

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CRESCENT GREEN OF CARRBORO

624 JONES FERRY ROAD  
CARRBORO, NC 27510

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {D 000}                  | Initial Comments<br><br>The Adult Care Licensure Section conducted a follow-up survey on January 10, 2017 through January 12, 2017 and January 16, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {D 000}                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                          |
| {D 067}                  | 10A NCAC 13F .0305(h)(4) Physical Environment<br><br>10A NCAC 13F .0305 Physical Environment<br>(h) The requirements for outside entrances and exits are:<br>(4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.<br><br>This Rule is not met as evidenced by:<br>FOLLOW-UP TO TYPE B VIOLATION.<br>The Type B violation was abated.<br>Non-compliance continues.<br><br>Based on observations, interviews, and record reviews, the facility failed to assure a sounding device was activated on 10 of 10 exit doors to alert staff when residents documented as being intermittently or constantly disoriented exited the facility.<br><br>The findings are:<br><br>Observation, upon entrance to the facility, on | {D 067}<br><br>D067<br>Physical Environment<br>Door alarms have been repaired by the alarm company. The contracted alarm company has replaced all parts to ensure that the alarms are working properly. The Alarms and doors are continued to be monitored by the staff. The facility has inserviced all staff on the proper way to check each door if the alarm panel signals that a door has been opened. The alarms will be tested monthly and any issues will be discussed during the monthly QA team meeting. Any issues/repairs that are needed will be taken care of immediately to ensure all alarms are properly working. The QA team will consist of the Administrator, Shift supervisor, Medical Record Coordinator, maintenance manager, housekeeping supervisor and any other key personnel that this issue would affect by way of monitoring. | 3/2/18                                                                                                                   |                          |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

*Yolanda S. Mazon* Administrator 2/28/18  
Plan of Care acknowledged (OK)  
5899 WLCC12 If continuation sheet 1 of 65

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |                                                                |
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| {D 067}                                                               | <p>Continued From page 1</p> <p>01/10/2018 at 10:00am revealed there was no sounding device when the front door was opened.</p> <p>Observations of 9 of 9 additional exit doors at the facility on 01/10/2018 during the initial tour between 10:45am to 12:30pm at various intervals revealed there were no audible sounding devices when the exit doors were opened.</p> <p>Review of Resident #2's current FL-2 dated 11/03/2017 revealed there was documentation of constant disorientation for the resident.</p> <p>Review of Resident #2's Care Plan dated 11/29/2017 revealed the Resident Coordinator of Medical Records (MRC) assessed the resident as always disoriented on 11/22/2017.</p> <p>Interview with a resident who resided on male hallway on 01/10/18 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-The facility had exit door alarms when a resident with Alzheimer's resided there.</li> <li>-The resident with Alzheimer's did not live at the facility now.</li> <li>-The exit door alarms were working in the past.</li> <li>-The resident could not remember when the exit door alarms stopped working.</li> <li>-The exit door alarms would "stick" sometimes.</li> </ul> <p>Interview with a second resident on 01/10/2018 at 10:45am revealed:</p> <ul style="list-style-type: none"> <li>-There was a resident who wandered in the hall.</li> <li>-The resident would go up to the door.</li> <li>-He did not think the resident had ever gone out the door.</li> </ul> <p>Interview with a third resident who resided on female hallway on 01/10/18 at 12:07pm revealed:</p> <ul style="list-style-type: none"> <li>-She had lived at the facility for 12 years.</li> <li>-The facility had exit door alarms but did not have</li> </ul> | {D 067}                                                                                     |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| {D 067}                                                               | <p>Continued From page 2</p> <p>them anymore.<br/>-She did not know when the facility stopped using the door alarms.</p> <p>Confidential interview with a staff revealed:<br/>-There were residents in the facility the staff person considered to be disoriented.<br/>-The staff person was not aware of any residents wandering out of the facility since the last survey.<br/>-Residents would get confused and want to go outside.<br/>-Staff kept an eye on the residents.<br/>-The residents would not go out the door but would walk in the facility hallways.<br/>-The facility had door alarms and the door alarms were usually activated to sound when the doors were opened.<br/>-The staff person had always known the doors to be activated when the staff worked.</p> <p>Interview with Co-Owner #2 of the facility on 01/11/18 at 11:00am revealed:<br/>-He thought the busted pipes affected the exit door alarms, however, later stated it could not be confirmed the busted pipes caused the exit door alarms to stop working until the alarm system was evaluated by the company.<br/>-The alarm system company installed, monitored and serviced the panel for the alarm systems.<br/>-The alarm system panel was fixed in December 2017.<br/>-The alarm system company was notified on January 6, 2018 of the alarm system panel malfunction.<br/>-An appointment had been scheduled for January 16, 2018 for the alarm system company to come and check the panel.<br/>-He noticed the alarm system panel was dark last week.<br/>-He would place battery operated door alarms</p> | {D 067}                                                                                     |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| {D 067}                  | <p>Continued From page 3</p> <p>until the alarm system panel was fixed.</p> <p>Interview with Co-Owner #2 of the facility on 01/11/2018 at 11:30am revealed:</p> <ul style="list-style-type: none"> <li>-The electrical door alarm system had malfunctioned recently due to a burst pipe when the weather was cold.</li> <li>-He did not remember the rule requirement for activated door alarms for disoriented residents, but did remember there needed to be door alarms if there were residents in the facility who were documented as wanderers.</li> <li>-He would be contacting the door alarm company to schedule a visit to the facility to get the electrical door alarm system repaired.</li> </ul> <p>Observations with Co-Owner #2 of the facility on 01/11/2018 from 4:15pm to 4:30pm revealed there were audible sounds heard at all 10 of the exit doors when the doors were opened.</p> <p>Interview with Co-Owner #2 of the facility on 01/11/2018 at 4:15pm revealed he had replaced some of the batteries on 01/11/2018 to the already existing battery operated door alarms.</p> <p>Interview with the MRC on 01/12/2018 at 9:50am revealed:</p> <ul style="list-style-type: none"> <li>-The residents had turned off the battery operated exit doors in the past.</li> <li>-The control panel for the exit door alarm system was located in the kitchen.</li> <li>-He had not monitored the exit door alarms before.</li> <li>-He had not documented if the exit door alarms worked or not.</li> </ul> <p>Continued interview with the MRC on 01/12/2018 at 10:35am revealed:</p> <ul style="list-style-type: none"> <li>-There were no residents at the facility currently</li> </ul> | {D 067}             |                                                                                                                          |                          |

