Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033006	A. BUILDING: _____ B. WING _____ OCT 20 2017	09/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUR LOVING FAMILY CARE HOME I	730 MARIGOLD STREET ROCKY MOUNT, NC 27801

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual, follow-up survey and a complaint investigation on September 20, 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: Based on observations and interviews, the facility failed to assure that all walls, ceilings, and floors were kept in good repair including walls with cracks and peeled paint, doors that are scuffed and scratched on the sides, front, and back of the doors, vinyl floors that were rolled up, rusted vents in the floors, and ceilings that had cracked and chipped paint on them. The findings are: Observation of a bedroom at the facility on 09/20/17 at 11:00 AM revealed: -There were 3 of 3 doors in the room were scuffed and scratched all over the sides, fronts, and backs of the doors. -The vinyl floor was rolled around the edges on 2 of 4 sides of the bedroom exposing the sub-flooring. -There were 2 rusted and bent vents in the floor of the bedroom. -There were 4 of 4 walls that were had scratches,	C 074	I do understand the rules for the ways the Family care Home facility should be kept. The facility has been painted every year for the walls peeling paint. I have a professional painters to come in every year to do these walls. I have hired a new painter that say he know what the problem is, and say he can fix it.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beatrice Pettway — TITLE: Owner — (X6) DATE: 10/27/17

STATE FORM 6899 — 6MNE11 — If continuation sheet: 1 of 11

Received & Accepted by: JMK
11/20/17

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C 074	Continued From page 1 scuff marks, and peeled paint on them. Observation the living room at the facility on 09/20/17 at 11:05 AM revealed: -There were 4 of 4 walls that had scratched paint, scuff marks, and peeled paint on them. -There were 2 rusted and bent vents in the floors of the living room. -The main entrance door was scratched and scuffed up all over the side, front, and back of the door, and had rust all over the hinges. Observation of the hallway of the facility on 09/20/17 at 11:10 AM revealed. -There were 4 of 4 walls that had scratched and scuffed paint on them. -There was 1 of 1 vents in the wall that was covered in dust and dirt. Observation of a bathroom at the facility on 09/20/17 at 11:15 AM revealed there was a rusted and bent vent in the floor of the bathroom. Observation of a second bedroom on 09/20/17 at 11:20 AM revealed: -There were 4 of 4 walls that had peeled and scuffed up paint on them. -The ceiling in the room had cracks and peeled paint. -There were 3 of 3 doors that were scratched and scuffed up on the sides, fronts, and backs of the doors. -There was 1 of 3 doors that was missing a door knob. -There was 1 rusted and bent vent in the bedroom floor. -There was a piece of vinyl floor rolled up when you walked in the entrance way that was exposing the sub-flooring	C 074	He's going to do all of the repairs for that room. The vents was replace on 9/22/17. All of the rooms will be replaced by the end of November. Also the floor will still have the walls painted and done with any other replacement as needed. The rust vent in the bathroom has been removed on 9/22/17. All ceiling, walls, door will be done by the end of November. I will still keep a watch on the facility my self to make sure this is being done. She is the over guy to make sure it is done	11/30/17

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C 074	Continued From page 2 Observation of a third bedroom at the facility on 09/20/17 at 11:20 AM revealed: -There was 4 of 4 walls that had peeled and scuffed up paint on them. -There were 3 of 3 doors that were scratched and scuffed up on the sides, fronts, and backs of the doors. -The ceiling in the room had cracks and peeled paint all over it. Interview with the Administrator on 09/20/17 at 11:25 AM: -She was aware of the cracked and scuffed up paint on the walls and ceilings. -She had to paint this facility every year. -She was not sure why the paint kept peeling and cracking that way. -She had the facility painted sometime last year but was not sure exactly when. -When the facility was painted they painted the walls, ceilings, and doors. -She was not aware that the vinyl floors were rolled up in some of the bedrooms. -She was not aware that the vents were rusted and bent up. -She would have the contracted maintenance man come in and complete all repairs as soon as possible	C 074	The door knobs has been replaced already as of 9/22/17. All vents were replace on 9/22/17. I am aware of the way the walls look, that is why I paint them every year. I will keep painting every year until we get it. It is my job as the the home owner to be make sure it is done. I need time to get this done because of illness and death in my family. It will be done soon. I will have all this work done by the end of November	11/30/17
C 076	10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing homes.	C 076		

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C 076	Continued From page 3 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure that all furniture at the facility was kept clean and in good repair including dressers with scratches and scuffs, chairs that were scratched and scuffed up, and tables that had broken legs on the bottom. The findings are: Observation of a bedroom at the facility on 09/20/17 at 11:00 AM revealed: -There were 2 of 2 dressers that were scuffed and had scratched areas all over the front and sides of the dresser. -There was 1 of 2 dressers that was missing all the handles to open and close the dresser. -There was 1 of 2 dressers that the drawers would not open and close. Observation of the living room at the facility on 09/20/17 at 11:05 AM revealed: -There were 2 of 4 wooden chairs that were scratched and scuffed all around the back and base of the chairs. -There was a television stand that had cracked wood on the bottom of the stand on both sides. -There was an end table that had 1 of 4 broken legs on it and was leaning over. Observation of a second bedroom at the facility on 09/20/17 at 11:20 AM revealed: -There were 2 dressers that had scuffed and scratched areas all over the front and sides. -There were 1 of 2 dressers that were missing all the handles to open and close the drawers Observation of a third bedroom at the facility on 09/20/17 at 11:25 AM revealed: -There were 2 dressers that had scuffed and	C 076	She will be given furniture to replace the old. She will be given new dresser + chest. There will also have new chairs to replace the old ones. The TV stand will be replaced.	11/30/17

