STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

(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 Bertie County Department of Social Services conducted an annual and followup survey and a complaint investigation on May 24, 2017.	D 000		
D 049	10A NCAC 13F .0305 (d) Physical Environment 10A NCAC 13F .0305Physical Environment (d) The requirements for the bedroom are: (1) The number of resident beds set up shall not exceed the licensed capacity of the facility; (2) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live-in staff and other persons living in the home. Residents shall not share bedrooms with staff or other live-in non-residents; (3) Only rooms authorized as bedrooms shall be used for residents' bedrooms; (4) Bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom; (5) There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people; (6) The total number of residents assigned to a bedroom shall not exceed the number authorized for that particular bedroom; (7) A bedroom may not be occupied by more than two residents. (8) Resident bedrooms shall be designed to accommodate all required furnishings; (9) Each resident bedroom shall be ventilated with one or more windows which are maintained	D 049		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 049	Continued From page 1	D 049		

operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and
(10) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to assure there were insect screens in 10 resident bedrooms.

The findings are:

Observation of resident rooms #2, #4, #6, #7, #8, #9, #10, #11, #12, and #13 on 5/24/17 between 3:00pm and 4:00pm revealed:
-There were two windows in each room.
-There were window-unit air conditioners occupying one of the two windows in each room.
-The windows without air conditioner units did not have screens.

Confidential interviews with 12 residents revealed:
-The residents wanted screens on the windows.
-One resident stated "I don't open my window, it's never had a screen."
-A second resident stated "when I do open my window, I get flies in my room."

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 049	Continued From page 2 Observation of the exterior of the facility on 5/24/17 at 4:10pm revealed no windows in the facility with no window screens. Interview with a Personal Care Aide on 5/24/17 at 1:15pm revealed no residents had complained to her about having no window screens. Interview with the Maintenance Director on 5/24/17 at 1:25pm revealed: -He observed that there were no window screens in the facility. -He had just started working at the facility a week ago. -He would make a request to the corporate office to provide screens for the facility. Interview with the Resident Care Manager on 5/24/17 at 3:35pm revealed: -She was aware of there were no window screens in the facility. -She would make a request to the corporate office to provide screens for the facility. Telephone interview with the Administrator on 5/24/17 at 5:11pm revealed: -She last visited the facility on 5/22/17. -She was unaware that there were no window screens at the facility. -She would make a request to the corporate office to provide screens for the facility.	D 049		
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	D 074		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 074	Continued From page 3 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 the walls, floors, ceiling, ceiling lights and wall lights in the residents' bedrooms, the main hallway, the common-use bathroom and the living room were kept clean and in good repair. The findings are: Observation of the main hallway on 5/24/17 at 10:05am revealed: -Each of the 8 ceiling lights fixtures contained 2 bulbs. -There was one blown light bulb in each of the 8 fixtures. -One of the ceiling fixtures had a missing globe cover. Observation of resident room #1 on 5/24/17 at 3:05pm revealed: -The light fixture above the sink had 2 of 3 blown lightbulbs. -The ceiling light had 1 of 2 blown lightbulbs. Observation of resident room #2 on 5/24/17 at 3:08pm revealed the light fixture above the sink had 2 of 3 blown lightbulbs. Observation of resident room #4 on 5/24/17 at 3:11pm revealed the light fixture above the sink had 2 of 3 blown lightbulbs. Observation of resident room #7 on 5/24/17 at 3:14pm revealed: -The light fixture above the sink had 3 of 3 blown	D 074		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 074	Continued From page 4	D 074		

lightbulbs.
-The door knob on the entry door was loose and had a half-inch gap between the base ring and the wooden door hole.

Observation of resident room #8 on 5/24/17 at 3:17pm revealed:
-The light fixture above the sink had 2 of 3 blown lightbulbs.
-The ceiling light had 1 of 2 blown lightbulbs.

Observation of resident room #9 on 5/24/17 at 3:21pm revealed:
-The light fixture above the sink had 2 of 3 blown lightbulbs.
-The ceiling light had 1 of 2 blown lightbulbs.

