

Division of Health Service Regulation

PRINTED: 05/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL011288

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

R-C

04/18/2017

NAME OF PROVIDER OR SUPPLIER

EVERGREEN LIVING HOME #12

STREET ADDRESS, CITY, STATE, ZIP CODE

352 FAMILY RIDGE ROAD

LEICESTER, NC 28748

(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

C 000 Initial Comments

The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on April 18, 2017 with assistance of an interpreter service.

C 000

C 078 10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings

10A NCAC 13G .0315 Housekeeping and Furnishings

(a) Each family care home 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 homes.

C 078

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to keep clean 2 of 3 common bathrooms, to dust ceiling fans in the dining room and living room, replace burned out light bulbs (in resident room #3, common bathroom across from resident room #3, and hallway overhead light fixture outside room #3), and maintain facility hazard free by use of an extension cord in resident room #3.

The findings are:

Observations on 4/18/17 during the initial tour from 9:00am to 10:05am revealed:
-At 9:31am, in occupied resident room #3, a floor fan and an electric razor were plugged in using an 2 plug extension cord run to a 2 receptacle wall outlet. The fan was running. The electric razor

Corrected
maintained in an uncluttered
clean & orderly manner
free of all obstructions
& Hazards.

4/25/17

checked by manager
q wkly. for 1 month 5/16/17
will check by manager
q monthly after.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE ADMINISTRATOR

(X6) DATE

5/22/17

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCLD11288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/18/2017
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #12		STREET ADDRESS, CITY, STATE, ZIP CODE 352 FAMILY RIDGE ROAD LEICESTER, NC 28748			
(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	
C 078	Continued From page 1 was not in use -At 9:32am, in resident room #3, the overhead light had one bulb out of two that was burnt out and black debris was visible in the overhead light fixture. -At 9:35am, the common bathroom across the hall from resident room #3 had a strong smell of urine upon entry. There was one of two bulbs that was burnt out in the overhead light fixture. There was black debris visible in the overhead light fixture. -At 10:02am, the common bathroom across the hall from the laundry room bordering the right side of resident room #1, the bathtub had a thick coating of gray soap scum on the floor and sides of the tub. There were numerous pieces of debris on the floor of the tub. -At 10:03am, the blades of the ceiling fan in the living room had a thick coating of dust. -At 10:04am, there was a burnt out bulb in the overhead light fixture located in the hallway outside resident room #3. -At 10:05am, the blades of the two ceiling fans in the facility dining room had a thick coating of dust. Interviews with two residents on 4/18/17 revealed: -Neither resident had any environmental concerns about their rooms or the common areas of the facility. -"It's pretty well maintained." -"The bathrooms are cleaned everyday." Interview with the Supervisor-In-Charge on 4/18/17 at 3:25pm revealed: -She was responsible for all the cleaning inside the facility. -She had just begun working in the facility on 3/8/17, "so I haven't cleaned that yet" referring to cleaning the debris out of overhead light fixtures.	C 078			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011288		
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C 078	Continued From page 2 -Dusting the ceiling fans would have been the responsibility of the "worker who used to manage. I was never instructed to clean those." -She cleaned the common showers/tubs "once a week." -She was aware there were some burnt out bulbs in the facility. The bulb in the common bathroom across the hallway from resident room #3 had been burnt "out since Sunday." "I was about to change that." -Maintenance would repair the burnt out bulbs if the resident requests it." -She "didn't know" extension cords were not supposed to be used in the facility. To her knowledge the extension cord in resident room #3 was the only one being used in the facility. Interview with the Administrator on 4/18/17 at 4:00pm revealed: -The bathrooms are cleaned everyday " -One resident "washed his clothes" in the common bathroom located across the hall from the laundry room and that would have contributed to the condition of the bathtub. -Overhead light fixtures were supposed to be cleaned monthly by staff. -Staff can change the light bulbs, but if they didn't have any they can call the Manager." -She was not aware "before today" there was an extension cord in use in resident room #3. -There was a posted monthly cleaning schedule for staff use, so staff were aware of the required cleaning tasks and timeframes for the tasks to be completed.	C 078		