STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 conducted a follow-up survey on November 30, 2017 - December 01, 2917.	{D 000}	Responses to the cited deficiences does not constitute an admission or agreement by the community of the truths of the facts alleged or conclusion set forth in the Statement of Deficiencies, the Plan of Correction is prepared soley as a matter of compliance with state law.	
{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 the walls were kept clean and in good repair for the 100, 200, and 300 Hallways, resident bedrooms, the Quiet Room on 300 Hall, the front Nurses' Station, and front entryway. The findings are: Observation on 11/30/17 of the 100 Hall from 10:00 a.m. to 10:28 a.m. revealed: -There were black horizontal scrape marks about 1.5 inches wide and about 18 inches up from the bottom on the doors of Resident rooms #100, #103, #106, and #113. -There were black smudges and scrape marks on the lower half of the doors to the bathroom and shower spa. -There were two black horizontal scrape marks on the left lower half of the walls from the entrance to Resident room #101.	{D 074}	All staff will be inserviced regarding work orders and the process for reporting identified areas needing repairs by the Executive Director. Work orders have been submitted for painting and repair. Corrections will begin immediately and completed in phases due to impending renovations ED or designee will monitor progress of repairs to ensure completion. ED or designee will conduct weekly rounds to identify any issues or needed repairs and will submit work orders to address any identified concerns	1-31-18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tammy Stokes, RN | TITLE: Executive Director | (X6) DATE: 1-4-18

Reviewed & Accepted Edwards 1/10/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074}	Continued From page 1 Observation on 11/30/17 at 10:30 a.m. revealed on the right and left walls from the Nurses' Station to Resident Room #201 on the right and to the laundry room door on the left revealed there were black horizontal scrape marks on the walls about 18 inches up from the floor. Observation on 11/30/17 at 10:38 a.m. of the 200 hall hand railing on the right side from the Nurses Station to Resident Room # 201 revealed multiple spots of scraped off stain exposing the wood. Observation on 11/30/17 from 10:42 a.m. to 10:45 a.m. revealed: -There were black horizontal scrape marks about 1.5 inches wide and about 18 inches up from the bottom of the doors of Resident Rooms #206, #207, and #213. -The door of Resident Room #207 had black smudges and black marks from the door handle down to the bottom of the door. Observation on 12/01/17 at 10:15 a.m. revealed the doors of Resident Rooms #304, #309, #310 and #311, all had black horizontal scrape marks about 1.5 inches thick and about 18 inches from the bottom of the doors. Based on observations, interviews and record reviews the residents in room 304 were not interviewable. Observation on 12/01/17 at 10:18 a.m. of Resident Room #304 revealed: -The wall next to the bed had an area of unpainted spackling with black marks on it about 10 inches high and 24 inches long above the baseboard. -The outlet cover plate next to the closet was bent and loose.	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074)	Continued From page 2 Observation on 11/30/17 at 10:34 a.m. of the residents' Quiet Room on 300 Hall revealed: -There were black and dark brown smudges and diagonal 1/8 inch lines across the bottom 2-1/2 feet of the door. -There were black smudges and lines in a 6 inches wide pattern on the right and left walls just above chair level. -A 6-8 inches end section of baseboard, at the inside of the door frame, was detached from the wall. -There was missing paint on the lower 3 feet of the outside door edge. Interview on 11/30/17 at 10:35 a.m. with 4 residents seated in the Quiet Room revealed: -There were black marks and missing paint on the walls in the hallways and doors. -It (facility) needed a complete make-over. -The outside of our room doors have black marks over them. -The walls need painting; I have not seen anyone come to paint in 3 months. Observation on 11/30/17 at 10:39 a.m. of the Dining Room entrance door on 300 Hall revealed: -There were dents and missing paint on the lower 2-1/2 feet of the door frame. -There were black horizontal marks, brownish-black smudges, and missing paint on the lower 2 feet of the door. Interview on 11/30/17 at 10:50 a.m. with a resident's family member revealed: -"I had to talk several times with the Administrator to get my (family member's) room painted. -The room was finally painted in September (did not remember the date).	(D 074)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074}	Continued From page 3 Observation on 11/30/17 of the front entry way Nurses' Station 8 foot x 4 foot desk at 10:25 a.m. revealed: -The 8 foot counter top had missing and peeling paint along the outer 2 to 6 inch edge. -The molding under the counter top was missing paint along the top edge. -The base section of the molding was discolored with dark tan smear marks on the flat sections, and dark brown stains on the corner edges. -The ½ wall section, below the molding, had dark tan and brown smears across the surface. Observation on 11/30/17 of the front entryway Business Office area at 10:27 a.m. revealed: -The door had black horizontal stripe marks 1 foot up from the floor and had brownish-gray smudges on the door below the window. -There were horizontal black scrape marks and brownish-gray smears on the wall below the hand raining on the left side of the Business Office door. -There were horizontal black scrape marks and