Beatrice Lettray

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C 076	Continued From page 4 scratched areas all over the front and sides. -There were 2 of 2 dressers that were missing handles to open and close the drawers. Interview with the Administrator on 09/20/17 at 11:35 AM revealed: -She was not aware that the dressers and chairs were damaged and needed to be replaced. -She would contact the contracted maintenance person to come in and fix or replace all the furniture that was damaged and needed replacing. -None of the residents had complained to her about the furniture not being clean or functioning properly.	C 076	all of the bedrooms will have furnitures, in the future & will make sure all furniture and house-keeping is in place all area of the house will be kept clean to the best of my knowledge She will be towels or paper towels in the bath room. Each resident Can get a clean wash cloth, towel & soap at any time.	
C 092	10A NCAC 13G .0315(b)(7) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (b) Each bedroom shall have the following furnishing in good repair and clean for each residents: (7) individual clean towel, wash cloth, and towel bar within bedroom or adjoining bathroom; and This rule apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that all resident bathrooms had appropriate hand drying towels or paper towels for residents to use to dry their hands. The findings are: Observation of a bathroom at the facility on 09/20/17 at 11:15 AM revealed: -There was no paper towels in the bathroom.	C 092		

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C 092	Continued From page 5 -The towel rack was broken and missing the towel rod -There was no towel hanging in the bathroom. Observation of a second bathroom at the facility on 09/20/17 at 11:30 AM revealed: -There was no paper towels in the bathroom -There was no towel rack hanging in the bathroom. -There was no towel hanging in the bathroom. Confidential interview with a resident revealed: -There was hardly every any paper towels or towels in the bathroom -Maybe once a week or twice a week there would be a towel or paper towels in the bathroom -If there were not any towels or paper towels, toilet paper would be used to dry his hands. Confidential interview with a second resident revealed. -There were never paper towels in the bathrooms. -Sometimes there would be a towel hanging up outside the bathroom door. -Sometimes toilet paper was used to dry the resident's hands. Interview with the Administrator on 09/20/17 at 10:20 AM revealed: -The staff were required to make sure there was a towel or paper towels hanging in the bathroom daily. -The reason the bathrooms did not have paper towels this morning was because they had not cleaned the bathroom yet. -The staff left towels on the rack outside the door but the residents had used them all. -She had not ever been told by the residents that they had to dry their hands with toilet paper.	C 092	The towel rack will be replace. There will be a new bathroom paper towel stand. I need a little time to get all this done. In the future this will done and kept in place. All of this will be done by the end of November.	11/30/17

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C 092	Continued From page 6 -She would make sure that there were paper towels or a towel in the bathrooms at all times -She did not remember how long the towel rack had been broken where they could not hang a towel on it, but she would get it fixed as soon as possible.	C 092	As of 9/20/17 water is being serve at all meals. In the future we will give them water if they don't want it. If they say they don't want water with their meal, but we will put it there any way. They can get water anytime they want it. We put out ice for them, and that's what they want. This is what we will still do in the future so they can get them when they want water.	
C 280	10A NCAC 13G .0904(d)(3)(H) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following. (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by Based on observations, interviews and record reviews the facility failed to assure that all residents were offered water at each meal. The findings are Observation of the breakfast meal on 09/20/17 at 6:40 AM revealed: -There were 2 residents eating breakfast and they were only served orange juice with their meal. -There was no water placed on the table. -The Supervisor in Charge did not offer any water to either of the residents. Confidential interview with a resident revealed: -The staff never served them any water to drink with any meal. -They were only given juice or milk at breakfast time. -They had never been offered water by the staff	C 280		

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C 292	Continued From page 8 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by Based on observations and interviews the facility failed to assure that all residents were provided with at least 14 hours of scheduled activities every week. The findings are: Observation of the activity calendar on 09/20/17 revealed: -There were 27 hours of scheduled activity each week on the activity calendar. -Most of the activities were scheduled for the evening time -The calendar showed that all residents were gone to a day program from 8:00 AM to 3:00 PM Monday thru Friday. -Leisure time (television) was scheduled from 4:00 PM to 6:00 PM. Observation of the facility on 09/20/17 from 5:30	C 292	This Resident 27 and more activity at week. The problem is the resident don't know what the activity even is. The Only they think is an activity is when they go out to eat or to the mall. They don't understand that when ever I ask who can spell Mississippi that you get a drink. They don't understand that is an activity. They don't understand bingo, table talk, best dancer, group meeting, birth parties, going to church all are activities. These are things they do every day of the week. My new plan now is that whatever we are doing	

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C 292	Continued From page 9 AM to 9:30 AM revealed: -The residents did not leave to go to there day program at 8:00 AM. -There were no activities offered to residents at this time. Interview with 4 residents at the facility on 09/20/17 revealed: -They were never offered any activities. -They would either watch television or go outside and sit on the porch -They did play bingo once a month. -They went to a day program every day during the weekdays. -They did go out once a month to the store or out to eat Interview with the Administrator on 09/20/17 at 10:30 AM revealed: -The staff that was working each shift was responsible for competing activities scheduled during their shift. -There were activities being offered every day. -Most of the time the residents did not want to participate. -The facility was always having cookouts for the residents to participate. -The facility was playing bingo at least 2 or 3 times per month -Most of the time bingo was the only game the residents would play since they actually won prizes. -The residents are usually not interested in playing any other games. -The residents were offered church services every Sunday. -The staff were to encourage residents to participate in activities. -She would make sure to educate the staff to encourage resident participation in activities	C 292	the staff say this is an activities. We let them know that you said, "you don't do activity but these are things you are doing every day. They said they didn't know. In the future thing they do, the staff will say this is one of your activities.	

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