

PRINTED: 03/20/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 an annual survey on March 2, 2018 and March 5, 2018.	D 000		
D 072	10A NCAC 13F .0305(m) Physical Environment 10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: Based on observations, and interviews the facility failed to assure the outside premises were free from clutter and safe for the residents living within the facility. The findings are: Observations of the side porch of the facility on 3/2/18 at 8:15 A.M. revealed: -A sign that indicated a yard sale was leaned against the wall of the facility. -An exercise bicycle was placed near the edge of the porch. -A box was underneath the exercise bicycle. -A bottle for antifreeze was under a window. -A dining room chair was near the exercise bicycle. -An ironing board without a cover was on the side of the porch extended and on its side. -A folded cardboard box was sitting in the yard	D 072	10 A NCAC 13F.0305(m) Physical Environment The side porch has been cleared of the items noted on the survey report. The yard sale sign, bottle of antifreeze, chairs, an ironing board, folded cardboard boxes, plunges and a cooler have all been removed and disposed of.	3/5/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

WDDM15

If continuation sheet 1 of 21

PATRICK OGBONNA CEO/Administrator

05-01-18

Reviewed + Accepted with Revisions 5/1/18 LAM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 072	Continued From page 1 directly in front of the side porch. -A toilet plunger was lying beside the yard sale sign. -A cooler was sitting in the yard beside directly in front of the dining room chair. A second observation of the side porch of the facility on 3/5/18 at 5:51 P.M. revealed: -The area was clean and without clutter. -An exercise bicycle was near the end of the porch. -There were no other items around the exercise bicycle. -There were two green plastic benches placed neatly under the windows of the facility. Interview with a resident on 3/5/18 at 12:35 P.M. revealed: -When the weather was warm, the resident sat on the side porch with staff. -The "things" on the porch have been there for a long time. -The resident did not know how long the "things" had been on the porch. Interview with a first shift Medication Aide (MA) on 3/5/18 at 1:00 P.M. revealed: -She had worked at the facility for 28 years. -The items on the side porch were there prior to the new owner's arrival. -She did not know a specific year or month that they were placed. -Some of the items were donated to the facility. -A few of the residents used the exercise bicycle. -She did not know where the ironing board came from. -There had not been a yard sale at the facility. -The facility did have people who cared for the yard. -The Administrator arranged the care of the yard.	D 072	The side porch now has six rocking chairs and exercise bicycle. The green plastic chairs have been removed. The area will henceforth be checked for cluster weekly.	3/7/18