Division of Health Service Regulation

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| {D 067}                                                        | <p>Continued From page 4</p> <p>considered as wanderers.</p> <p>-Resident #2 was the closest thing to a resident who wandered, but he never left the facility.</p> <p>-The facility had a temporary door alarms system in place.</p> <p>-Every night when he left the facility, he turned the door alarms on.</p> <p>-There were residents at the facility who knew how to turn the door alarms off.</p> <p>-When staff noticed the door alarms were off, staff turned them on.</p> <p>-The facility was trying to get the main door alarm system back up.</p> <p>Interview with a second shift Medication Aide on 01/12/2018 at 12:15pm revealed:</p> <p>-He had worked at the facility on a prn basis for the past 2 weeks.</p> <p>-He was not aware of the need for exit door alarms.</p> <p>-He does not recall any door alarms in the facility.</p> <p>-He ensured all the doors of the facility were locked at 9:00pm when he worked.</p> <p>Interview with a resident's family member on 01/12/2018 at 12:44pm revealed she had never heard exit door alarms before and asked staff what the sound was when the door was opened.</p> <p>Interview with first shift PCA on 01/12/2018 at 1:07pm revealed:</p> <p>-The facility had exit door alarms for a while.</p> <p>-The residents turned off the exit door alarms sometimes.</p> <p>-The staff would turn the alarms back on.</p> <p>-She did not recall how long the alarms had not worked for this time.</p> <p>Interview with the Administrator on 01/11/2018 at 11:25am revealed:</p> | {D 067}                                                                             |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| {D 067}                                                               | Continued From page 5<br><br>-There were no exit seeking residents at the facility.<br>-She did not know if there were residents at the facility who were "truly disoriented".<br>-She knew the facility needed to have exit doors alarms activated when there were residents who wandered.<br>-She did not remember any rule requirements for disoriented residents.                                                                                                                                                                                                                                                                                                                                                                                                                                             | {D 067}                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |
| D 079                                                                 | 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings<br><br>10A NCAC 13F .0306 Housekeeping and Furnishings<br>(a) Adult care homes shall<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br><b>TYPE B VIOLATION</b><br><br>Based on observations, record review, and interviews, the facility failed to assure the facility was clean and free of hazards as evidenced by the presence of bedbug activity in resident rooms, a hole in the wall of a resident's room, and room furnishings needing repair.<br><br>The findings are:<br><br>1. Observation during the initial tour of the facility on 01/10/18 at 11:12 a.m. revealed a contracted | D 079                                                                                       | D079<br>Housekeeping and furnishings<br>The facility has implemented a new bed bug policy. The facility consulted with the Orange County Health Department. As a result, this was recommended and used effectively. Every bed in the facility was placed in the hot box for two hours at 250 degrees or greater. Every room was sprayed, walls cleaned and all trash and debris removed. After heat treatment, each bed was cleaned with Cevacide disinfectant, head boards were power washed and scrubbed clean. Mattress covers were replaced where needed. Each box spring was dusted with food grade Diatonaceous Earth. Double sided tape and/or glue traps were placed on the legs of each bed. Any rooms with signs of bed bug activity linens and clothes were placed in the hot box and treated, The resident was offered a shower, Skin assessments were completed and findings were reported to the physician. The bed bug protocol was updated, all staff was |                                                                |