Observation of resident room #13 on 5/24/17 at 3:25pm revealed:
-The light fixture above the sink had 2 of 3 blown lightbulbs.
-The ceiling light had 1 of 2 blown lightbulbs.

Observation of resident room #10 on 5/24/17 at 3:33pm revealed:
-There was horizontal scrape in the wooden door approximately 2 feet from the floor extending from the left edge to the right edge.
-The ceiling light had 1 of 2 blown lightbulbs.

Observation of resident room #11 on 5/24/17 at 3:42pm revealed:
-There were two metal towel bar brackets with no bar on the wall behind the entry door.
-The ceiling light had 1 of 2 blown lightbulbs.
-The baseboard on the wall by the foot of the bed had a 3-foot section of dry rot.

Observation of resident room #12 on 5/24/17 at 3:47pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 074	Continued From page 5 -The light fixture above the sink had 2 of 3 blown lightbulbs. -The ceiling light had 1 of 2 blown lightbulbs. -There was a 4-inch diameter hole in the linoleum floor to the right of the bed. Observation of the facility's one common-use bathroom on 5/24/17 at 3:52pm revealed: -There were two 3-foot fluorescent ceiling light with covers holding several dead with dead insects. -The wall to the left of the stall door had a 4-foot by 4-foot area of peeling paint and brown stains. -The area between the upper left of the window to the ceiling corner was wet with water damage and brown stains. -There was a 2-foot long area of wall to the right of the shower curtain rod which had brown stains and peeling paint. Observation of the laundry room on 5/24/17 at 3:55pm revealed: -There was a black mold on all 4 walls and ceiling. -The paint was peeling in all areas on all 4 walls and ceiling. -The ceiling had multiple brown stains by the window. Observation of the ceiling in the living room on 5/24/17 at 2:38pm revealed: -There was an 8-foot square area of the ceiling above the piano with heavily stained peeling paint. -There was a slight sag in the center of the 8-foot square area which had several brown stains in several circular patterns which extended from the center. -There was a frequent water drip from the ceiling which fell into a gray plastic trash can below.	D 074		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 074	Continued From page 6 -There was a 5-bulb chandelier by the front lobby door with all bulbs blown. -There was a 5-bulb chandelier by the piano with all bulbs blown. Confidential interviews with 5 residents revealed: -The residents had rarely seen a maintenance person at the facility. -A maintenance man had been seen once or twice in the last year but did not fix or paint the walls. -There was peeling paint everywhere in the building and the ceilings leaked in some of the rooms and living room. -The leak in the living room had been there for years. -The rooms and hallways were very dark in the evening time. -The residents could not read in their rooms with the dim overhead lights. -The residents had to turn off the wall switch for the overhead room light then walk in the dark to their beds. -There were many bulbs burnt out in every room. -Most light fixtures had 2 or more burnt out bulbs. Observation of the ceiling in the kitchen on 5/24/17 at 12:31pm revealed an unpainted 3-foot long area of patched drywall which was cracked. Interview with the Maintenance Director on 5/24/17 at 1:25pm revealed: -He started working at the facility one week ago. -He was taking notes on all areas in need of repair or maintenance. -The facility need several areas repainted. -He would ensure the facility's lights, walls, floors and ceilings were repaired. -He would make a request to the corporate office for any and all repairs that the facility may need	D 074		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 074	Continued From page 7	D 074		

after his walk-through of the entire facility.

Interview with the Resident Care Manager on 5/24/17 at 3:35pm revealed:
-The living room ceiling often leaked after a heavy rain.
-She kept a log of all of the areas in need of repairs.
-She recorded every request by residents or staff of areas identified in need of repair or maintenance.
-She had sent in each work request to the corporate office and kept copies of those requests in her office.
-She had no control over the timeliness of repairs or maintenance of the facility because the corporate office determined when to send a maintenance person to the facility.

