JAN 23 2017

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}	Note: The plastic was removed and the window was repaired by our Maintenance man before State made the exit.	12/8/16
{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}	The half-wall section between the shower and toilet was repaired by replacing ceramic strip covering the rough wood surface all done before the State exited - The facility maintenance man will repair items that needs repairing or replaced ascordingly. - The housekeeper staff will report any needed repairing issues to housekeeping supervisor to report directly to the maintenance man. - The administrator & RCC will monitor daily & weekly & monthly to assure all housekeeping and repairs are Completed.	12/8/16 1/31/17 1/31/17 1/31/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Ushell Strayhorn TITLE administrator (X6) DATE 1/20/17

POC reviewed and accepted
02/01/17
DDR

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(D 074)	Continued From page 2 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	(D 074)		

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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)	- The facility had an inservice on 12/12/16 on the danger & safety of electric heater in the facility. 12/12/16 - The facility will provide other means of heat to those who require warmth during daytime. 1/31/17 - The facility administrator RCC & SCU will monitor daily all halls to assure no electric object are being used in the facility 1/31/17 - The facility housekeeper supervisor will check daily each room as well to assure no electric objects are being used. 1/31/17	

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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 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 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	The facility will provide a Cleaning list of daily duties required for that day to assure all areas of the kitchen has been Cleaned. 1/31/17 The facility will provide proper Containers for ice scoop to be placed while not in uses alone with all other no food Concerns that dietary + Maintenance will be responsible for to clean or repair. 1/31/17 The facility administrator will monitor daily any Cleanness needed alone with any repairs that needs attention and report accordingly. 1/31/17	

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D 282	Continued From page 12 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	D 282		

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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 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}	The facility has and will continue to in service on Safety and Cleanliness. 1/31/17 - The facility has implemented a Safety system per cord free from objects, obstruction and hazards. 1/31/17 The facility will assure all electric items are not present at anytime. Other means has been provided. 1/31/17	