brownish-gray smears on the wall below the hand raining on the right side of the Business Office door. Interview on 11/30/17 at 10:15 a.m. with a Housekeeper revealed: -She tried to clean the scrape marks with the cleaning spray and a cloth. -She was not successful in removing the black scrape marks on the facility walls and doors. Interview on 12/01/17 at 10:20 a.m. with a second Housekeeper revealed: -She was not sure how long the black marks on the doors and walls had been there. -The doors and walls had been painted about 1	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074}	Continued From page 4 month ago. -She did not remember the date the painting had been done. -She tried to clean the black marks on the doors and walls with the cleaning spray and a sponge but the paint would peel off. -She thought the black marks on the walls and doors were from the wheel chairs hitting them. Interview on 12/01/17 at 11:20 a.m. a Medication Aide (MA) revealed: -She was sure the doors were painted in September but not sure of the date. -She was not sure if the walls had been painted. Interview on 12/01/17 at 1:45 p.m. with a Personal Care Aide (PCA) revealed: -The paint crew came in to touch up the walls and the doors but she does not remember the date. -She was not sure how long the black horizontal scrape marks had been on the walls and doors. Interview on 12/01/17 at 2:34 p.m. with a Supervisor/Medication Aide (MA) revealed: -A maintenance service came in and painted in August or September, 2017 (did not remember the days); the maintenance service did "touch-ups" on the half wall of the nurses' desk. -There was paint missing over the top of the nurses' desk at the front entryway; the paint did not stick to the desk top and had rolled off. -The Business Office Manager's door and lower walls needed painting; she did not remember any painting being done in that area. -All resident rooms' door frames were painted beige when the painters were last here; they used to be painted yellow, red, or blue. -She had not seen the painters back at the facility since August or September, 2017. -She was not aware of any plans to do more	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074}	Continued From page 5 painting in the facility. Interview on 12/01/17 at 2:47 p.m. with the facility's contracted maintenance staff revealed: -He worked for a maintenance service and was contracted to work 1 day per week at the facility; he was available for emergency services. -To get maintenance services, the Administrator of the facility would contact his district manager, and the district manager would send him an email telling him what work was to be done at the facility. -He did not know if the Administrator made rounds at the facility; he understood that the Administrator usually received information about maintenance needs from staff. -He was not at the facility today; his was at the facility on Wednesday (11/29/17) to repair a water leak and change a lock. -The maintenance service had a paint crew of 3 people; they painted doors, door frames, and walls; he did touch-up painting only as assigned. -The paint crew did some painting on the walls in the hallways 3 months ago, in August, 2017, he was not aware of when they would be back to do more painting. -About 2 -3 months ago (did not remember the date) he painted the top of the nurses' desk; the paint was peeling off; he was told it would be a temporary repair. -The paint on the top of the nurses' desk was now peeling off. -Now the walls have scuff marks, it "looks terrible now, worse than when the paint crew started; I was told by my supervisor to not paint the walls, I had other buildings to work on." Interview on 11/30/17 at 3:21 p.m. with the Business Office Manager (BOM) revealed: -There were no daily maintenance staff at the	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074}	Continued From page 6 facility. -There was a maintenance service that was a branch of the corporate office. -The Administrator was responsible for obtaining the maintenance service for the facility. -The Administrator, the BOM, and all staff walked around the facility looking for needed repairs. -Staff were to write a note about needed repairs, and put it in a box on the wall at the front entrance, outside of the Administrator's office. -Nothing (documentation) had come into the BOM's office requesting repairs to be done. -Some painting was done around the nurses' station in August (did not remember the date). Interview on 21/01/17 at 3:25 p.m. with the Administrator revealed: -The corporate office contracted a service to provide maintenance for the facility. -She made weekly rounds in the facility; staff were to fill out any maintenance request forms and put them in a box outside her office. -She took notes of the requests and entered them into a corporate computer program to process a work order. -The last painting in the facility was done the last 2 weeks in August, 2017. -The last work order was to have resident room #304 painted; the painting was done on 11/20/17. - Work orders for maintenance were sent to the contracted maintenance service and a maintenance staff would be sent to the facility to do repairs. - A paint crew came in August, 2017, painted the residents' rooms' door frames, and did touch-up painting. -The paint crew did not paint the residents' doors. -The Administrator was responsible for putting in work orders for facility maintenance. -She had not submitted a work order for painting	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051041	A. BUILDING: _____ B. WING _____	R 12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 074}	Continued From page 7 the facility's walls and doors.	{D 074}		