Review of the work request sheets maintained by the Resident Care manager on 5/24/17 at 3:45pm revealed:
-There was repair request dated 6/19/15 for "ceilings leaking in the living room, dining room and Room #5"
-There were two duplicate undated repair requests for the same ceiling leaks.
-There was an undated repair request for the laundry room and bathroom walls and ceilings related to leaks and peeling paint.

Telephone interview with the Administrator on 5/24/17 at 5:11pm revealed:
-The corporate office was sending a maintenance person to repair the leaking ceiling in the living room.
-She was unaware that there were over 30 bulbs at the facility which did not work.
-She had observed the lights in the hallway two days earlier and they were operational.

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 074	Continued From page 8 -The Resident Care Manager regularly sent reports to corporate when repairs to the facility were needed. -She was unaware that the floors, walls and ceilings in resident rooms, the laundry room and the kitchen were in need of repair. -She would make another request to the corporate office to have a maintenance person come to the facility and address any repair needs that have not been addressed.	D 074		
D 075	10A NCAC 13F .0306(a)(2) Housekeeping And Furnishing 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (2) have no chronic unpleasant odors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure there were no unpleasant odors (urine) in resident room #4. The findings are: Observations of resident room #4 on 5/24/17 at 10:05am, 12:05pm and 4:40pm revealed: -There was a urine odor. -There were 3 used, disposable absorbent pads on top of the comforter. -There was only one bed with a mattress in the room. -There was another bed frame with a heavily stained box spring being used as a table by the only resident that occupied the room.	D 075		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 075	Continued From page 9 -The box spring held several pairs of shoes and stuffed animals. -The windows were closed. Interview with the resident that lived in room #4 on 5/24/17 at 4:40pm revealed: -The resident used disposable pads due to a urinary incontinence. -The room always smelled like urine. -The resident was the only occupant of the room because it smelled like urine. -The resident was accustomed to the odor. -The facility gave the resident an ample supply of disposable pads. -The Personal Care Aides would wash the linens in the room once every week or two. Confidential interview with two staff revealed: -The resident that lived in room #4 smelled because of her urinary incontinence and a large collection of shoes stored by the box spring. -They would spray some air freshener in the room on a regular basis. -The resident that lived in room #4 often missed her disposable pads and urinated on the comforter. -The comforter was not washed daily. -The Personal Care Aides were responsible for making the beds, cleaning the rooms and doing the laundry. Interview with the Resident Care Manager on 5/24/17 at 3:35pm revealed: - Resident room #4 often smelled like urine. -The staff had been able to contain the odor but the washing machine had been out for the last two weeks. -A new washing machine was brought in today and the comforter would be laundered. -The resident that lived in room #4 was provided	D 075		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 075	Continued From page 10 pads but sometimes would urinate on the comforter. Telephone interview with the Administrator on 5/24/17 at 5:11pm revealed: -The Administrator was not aware of any complaints with the environment at the facility. -The Administrator worked with the Personal Care Aides to keep the facility clean and free of chronic odors.	D 075		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the nightstands and dressers in 3 of the residents' bedrooms and the 4 couches in the living room were kept clean and in good repair. The findings are: Observation of Resident Room #6 on 5/24/17 at 4:00pm revealed: -The nightstand to the right of the bed on the left wall had two missing knobs on the single drawer. -The top surface of the nightstand had a 4-inch x 3-inch missing piece of laminate. Observation of Resident Room #8 on 5/24/17 at 4:08pm revealed the top drawer of the dresser on	D 076		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 076	Continued From page 11	D 076		

the right wall was missing both knobs on the top drawer and one knob on the 2nd drawer.

Observation of Resident Room #9 on 5/24/17 at 4:12pm revealed the top drawer of the dresser on the right wall was missing both knobs on the top drawer.

Observation of the living room on 5/24/17 at 4:30pm revealed:
-There were 2 couches facing each other with red vinyl seat and back cushions with wooden armrests.
-There were 2 couches facing the television with black vinyl seat cushions and red vinyl back cushions with wooden armrests.
-All of the vinyl red seat cushions were heavily cracked revealing large white sections where the red color of the vinyl had worn off.
-All of the black seat cushions were dry and cracked.

