| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL078113 | A. BUILDING: _____ B. WING _____ | 05/07/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DIAL'S FAMILY CARE HOME #6 | 1685 CANAL ROAD PEMBROKE, NC 28372 |

| (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<br><br>The Adult Care Licensure Section and the Robeson County Department of Social Services conducted an annual and follow-up survey on May 4, 2018 and May 7, 2018. | C 000 | | |
| C 076 | 10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping and Furnishings<br>(a) Each family care home shall:<br>(3) have furniture clean and in good repair;<br>This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility failed to assure that the chair in one resident's room (Resident #1) was in good repair.<br><br>The findings are:<br><br>Observation on the tour of the facility on 5/4/2018 at 10:10 a.m. revealed there were two splits that extended thru the batting in the seat cushion of a vinyl armchair in resident's room #2.<br><br>Interview with the resident in room #2 on 5/7/2018 at 12:40 p.m. revealed:<br>-He could not remember when he got the chair.<br>-He had it for a long time.<br>-He would like another chair that had arm rests..<br>- If he could not get another chair that had arm rests, he would rather keep the chair he had now.<br><br>Interview with the personal care aide on 5/4/2018 at 10:30 a.m. revealed:<br>-The vinyl armchair in resident's room #2 has had the splits in the seat cushion since he had been | C 076 | | |

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| C 076 | Continued From page 1<br>working at the facility for the past two months.<br><br>Interview with the medication aide/ Supervisor in Charge on 5/4/2018 at 2:20 p.m. revealed:<br>-The resident has had that vinyl armchair with the split for a "long time".<br>-The Business Office Manager is responsible for the repair or replacement of the armchair.<br>-She will inform the Business Office Manager of the need to repair or replace the armchair.<br><br>Interview with the Business Office Manager on 5/7/2018 at 12:30 p.m. revealed:<br>-She knew of the condition of the resident's vinyl armchair, but the resident liked the armchair and did not want it removed.<br>-The facility had extra chairs available and could replace the vinyl armchair if the resident was okay with it.<br><br>Interview with the Administrator on 5/7/2018 at 1:40 p.m. revealed:<br>-The resident brought chair with him when he moved in and that is why it had not been taken out.<br>-Staff will ask the resident if the facility could replace the vinyl armchair with the split for another chair. | C 076 | | |
| C 079 | 10A NCAC 13G .0315(a)(6) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping and Furnishings<br>(a) Each family care home shall:<br>(6) have supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; | C 079 | | |

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| C 079 | Continued From page 2<br>This rule apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and observations, the facility failed to have a supply of paper towels or hand towels on hand for the residents to use to dry their hands after washing.<br><br>The findings are:<br><br>Observation on the tour of the facility on 5/4/18 at 10:05 a.m. revealed the following:<br>-Paper towel dispensers were attached to the walls in 3 of 3 resident bathrooms.<br>-There were no paper towels in 3 of 3 paper towel dispensers in resident bathrooms.<br>-There were no hand towels or paper towels available for residents to dry their hands in 3 of 3 resident bathrooms.<br><br>Interview with one resident on 5/4/18 at 2:50 p.m. revealed:<br>- Sometimes there were and sometimes there were no paper towels or hand towels in the bathroom for him to dry his hands.<br>-He shook his hands to dry them if there were no paper towels or hand towels in the bathroom.<br>-It happened often that there were no paper towels or hand towels in the bathroom.<br>-He had not asked or told anyone about the need for paper towels or hand towels in the bathrooms.<br>-He would like for the facility to keep paper towels or hand towels in the bathrooms all of the time.<br><br>Interview with a second resident on 5/4/18 at 3:15 p.m. revealed:<br>-The bathrooms usually had paper towels in them, but sometimes they ran out of paper towels. | C 079 | | |

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| C 079 | Continued From page 3<br>-There had been times when he had to dry his hands on his clothes because there were no paper towels or hand towels in the bathroom.<br>-He would like to have paper towels or hand towels to dry his hands after washing at all times.<br><br>Interview with a third resident on 5/4/18 at 4:05 p.m. revealed:<br>-There were usually no paper towels or hand towels in the bathrooms to dry his hands.<br>-The facility should always have paper towels or hand towels in the bathrooms for the residents.<br><br>Interview with a fourth resident on 5/4/18 at 10:15 a.m. revealed:<br>-He had no way to dry his hands when he washed them.<br>-There were usually no paper towels or hand towels in the bathroom.<br>-He had towels and wash cloths in his bedroom so he came to his bedroom to dry his hands after he washed them.<br><br>Interview with medication aide/ Supervisor in Charge on 5/4/18 at 2:30 p.m. revealed:<br>-She did not know that there were no paper towels or hand towels in the resident bathrooms.<br>-There were no paper towels available in the facility.<br>-The Business Office Manager was usually responsible for ordering paper towels and keeping paper towels at the facility.<br>-No residents or staff had informed her there were no paper towels or hand towels in the resident bathrooms.<br>-Resident bathrooms usually had paper towels in them for residents to dry their hands after washing.<br><br>Interview with a personal care aide on 5/4/18 at | C 079 | | |

