 2013 as the Administrator. -Staff C did not have any documentation that she had received infection control training. Interview with the Administrator on 01/24/17 at 11:50 AM revealed: -She had the infection control training done but was not sure when it was done. -She thinks the last time she got the training done was some time in 2015. -She thought that the training only had to be done once and did not realize it was a yearly training. -She was responsible for all staff getting the training that was required of them. -She will make sure that all staff will get up to date infection control training today.	C 934		