Confidential interviews with 3 resident revealed:
-The couches were old and needed to be replaced.
-They had not complained about the couches to the Resident Care Manager.
-Sometimes when they wore shorts, their legs would brush up against cracks in the vinyl.

Interview with the Resident Care Manager on 5/24/17 at 4:15pm revealed:
-She regularly walked through the facility and identified furniture in need of repair or replacement.
-She would put in a repair request to have the two nightstands and dressers fixed.
-There had not been a repair request put in for the couches in the living room.
-The residents had not complained about the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 076	Continued From page 12 couches, nightstands or dressers. -She would fill out a work request form to send to the corporate office which determines if the furniture needs replacement. Telephone interview with the Administrator on 5/24/17 at 5:11pm revealed: -The Administrator was not aware of any complaints about missing knobs on nightstands and dressers. -The Administrator could not recall the condition of the couches but would put in a request to the corporate office which determines if the furniture needs replacement. -The Administrator was not aware of any complaints about the living room couches.	D 076		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 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: TYPE B VIOLATION Based on observation and interview, the facility failed to maintain a clean and orderly environment as related to an abundance of flies in all of the resident bedrooms, the common-use bathroom, the dining room and living room areas.	D 079		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

(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 079	Continued From page 13 The findings are: Observation of resident rooms #2, #4, #6, #7, #8, #9, #10, #11, #12, and #13 on 5/24/17 between 3:00pm and 4:00pm revealed: -There were a minimum of 5 live flies in each room. -There were live flies found on the all bedspreads, pillows, nightstands and dressers. -The glass light fixture shade over each bedroom sink in rooms #2, #3, #4, #6, #7, #8, #9, #10 and #11 held multiple dead flies. -There was an open screen-less transom atop each entry door held by a metal chain for ventilation. -There were 3 separate observations of a fly entering and exiting the open transoms over Rooms #4, #11, and #13. -There were 2 observations of a fly entering the screen-less open windows in Rooms #7 and #9. Confidential interviews with 12 residents revealed: -The residents wanted screens on the windows and transoms to prevent the flies from entering the bedrooms. -Most of the flies entered the building from open windows. -The bathroom was always full of flies. -The facility had always had flies in the warmer months. -The rear entry door of the facility was often propped open by smokers which allowed the flies to enter the building. -The food was always covered in plastic when served to prevent the flies from landing on the food. -The residents swatted flies daily in their rooms. -They had complained "in the past" to the	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 079	Continued From page 14	D 079		

management but were told there was nothing they could do to remedy the situation.
-One resident stated "I don't open my window, it's never had a screen."
-A second resident stated "when I do open my window, I get more flies in my room."

Observation of the common-use bathroom on 5/24/17 at 3:30pm revealed:
-There were two windows between the tub and the toilet stall which were partially open.
-There were no screens on the windows.
-There were approximately 50 flies in total in areas on and around the toilet, door stalls and sink ledge.
-There was a broken toilet covered in a clear plastic cover which contained multiple dead flies under the plastic.

Observation of the living room on 5/24/17 at 3:40pm revealed:
-There was a resident on each of the 4 couches watching television.
-There was a fly on each of the couches by the residents.
-One resident was swatting at a fly on the arm of a couch.

Observation of the dining room on 5/24/17 at 10:30am revealed:
-There were no screens on the closed windows.
-There was at least one fly on each of the four dining room tables.

Interview with a Personal Care Aide on 5/24/17 at 1:15pm revealed no residents had complained to her about the flies.

Interview with the Maintenance Director on 5/24/17 at 1:25pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 079	Continued From page 15	D 079		

-He observed that there were no window screens in the facility which permitted the flies to enter.
-He had just started working at the facility a week ago.
-He had not been informed of any issue pertaining to flies at the facility.
-He would make a request to the corporate office to provide screens for the facility.

Attempted telephone interview with the facility's pest control contractor on 5/24/17 at 4:38pm unsuccessful.