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| C 079 | Continued From page 4<br><br>11:40 a.m. revealed:<br>-There had been many times that the resident bathrooms did not have paper towels or hand towels.<br>-He was unsure how residents dried their hands if there were no paper towels or hand towels.<br>-He did not make the Business Office Manager or the Administrator aware when there were no paper towels or hand towels in the resident bathrooms.<br>-Residents had not complained to him about there being no paper towels or hand towels.<br><br>Interview with another personal care aide on 5/7/18 at 10:20 a.m. revealed the following:<br>-She had been working at the facility for a week.<br>-She did not know that there were no paper towels or hand towels in the resident bathrooms.<br>-Residents had not complained to her about there being no paper towels or hand towels.<br><br>Interview with the Business Office Manager on 5/7/18 at 2:25 p.m. revealed:<br>-She was responsible for purchasing and ensuring paper towels or hand towels were at the facility for resident bathrooms.<br>-She did not know that there were no paper towels at facility.<br>-She tried to tour facility once weekly.<br>-No staff or residents had informed her that there were no paper towels at the facility.<br><br>Interview with the Administrator on 5/7/18 at 1:45 p.m. revealed:<br>- The Business Office Manager was responsible for ensuring facility bathrooms had paper towels.<br>-She did not know that the resident bathrooms had no paper towels or hand towels.<br>-She met with the Business Office Manager today and more frequent tours of the facility would be | C 079 | | |

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| C 079 | Continued From page 5<br>made by herself and the Business Office Manager to ensure bathrooms had paper towel at all times.<br><br>Observations made of the facility resident bathrooms on 5/7/18 at 10:05 a.m. revealed:<br>-There were no paper towels in 3 of 3 paper towel dispensers or hand towels in resident bathrooms.<br>-There was a stack of napkins on the hand rail in 2 of 3 resident bathrooms. | C 079 | | |
| C 090 | 10A NCAC 13G .0315(b)(5) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping and Furnishings<br>(b) Each bedroom shall have the following furnishing in good repair and clean for each resident:<br>(5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; This rule apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews, the facility failed to assure that each resident's room had a comfortable chair.<br><br>The findings are:<br><br>Observation on the tour of the facility on 5/4/2018 at 10:10 a.m. revealed there were no comfortable chairs in 3 of 6 resident's rooms.<br><br>Interviews with the three residents on 5/4/2018 revealed:<br>-There were chairs in their rooms at one time.<br>-They could not remember what happened to | C 090 | | |

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| C 090 | Continued From page 6<br>them or when they disappeared.<br>-They would like to have a chair back in their rooms.<br>-The had not told any of the facility staff that there were no chairs in their rooms.<br><br>Interview with a personal care aide on 5/4/2018 at 11:00 a.m. revealed:<br>-He had not noticed that there were no chairs in three of the residents' rooms.<br>-He did not know when chairs were removed or why chairs were removed.<br>-No resident had mentioned to him that they did not have a chair in their room.<br>-He had only worked at the facility for two months.<br><br>Interview with medication aide/ Supervisor-in-Charge on 5/4/2018 at 2:00 p.m. revealed:<br>-There used to be chairs in all the residents' rooms.<br>-She did not know that some of the chairs had been taken out of the residents' rooms.<br>-She would inform the Business Office Manager that there are no chairs in some of the residents' rooms so that the chairs could be returned or replaced.<br><br>Interview with the Business Office Manager on 5/7/2017 at 12:30 p.m. revealed:<br>-All the rooms did have chairs.<br>-She did not know of when chairs were taken out of rooms or why.<br>-She became aware that chairs were no longer in some of the rooms when she was informed last month.<br>-The facility had extra chairs available.<br>-She tries to walk thru the facility every week, but did not notice chairs were no longer in residents' rooms. | C 090 | | |

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| C 090 | Continued From page 7<br><br>Interview with the Administrator on 5/7/2018 at 1:40 p.m. revealed:<br>-There were chairs in the residents' rooms.<br>-She did not know that there were no chairs in some of the residents' rooms.<br>-She was not sure when the chairs were removed or why chairs were removed.<br>-She did a walk thru on 5/5/2018 and had chairs placed in residents' rooms on 5/6/2018. | C 090 | | |

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| FCL078113 Y1 | A. Building<br>B. Wing Y2 | 5/7/2018 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix C0074 | Correction | ID Prefix C0086 | Correction | ID Prefix C0256 | Correction |
| Reg. # 10A NCAC 13G .0315(a) (1) | Completed | Reg. # 10A NCAC 13G .0315(b) (1) | Completed | Reg. # 10A NCAC 13G .0904(a) (1) | Completed |
| LSC | 05/07/2018 | LSC | 05/07/2018 | LSC | 05/07/2018 |
| ID Prefix C0260 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 10A NCAC 13G .0904 (b-1) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 05/07/2018 | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
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| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR Maria A. Jones | DATE 6/1/18 |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |
|---|---|
| 7/18/2016 | |



EVENT ID: VDHT12