-
tion of Health Services

Division of Health Service Regulation

STATE FORM

6899

WDDM11

If continuation sheet 3 of 21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 282	Continued From page 3 multiple areas of brown stains. Observation of the dishwashing room on 3/2/18 at 9:31 A.M. revealed: -There was a pink bath towel on the floor bundled up across floor on the outside of the reach-in freezer. -There was a pizza box and some napkins on the dishwashing sink. -All six blades on the white ceiling fan had dust. Observation of the inside of the reach-in freezer, which was in the dishwashing room, on 3/2/18 at 9:31 A.M. revealed: -The bottom shelf of the freezer had multiple scratches, multiple areas of dark brown rust stains and black stains. -One to one and a half feet of the edge of the bottom shelf was cracked. -One foot of the insulated material of the freezer was exposed. -There was a white paper towel hanging on the top side shelf of the freezer. Observation of the pantry on 3/2/18 at 9:31 A.M. revealed 10 of 12 racks had dark brown stains and were sticky. Interview with the Cook on 3/2/18 at 9:49 A.M. revealed she had just gotten to work and she did not know why the dishwashing area was not cleaned. A second observation of the kitchen on 3/2/18 at 4:58 P.M. revealed the bottom shelf of the cooler under the white metal rack had multiple areas of brown stains. A second observation of the dishwashing room on 3/2/18 at 4:58 P.M. revealed:	D 282	The pink towel on the floor have been removed. The empty pizza box and napkin have been removed. The inside of the reach-in freezer have been completely cleaned. The fan has been dusted and cleaned. The fan, reach-in freezer, cooler will henceforth be monitored by the Administrator to ensure that the cleaning and dusting schedule is being followed.	3/7/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278			
(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 282	Continued From page 4 -There was a pink bath towel on the floor bundled up across the outside of the reach-in freezer. -The pizza box and napkins had been removed out of the dishwashing area. -All six blades on the white ceiling fan had dust. A second observation of the inside of the reach-in freezer on 3/2/18 at 4:58 P.M. revealed: -The bottom shelf of the freezer had multiple scratches, multiple areas of dark brown rust stains and black stains. -One to one and a half feet of the edge of the bottom shelf was cracked. One foot of the insulated material of the freezer was exposed. -The white paper towel had been removed from the freezer. A second observation of the pantry on 3/2/18 at 4:58 P.M. revealed 10 of 12 racks had dark brown stains and was sticky. A third observation of the kitchen on 3/5/18 at 2:03 P.M. revealed the bottom shelf of the cooler under the white metal rack had been cleaned. A third observation of the dishwashing room on 3/5/18 at 2:02 P.M. revealed: -The pink bath towel on the floor bundled up across the bottom of the reach-in freezer had been removed. -There was a brown rusted table on the floor under the sink. -All six blades on the white ceiling fan still had dust. Interview with the Cook on 3/2/18 at 4:57 P.M. revealed: -She cleaned the reach-in cooler weekly and as needed. -She cleaned the reach-in cooler today (3/2/18).	D 282			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 282	Continued From page 5 -She had not cleaned the ceiling fan in a while, because she could not reach it. She did not know when the fan was last cleaned. -The towel was on the floor in front of the reach-in freezer, because the freezer leaked water sometimes. -The reach-in freezer had been leaking, since 2016. -The freezer had not gotten out of the appropriate temperature range, because of the leak. -The reach-in freezer was last cleaned one month ago. -The "marks" inside of the freezer "won't come up." -The racks inside of the storage area were cleaned "every few months." -The racks inside of the storage area were last cleaned December 2017 or January 2018. Interview with a Co-Administrator on 3/5/18 at 2:05 P.M. revealed: -The facility did not have a cleaning schedule. -Dietary staff cleaned the kitchen all of the time. -Her expectation was for staff to clean the kitchen "like it was supposed to be cleaned." -The reach-in freezer was not broken. -Dietary staff informed her on 3/2/18 the reach-in freezer had been leaking and she told them she would check it. -She checked to make sure the reach-in cooler and reach-in freezer was cleaned 5 days a week when she was at the facility. -She checked the cleanliness of the cooler and freezer on today (3/5/18) and on Saturday 3/3/18.	D 282		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service	D 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278			
(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 296	Continued From page 6 (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have matching therapeutic diet for 1 of 1 Resident (#1) on the pureed diet. The findings are: Review of Resident #1's Resident Register revealed she was admitted to the facility on 12/4/17. Review of Resident #1's current FL-2 dated 12/5/17 revealed: -There was an order for a pureed "thin" diet. -There was an order for a supplement [named] to be given daily. Review of the facility's diet list (not dated) revealed the resident's diet included a pureed diet. Interview with a Supervisor on 3/2/18 at 11:28 A.M. revealed: -The facility did not have a pureed diet menu. -The Cook pureed "whatever diet the resident was on." Interview with the Administrator on 3/2/18 at 11:32 A.M. revealed: -The facility did not have a pureed diet menu. -Whatever diet the resident was on, the Cook pureed the meal.	D 296	10A NCAC 13F.0904(c)(7) Nutrition and Food Service The facility now has a new menu that includes pureed diet. The cook has been trained on the preparation of pureed diet menu. Henceforth all food for the residents will be according to the current menu.	3/6/18	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 296	Continued From page 7 Review of the Friday Regular Diet Week 1 Winter Cycle included 1/4 cup (cp) of tuna, 1/2 pita bread, 1 leaf lettuce, tomatoe chopped and 4 ounces (oz) peaches chopped. Observation of Resident #1 in her room on 3/2/18 at 11:50 A.M. revealed: -She was served 4 oz pureed mixed vegetables, 4 oz pureed peaches and a bottle of protein supplement [named] on a tray. -The only protein served with the meal was the supplement. Observation of Resident #1 on 3/2/18 at 12:00 P.M. revealed she had eaten 100% of the meal. Interview with Cook on 3/2/18 at 11:30 A.M. revealed: -She based the diet and plate preparation on the diet list in the kitchen. -The pureed diet items were thinned using broth or milk. -The consistency of pureed food was similar to applesauce. -She utilized the menu for a Regular diet and pureed the foods in a small food processor. Interview with the Supervisor on 3/2/18 at 3:42 P.M. revealed: -Resident #1 was on an order for the Regular Pureed diet and had been on the diet since December 2017. -The resident was on the diet, because the resident had a history of choking. -The way the diet was prepared during the lunch on meal on 3/2/18 was usually how dietary prepared the meal. -The resident had not had any coughing or choking, since she had been on the diet.	