Observation of a Personal Care Aide on 5/24/17 at 3:35pm revealed:
-She was sitting in a chair in the living room with an orange fly swatter in hand.
-She swatted twice at a fly on the wall.

Interview with the Resident Care Manager on 5/24/17 at 3:35pm revealed:
-Flies often entered the facility when residents opened doors and windows.
-The facility had a pest control service that treated the facility quarterly but did not cover flying insects.
-She was aware of the missing window screens in the facility.
-She would make a request to the corporate office to provide screens for the facility.
-She would remind residents not to prop doors open when going outside to smoke to prevent flies from entering the facility.
-The staff did their best to swat the files with a fly swatter.

Telephone interview with the Administrator on 5/24/17 at 5:11pm revealed:
-She last visited the facility on 5/22/17 and did not see any flies.

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D 079	Continued From page 16 -She was unaware that the facility had any problems with flies. -She was unaware that there were flies in all the resident rooms, the common-use bathroom, the living room and dining room. -She had not received any reports of flies at the facility. -She was unaware that there were any missing screens at the facility. -She would make a request to the corporate office to provide screens for the facility. The facility failed to maintain a clean and safe condition of the environment in all areas of the facility including resident rooms, the common-use bathroom, the living room and dining room areas. Residents were subjected to flies landing on their personal property and the furniture on a daily basis which posed a potential health hazard. The failure of the facility to ensure that the environment was free of flies posed a risk to the health and welfare of the residents and constitutes a Type B Violation. The facility submitted a Plan of Protection dated 6/2/2017 as follows: -The facility will ensure that screens will be placed on all windows to prevent flies from entering the building. -Facility staff will ensure the facility's entry doors are not propped open for ventilation by residents which allows flies into the facility. -Flying insect control measures including equipment will be put in place to control the flies, checked and changed daily. CORRECTION DATE FOR TYPE B VIOLATION NOT TO EXCEED JULY 8, 2017	D 079		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 087	Continued From page 17	D 087		
D 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to assure 14 of the facility's 21 residents had bed mattresses, pillows, top and bottom sheets, blankets and/or pillowcases in clean and good repair. The findings are: Observation of Resident Room #1 on 5/24/17 at 10:40am revealed: -There were two beds in the room. -There were no sheets on the mattress on the bed by the far wall.	D 087		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 087	Continued From page 18 -There was a mattress with a 3-inch tear near the center, a spring protruding from the tear, and the side seam coming undone. -The resident was present, seated in a chair. Interview with the resident of Room #1 on 5/24/17 at 10:40am revealed: -The resident wanted a new mattress. -The mattress was uncomfortable and worn. -The sheets were dirty and the pillows were flat. -The sheets were washed weekly but they were old and worn. -The Personal Care Aide changed the beds in all of the rooms weekly. Observation of Resident Room #2 on 5/24/17 at 3:00pm revealed: -The pillow on each bed was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. -The mattress by the window was sunken in the middle. Observation of Resident Room #3 on 5/24/17 at 3:05pm revealed: -The pillow on each bed was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. Observation of Resident Room #4 on 5/24/17 at 3:10pm revealed: -There were two bed frames in the room. -One bed frame by the window had a mattress and boxspring. -One bed frame closest to the door had only a boxspring -The pillow on the bed was thin and dirty. -The pillow case was dirty and/or stained. -The one mattresses in the room by the window had stains.	D 087		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 087	Continued From page 19 -The box-spring by the door by the door that was covered in red stains. Observation of Resident Room #7 on 5/24/17 at 3:15pm revealed: -The pillow on each of the two bed was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. Observation of Resident Room #8 on 5/24/17 at 3:20pm revealed: -The pillow on each of the two beds was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. Observation of Resident Room #9 on 5/24/17 at 3:25pm revealed: -The pillow on each of the two beds was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. Observation of Resident Room #10 on 5/24/17 at 3:30pm revealed: -The pillow on each of the two beds was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. -The bed by the window had a dirty comforter. Observation of Resident Room #11 on 5/24/17 at 3:35pm revealed: -The pillow on each of the 2 beds was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. Interview with the resident of Room #11 on	D 087		

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WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 087	Continued From page 20 5/24/17 at 1:15pm revealed: MOve to observation of #11 -The sharp bed-springs could be felt when you sit or lay on the bed. -The resident wanted a new mattress. -The resident had not asked for a new mattress. -The resident felt his mattress was better than other rooms' mattresses and did not want a worse mattress if the facility swapped his for another. Observation of Resident Room #12 on 5/24/17 at 3:38pm revealed: -The pillow on each of the 2 beds was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. -The bed by the window had a dirty comforter. -The bed by the window had a mattress that was sunken in the middle. Observation of Resident Room #13 on 5/24/17 at 3:45pm revealed: -The pillow on each of the two beds was thin and dirty. -The pillow cases were dirty and/or stained. -The two mattresses in the room had stains. -The mattress on the bed by the window was sunken in the middle and had a hole with an exposed inner spring. -The bed by the window had a box-spring on the bed which was broken in the center causing the mattress to sink. -There was a resdient sleeping on each of the beds in room #13 who were lying directly on the mattress with no bottom sheet. Interview with one of the residents of Room #13 on 5/24/17 at 1:05pm revealed: -The resident felt the mattress springs in his back	D 087		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 087	Continued From page 21	D 087		

while he slept.
-The resident wanted a new mattress and box-spring.
-The resident had asked for a new mattress "months ago."
-The resident had told staff on several occasions about his mattress but nothing was done.
-The facility had bed linens but they elastic corners which held the sheets on the mattress were stretched causing the sheets to fall off the bed when sleeping.

Confidential interviews with 12 residents revealed:
-The facility tried to keep up with the laundering of the sheets but the washer broke down in the last month.
-New pillows and mattresses were needed throughout the facility.
-The pillows had never been washed.
-The pillows were several years old.
-Most of the mattresses had bed-springs that protruded into the resident's backs while they slept.
-The mattresses were thin and cheap.
-The Personal Care Aides were responsible for laundering the sheets and pillow cases at the facility.
-Some residents went several weeks without getting their sheets laundered.
-The facility needed new sheets because the existing sheets were "dingy white" and stained.
-The comforters were never washed.

Observation of the laundry room on 5/24/17 at 11:15am revealed:
-There was no washer present.
-There were two bags of laundry in the room.

Interview with a Personal Care Aide on 5/24/17 at

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

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D 087	Continued From page 22 11:15am revealed: -The facility's broken washer was removed two weeks ago to make space for a new replacement washer. -Linens were changed every 7 days unless dirty which were changed more frequently. -The washing of laundry was "backed up." -The facility's washer was broken and delivery of a new machine was anticipated today. -The washer had been broken for a few weeks. -No residents had complained about issues relating to clean linens or pillow cases. Interview with the Maintenance Director on 5/24/17 at 1:25pm revealed: -He was installing a new washer today. -He had just started working at the facility a week ago. -The facility staff were using the laundry mat down the street to launder all residents clothing and linens. Observation of the Maintenance Director on 5/24/17 at 1:25pm revealed he was installing a new washing machine in the laundry room. Interview with the Resident Care Manager on 5/24/17 at 3:35pm revealed: -The washing machine had broken 2-3 weeks ago. -The facility staff were using the laundromat down the street to launder all residents clothing and linens. -All staff were working additional hours to assist with laundry duties. -The linens and resident clothing were washed weekly. -The linens were changed weekly. -She had observed that several of the mattresses were in need of replacement.	D 087		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 087	Continued From page 23 -She had filled out a maintenance work order for the replacement for two mattresses. -She would make a request to the corporate office to provide new mattresses and pillows for all the residents in need of replacement mattresses and pillows. -She would do a complete walk-through the facility to determine which mattresses, pillows, sheets and linens needed replacement and forward the request to corporate. Telephone interview with the Administrator on 5/24/17 at 5:11pm revealed: -She last visited the facility on 5/22/17. -She was unaware that the facility had any problems with mattresses or pillows. -She was aware that the staff were laundering the linens at the laundromat down the street. -If the pillows needed replacement, she would make the request to corporate office for new pillows for all of the residents. -She was unaware that many of the linens were stained. -She had not received any reports of mattresses or pillows at the facility needing replacement. -She would make a request to the corporate office to provide new mattresses and box-springs for those residents in need of one. The facility failed to maintain the mattresses, pillows and linens in all resident rooms in a clean and safe condition. 2 of 19 residents had mattresses with protruding springs which posed a potential safety hazard. The failure of the facility to ensure that residents had clean mattresses, pillows and linens resulted in a risk to the health, safety and welfare of the residents and constitutes a Type B Violation. The facility submitted a Plan of Protection dated	D 087		