D 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 296	Continued From page 8 Interview with Resident #1's family member on 3/2/18 at 10:45 A.M. revealed the resident had been on the pureed diet for the past 5 years. Interview with the Cook on 3/2/18 at 5:12 P.M. revealed: -She had never seen a pureed diet menu, since she had been working at the facility. -Whatever was on the regular diet menu, she pureed it for Resident #1. -She had been following the regular diet menu to pureed Resident #1's meal, since the resident had been at the facility (2 1/2 years.) -She received training on preparing pureed diets, before she was hired to work at the facility. -She had not bee trained on how to prepare the pureed diet, since she had been working at the facility. Interview with the Co-Administrator on 3/5/18 at 11:25 A.M.. revealed she had purchased new menus and the facility would start the new menus on 3/6/18. Observation of the new menus on 3/5/18 at 11:25 A.M. revealed the menus included a pureed diet. Review of the Monday Regular Diet Week 2 Winter Cycle included 3 oz roast turkey, 4 oz mashed potatoes, 4 oz buttered sliced carrots, and green grapes. Observation of Resident #1 during the lunch meal on 3/5/18 at 12:00 p.m. revealed the resident's meal included 4 oz pureed sweet peas with small chunks on top, 4 oz pureed sweet potatoes, 4 oz mashed potatoes, 3 oz pureed turkey, 4 oz apple sauce. Observation of Resident #1 on 3/5/18 at 12:18	D 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 296	Continued From page 9 P.M. revealed the resident had eaten all of the meal and did not cough or choke while eating the meal. Interview with the Administrator on 3/5/18 at 2:05 P.M. revealed: -Resident #1 was the only resident on the pureed diet. -The pureed diet should be fine and without any chunks. -She was aware that for every diet order there had to be a menu. -She could not provide an excuse for not having a pureed diet menu. -The Administrators were responsible for making sure the facility had menus for every therapeutic diet order.	D 296		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 1 of 3 sampled Residents (#1) was treated with respect and dignity by staff assisting the resident with changing clothes in a timely manner and staff talking in a respectful manner to the resident. The findings are:	D 338	10 A NCAC 13F.0909 Residents Right All staff members are required to not only take Resident Rights class, but also to constantly observe and treat all residents with utmost respect and dignity. The PCA in question has been cautioned and meds to retake Resident Right again.	3/8/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278			
(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 338	Continued From page 10 Observations of Resident #1 side table on 3/2/18 at 8:35 A.M. revealed a bell that she resident used as the call bell. Review of Resident #1's current FL-2 dated 12/5/17 on 3/2/18 revealed diagnoses of history of stroke, pulmonary embolus, Dementia, anxiety, history of depression, bipolar and osteoporosis. Observations of Resident #1 on 3/2/18 at 5:00 P.M. revealed: -She was assisted by the second shift Medication Aide (MA) to the restroom. -The MA told the resident that she had to help other residents with their meals and would return. -The resident began to ring her call bell seconds after the MA walked away. -The MA returned and the resident requested to have her pajamas put on by MA. -The MA explained that she needed to assist another resident and would return to assist her. -The MA left the room and soon after the resident began ringing her bell. -Another MA went to address the resident and explained that she would be assisted after meal time. -The resident continued to ring the call bell multiple times intermittently from 5:00 P.M. until 6:00 P.M. -Staff were in other areas of the facility assisting other residents. Observation on 3/2/18 at 5:42 P.M. in Resident #1's room revealed: -Staff D, Personal Care Aide (PCA), was heard telling Resident #1 staff was feeding other residents. -"Wait a little while to go to bed." -"Stop yelling." -"Stop calling me."	D 338	The policy of the facility is for the staff to respond to the Residents' bell call regardless of how often and reason for the call. The medication refrigerator will be locked at all time.	3/8/18	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 338	Continued From page 11 Observation during second shift on 3/2/18 from 3:00 P.M. to 5:41 P.M. revealed Staff D had not talked rude or disrespectful to Resident #1. Interview with Resident #1 on 3/2/18 at 5:53 P.M. revealed: - "Oh boy, I'm in trouble." - The resident did not want to say what that meant. Interview with Staff D on 3/2/18 at 6:15 P.M. revealed: - She described Resident #1 as a "needy person". - Resident #1 could be calm and aggressive. - She was the staff member who primarily cared for the resident on second shift. - She had never witnessed anyone speaking to Resident #1 in a rough or negative tone. - She had never witnessed anyone who told the resident "stop yelling". - She denied talking to the resident in a rough or negative manner. - She denied telling the resident to "stop yelling". - She denied treating any of the residents in a disrespectful manner. Interview with a resident on 3/2/18 at 8:41 A.M. revealed: - Staff was nice to the resident. - Staff got the resident what she needed. Interview with a second resident on 3/5/18 at 12:35 P.M. revealed the resident did not have any problems with the way staff treated the resident at the facility. Interview with family member on 3/5/18 at 12:38 P.M. revealed: - He had never witnessed a staff member who	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADORABLE SENIOR LIVING

**401 WEST QUEEN STREET
HILLSBORO, NC 27278**

(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 338	Continued From page 12 spoke to a resident in an ugly manner. -When he visited, he had never witnessed any staff member who treated a resident in an unkind manner. Interview with Medication Aide (MA) on 3/5/18 at 1:00 P.M. revealed she had not witnessed any staff member who spoke to a resident in unprofessional manner. Interview with the Co-Administrator on 3/5/18 at 12:07 P.M. revealed: -Her expectation was for staff to treat residents with respect. -None of the residents had complained of staff mistreatment to them. Interview with the Administrator on 3/5/18 at 5:30 P.M. revealed: -The staff needed to answer the call bell when Resident #1 rang. -The staff were to treat Resident #1 like all the other residents were treated. -She did not expect staff to speak to Resident #1 in an ugly manner because she rang the call bell. -The staff were aware that Resident #1 had "memory issues". -The second shift had two staff members and sometimes three staff members. -The third staff member stayed until after dinner about three to four times per week. -The third staff member was the Supervisor or another MA. -In January, there was a staff meeting and treating/talking to the residents with respect was reviewed. Observations of Resident #1 on 3/5/18 at 5:05 P.M. revealed she rang the call bell after her meal was eaten and staff responded quickly.	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 338	Continued From page 13 Observation of a staff member on 3/5/18 at 5:06 P.M. revealed she took Resident #1's tray out of the room.	D 338		
D 378	10a NCAC 13F .1006 (b) Medication Storage 10a NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure medications for 1 of 3 sampled residents (Resident #2) were stored in a locked container within a refrigerator or a locked area designated for medication storage. The findings are: Review of Resident #2's current FL-2 dated 8/10/17 revealed: -Diagnoses of Dementia, Osteoporosis, Osteoarthritis, Anemia, Malignant Neoplasm of lung, Gastro-esophageal Reflux disease, Hypertension, and Chronic Back Pain. -No physician orders for the medication contained in the white box. Review of Resident #2 facility records on 3/2/18 revealed:	D 378	10a NCAC 13F.1006(b) Medication Storage The facility now has a refrigeration with lock features that is used to store all prescription and non-prescription medications. Henceforth, all prescription and non-prescription medication will no longer be stored in the general food refrigerator.	3/8/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278			
(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 378	Continued From page 14 -A medication packing list was placed in the chart. -The packing list had the names of medication and dispensed amounts listed. -The dispensed amount for Lorazepam was 10 tablets. -The packing list indicated liquid Morphine was sent in the box and the quantity dispensed was 15. -A handwritten list of the same medications as the packing list was written on an order form. -The order form was signed by the Hospice nurse and dated 2/7/18. -A medication insert was in the chart with information about each medication listed on the packing list. -A hand written progress note dated 2/7/18 indicated that Morphine 20 mg from the comfort pack was destroyed. -The progress note was signed by the MA and Hospice nurse. Observations of the facility kitchen refrigerator on 3/2/18 at 9:30 A. M. revealed: -The refrigerator was not locked. -The refrigerator contained various food items for residents and staff. -Each shelf within the refrigerator had several food items on it. -A white box was placed in the rear of the third shelf with a pharmaceutical company label. -Staff was not present at that time. Observations of the white cardboard box in the facility kitchen refrigerator on 3/2/18 at 9:35 A.M. revealed: -There were two labels on the top of the box. -One label indicated resident #2's name, name of pharmaceutical company, drug number and instructions to keep refrigerated. -The other label read "Please use to reseal".	D 378			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADORABLE SENIOR LIVING