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WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 087	Continued From page 24 6/2/2017 as follows: -The facilty will replaced all mattresses, boxsprings, pillows, linens and sheets by 6/2/2017. -The Resident Care Manager will check the condition of the mattresses, sheets, linens and pillows on a monthly basis. -Any mattresses, sheets, linens and pillows identified as worn or stained will be reported immediately to the corporate office replacement. -Staff will be trained to fill out work requests sheets if any mattresses, sheets, linens and/or pillows are in need of replacement. -CORRECTION DATE FOR TYPE B VIOLATION NOT TO EXCEED JULY 8, 2017	D 087		
D 093	10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a personal lamp for 20 of the 21 residents or ensured the residents had access to a light switch while laying their beds. The findings are:	D 093		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

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D 093	Continued From page 25 Observations of all resident rooms on 5/24/17 between 10:00am and 2:00pm revealed: -20 of the 21 residents did not have personal lamps in their rooms. -All room light switches were by the entry doors. -None of the beds had light switches near the beds. Confidential interviews with 7 residents revealed: -There were no lamps provided in the rooms. -There were no light switches by the beds for the room lights. -None of the residents had previously had a lamp in their room. -The residents would like to have a lamp by their beds. -They could not read by the ceiling light because it was not bright enough. -They did not know they could have a lamp in the room. -They were not offered a lamp since coming to the facility. -Residents had to get out of bed to turn on the light. -Resident walked back to their beds in the dark after turning off the light switch on the wall when going to bed for the night. Interview with the RCM (Resident Care Manager) on 5/24/17 at 5:11pm revealed: -She could not state how long each resident had been without a bedside lamp. -None of the residents had asked for a lamp. Interview with the Administrator on 5/24/17 at 5:11pm revealed: -She was unaware of a rule requiring a bedside lamp for each resident. -She was unaware that residents had to have access via a light switch by the bed to turn on the	D 093		

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	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 093	Continued From page 26 overhead lights. -She could not state how long each resident had been without a bedside lamp. -None of the residents had asked for a lamp. -She would inform corporate of the need for bedside lamps.	D 093		
D911	G.S. 131D-21(1) Declaration of Residents' 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: Based on observation and interviews, the facility failed to assure that all residents were treated with respect, consideration, and dignity pertaining to the cleanliness and condition of the residents' beds. The findings are: Based on observations and interviews, the facility failed to assure 14 of facility's 21 residents had bed mattresses, pillows, top and bottom sheets, blankets and/or pillowcases in clean and good repair. [(Refer to tag D087 10A NCAC 13F .0305(b)(1) Housekeeping and Furnishings.)]	D911		
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	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008041	A. BUILDING: _____ B. WING _____	R-C 05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET WINDSOR, NC 27983

(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
D912	Continued From page 27 regulations. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to the pest control of flies. The findings are: Based on observation and interview, the facility failed to maintain a clean and orderly environment as related to an abundance of flies in all of the resident bedrooms, the common-use bathroom, the dining room and living room areas. [(Refer to tag D079 10A NCAC 13F .0305(a)(5) Housekeeping and Furnishings.)]	D912		