**401 WEST QUEEN STREET
HILLSBORO, NC 27278**

(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 378	Continued From page 15 -This label indicated a reseal date and place for initials. -The box contained various medications. -The medications were in small plastic resealable bags. -The only controlled medication in the box was Lorazepam. -There were 10 tablets within the plastic bag. -There was no paperwork contained within the box. Interview with first shift Medication Aide (MA)/Supervisor on 3/2/18 at 9:32 A.M. revealed: -The white box was delivered to the facility via a delivery company. -The white box in the refrigerator was delivered in February of 2018. -The box was referred to as a comfort care kit. -The Hospice nurse confirmed receipt of the box. -"Only the Hospice nurse touched the box". Attempted interview with the Hospice nurse on 3/5/18 at 11:46 A.M. was unsuccessful. Interview with the Co-Administrator on 3/2/18 at 11:45 A.M. revealed: -She was not aware of the white box of medications were in the refrigerator. -The medications needed to be locked or in a locked container. Observation of the facility hallway near Administrators' office on 3/2/18 at 8:17 A.M. revealed: -There were various bulletin boards displayed. -One bulletin board was located beside the office and displayed the word "STAFFING". -The same bulletin board had two documents displayed and were hung by thumb tacks. -On the thumb tack to the left of the bulletin board	D 378		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 378	Continued From page 16 was a set of keys. Observation of MA/Supervisor accessing medication storage location in the facility on 3/2/18 at 4:00 P.M. revealed: -A large medication cart was inside of an area equal to the size of a storage closet. -The cart had a locked drawer to the right of larger drawers. -The keys that unlocked the locked controlled medication drawer were in a small basket at the rear of the cart. -The keys for the medication closet were placed back on a thumb tack on a bulletin board. Observation of second shift MA on 3/2/18 at 4:40 P.M. revealed: -She took a set of keys from the bulletin board hung on the wall directly beside the Administrator office. -She used the keys to unlock the medication closet. -She obtained medications for a resident, closed, locked the medication closet, and placed the keys back on the bulletin board. Interview with the Cook on 3/2/18 at 4:45 P.M. revealed: -The refrigerator had been used previously as storage area for medications. -She was aware that the comfort care kits contained medications. -Other medications and comfort care kits were placed in the refrigerator in the past. -In the past, there were medications in the refrigerator that were expired. -The staff member told her that they would ask the Hospice nurse about the medications. -She did not make the Administrator aware of this incident.	D 378	Keys to the medication cart is to be held by the Med Tech only in their pockets and not hung on the board ever.	3/5/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 378	Continued From page 17 Observation of first shift MA/Supervisor accessing medication storage area on 3/5/18 at 1:00 P.M. revealed: -She obtained a set of keys from the bulletin board next to the Administrator's office. -She used the keys to unlock the medication closet. -She placed the keys back on a thumb tack on the bulletin board after using them. Interview with the MA/Supervisor on 3/2/18 at 3:45 P.M. revealed: -Resident #2's family were providing medications. -Resident #2 utilized the facility pharmacy after admission to Hospice services. -The Hospice nurse discussed orders or pending orders with her. -The medication orders were faxed to the physician and a signed memo was sent back to the facility. -The memo from the physician indicated if orders were approved or changed. -The memo was treated as an order. -The facility pharmacy prepared the medication administration records. -The facility pharmacy would send a controlled sheet when controlled medications were filled. -When controlled medications were sent without a control sheet, one was made for the medication. -All controlled medications were kept in a locked box in the medication cart. -The medication cart was locked in a medication "cabinet". -She was not aware that controlled medication were in the box in the refrigerator. -Residents went into the kitchen sometimes to see who was cooking for the day. -Residents did not go into the refrigerator.	D 378		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 378	Continued From page 18 Interview with another first shift MA on 3/5/18 at 1:00 P.M. revealed: -She had worked at the facility for 28 years. -Medications were delivered during the dayshift and on weekends. -The medications were delivered in a green container that was secured with zip ties. -The medications were placed in the office. -If the office is locked, the staff would call the MA/Supervisor to unlock the office. -The Administrator or the MA/Supervisor placed the delivered medications into the medication cart. -The medication closet was accessed by the set of keys that hung on the bulletin board. -The keys were not kept "anywhere else". -The kitchen refrigerator was used to store medications that required refrigeration. -The Hospice comfort care packs were kept in the refrigerator. -The MA/Supervisor took care of the medications for Hospice. -The Administrator was going to obtain a small refrigerator to lock up the medications. Interview with Cook on 3/5/18 at 1:40 P.M. revealed: -She had worked at the facility for three years. -During that time she was aware of 6 or 7 other residents who received Hospice services. -These residents had comfort care kits and the kits were placed in the refrigerator. -The refrigerator was locked when not in use to prevent it from "popping open". Interview with Hospice physician's office nurse on 3/5/18 at 1:40 P.M. revealed: -The physician signed the order for the comfort care kit on 2/15/18.	D 378		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 378	Continued From page 19 -The process used to address orders for Hospice was in flux at this time. -Some items for residents were delivered to their office and picked up by the facility MA/Supervisor. -When items were picked up, a signature was obtained from the person who picked up the item. -The office had a list of the contents of the comfort care kit. -The list indicated two controlled medications were ordered, Morphine and Lorazepam. Interview with the Co-Administrator on 3/5/18 at 2:05 P.M. revealed: -Medications were delivered from the pharmacy in a container secured with zip ties. -The MA/Supervisor opened the container and placed the medications on the cart. -The medication cart was located in a locked medication closet. -The keys to the locked medication closet were kept in the office. The keys for the office were kept in the office. -The office was mainly open and the staff had access to the office. -The MA/Supervisor had the keys to the office. -The MA/Supervisor's shift ended at 3:00 P.M. -The MAs keep the keys to medication closet on their person. -The key ring with the key to the medication closet also held the key to the medication cart and the key to the controlled medication portion of the cart. -The keys seen hung on the bulletin board were to the medication closet, and medication cart. -The keys were hung there sometimes, mainly at night. -The keys were supposed to be held in the pockets of the MAs when on duty; the MAs kept the keys with them at all times when they first took ownership.	D 378	Telephone interview with the Co-Administrator on 4/26/18 at 3:00p revealed: -For Rule area 10305 (M) Physical Environment, the Administrator will monitor the outside premises, w/ky to make sure cleaned + not cluttered. -For Rule area 10ANAC 13 F, 0904 (C)(X) Nutrition and Food Service, the Cook will make sure the kitchen was cleaned daily and the Administrator will monitor the cleanliness of the kitchen weekly. -For rule area 10ANAC 13 F, 0904 (C)(X) Nutrition + Food Service, the (Cont)		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER ADORABLE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST QUEEN STREET HILLSBORO, NC 27278		
(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 378	Continued From page 20 -The MAs would have to begin to keep the keys in their pockets again. -She was aware that the unsecured keys could be accessed by anyone within the facility. -She was aware that access to the keys meant access to the controlled medication.	D 378	<i>Correct</i> Co-Administrator will monitor diet orders weekly to make sure the facility had a menu for every diet order. -For rule area 10A NCAC 13F-0909 Resident Rights, the Co-Administrator will monitor resident rights weekly to make sure residents are being treated with respect. -For rule area 10A NCAC 13F-1006 (b) Medication Storage the Co-Admin. will monitor the med storage weekly to assure meds are stored properly. 4/21/18 KWS.		