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| D 079                    | <p>Continued From page 6</p> <p>pest control provider was walking down the 100 Hallway holding a chemical sprayer.</p> <p>Interview with the contracted pest control provider on 01/10/18 at 11:12 a.m. revealed:<br/>-He was there at the facility today (01/10/18) performing "standard spraying" for ants and spiders but not for bed bugs.<br/>-He was not sure if the contracted pest control company he worked for had ever sprayed for bed bugs because he was new and this was only his second trip to this facility.</p> <p>a. Observation in resident room #123 on 01/11/18 at 8:01 a.m. revealed:<br/>-The resident was in his room in his wheelchair.<br/>-There was a dark brown, live bed bug crawling on the resident's pillow.<br/>-There was a second, dark brown live bed bug on the wall close to the resident's closet.<br/>-There was a third, dark brown, live bed bug on the ceiling located close to the resident's door.<br/>-There was a Personal Care Aide (PCA) in the room who looked at and acknowledged the bed bug crawling on the resident's pillow.</p> <p>Observation in resident room #123 on 01/11/18 at 12:41 p.m. revealed:<br/>-The resident was not in the room.<br/>-The bed linens had been removed from the resident's bed and all of the furniture was in the room.<br/>-There was a strong cedar smell in the resident's room.</p> <p>A third observation in resident room #123 on 01/11/18 at 2:40 p.m. revealed:<br/>-The resident was lying in bed with no sheets on the bed.<br/>-There was a dark brown, live bed bug crawling</p> | D 079               | <p>inserviced and aware of the new protocol. The maintenance manager will continue to spray growth regulator monthly and document any findings and treatment in the bed bug protocol log. This area will also be monitored by care givers during linen changes, any sightings of bed bugs must be reported to the maintenance manager for immediate treatment. Any rooms with bed bug activity will be retreated every 7 days to ensure complete extinction. The QA team will discuss monthly any treatments, the effectiveness of treatment and the need to continue monitoring. The Administrator and maintenance manager will randomly check rooms prior to the monthly QA meeting to ensure compliance. The QA team will consist of the Administrator, Shift supervisor, Medical Records Coordinator, Medication aides, care aides and any other staff needed to monitor the area.</p> | 3/2/18                   |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                          |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| D 079                                                          | <p>Continued From page 7</p> <p>on the edge of the mattress toward the head of the bed.</p> <p>-The wooden foot board to the resident's bed had a concentrated build-up of black specks on the left side.</p> <p>-The white, plastic mattress cover on the resident's bed was stained with multiple black specks.</p> <p>-The corners of the resident's box spring mattress had black colored stains.</p> <p>-There were 2 red areas on the resident's right lower arm.</p> <p>Interview with Resident #6 who resided in resident room #123 at 2:42 p.m. revealed:</p> <p>-He had not noticed any skin irritation nor itching.</p> <p>-He had not noticed the bed bug on his bed but "where there's one there's more".</p> <p>Interview with Maintenance Person on 01/11/18 at 3:45 p.m. revealed:</p> <p>-He had completed a treatment in resident room #123 earlier today (01/11/18).</p> <p>-He did not wipe down the mattress this morning after spraying resident room #123 because he thought the Personal Care Aide (PCA) had done that.</p> <p>-He seen two bed bugs on the bed in resident room #123 this morning while spraying.</p> <p>-He sprayed the closet, around the edges of the room, behind the dressers, and the back and foot of the bed with cedar oil and the bed bug spray with egg killer.</p> <p>-Tomorrow (01/12/18) he would spray resident room #123 with a different treatment (named).</p> <p>-He did not document the treatment of resident room #123 today.</p> <p>Interview with the Administrator on 01/11/18 at 3:50 p.m. revealed:</p> | D 079                                                                               |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                 |                                                     |
| (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 079                                                          | <p>Continued From page 8</p> <p>-Maintenance had sprayed resident room #123 and the resident's mattress today (01/11/18).<br/>-She "doubted" that Resident #6's clothes in the drawers had been removed earlier, however, would check and if they were not removed, she would have all clothing removed now.<br/>-Resident #6 would be bathed and a skin assessment would be done.</p> <p>Observation of resident room #123 on 01/11/18 at 4:11 p.m. revealed:<br/>-A Personal Care Aide had assisted Resident #6 who resided in resident room #123 with a bath.<br/>-Resident #6's clothes were in his clothes drawers and the PCA was removing and bagging the clothes by placing them in a plastic bag.</p> <p>Interview with the PCA on 01/11/18 at 4:12 p.m. revealed:<br/>-The PCA had worked at the facility for four years.<br/>-She had not seen any bed bugs in "quite a while" and thought it was sometime last year.<br/>-She was told to look for bed bugs in the resident rooms each time she went in the resident rooms, however, she was not sure if bed bugs left any residue or black stains.<br/>-She had not seen any bed bugs in resident room #123 today (01/11/18).</p> <p>Interview with Maintenance Person on 01/12/18 at 11:07 a.m. revealed:<br/>-He had repeated a treatment in resident room #123 yesterday (01/11/18) and today (01/12/18).<br/>-Resident #6 had been in resident room #311 since yesterday (01/11/18) and would not return to his room until 24 hours after the last treatment was done.</p> <p>b. Observations of room #202 on 01/10/2018 at 12:15pm during the initial tour of the facility</p> | D 079                                                                               |                                                                                                                 |                                                     |

## Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 9</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was laying in the bed awake upon entrance to the room.</li> <li>-The resident was observed to scratch her right forearm and left hand.</li> <li>-There were two reddened areas on the inner aspect of the resident's right forearm.</li> <li>-There were two pinpoint reddened areas on the outer aspect of the resident's left hand.</li> <li>-There was a dark brown live bedbug crawling down the wall toward the bed.</li> <li>-There was a small light brown live bedbug crawling on the wall close to the dresser.</li> </ul> <p>Interview with Resident #1 on 01/10/2018 at 12:15 p.m. revealed she did not know where the reddened areas came from.</p> <p>Observations of room #202 on 01/10/2018 at 2:25pm revealed:</p> <ul style="list-style-type: none"> <li>-The Maintenance Person was sweeping the room floor.</li> <li>-There were small black colored spots scattered in the corners of the fitted sheet on the residents' bed.</li> <li>-The zipped white plastic mattress cover on the bed mattress had a dark black residue on the zipper in the left upper corner in two areas.</li> </ul> <p>Observation on 01/10/18 at 2:40 p.m. revealed a Personal Care Aide (PCA) was placing the linen and pillow from room #202 into the dryer.</p> <p>Interview with the Administrator on 01/10/2018 at 1:50 p.m. and 2:15 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The facility protocol for bedbug activity included spraying the room, stripping the bed and placing the resident's bed linens and clothes in the dryer on high heat.</li> <li>-The facility had bedbug activity in the past "from</li> </ul> | D 079                                                                  |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |  |                                                                |
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| D 079                                                                 | <p>Continued From page 10</p> <p>time to time".</p> <ul style="list-style-type: none"> <li>-The last time she was aware of bedbug activity in the facility was "probably a couple weeks ago".</li> <li>-She was not aware of any residents receiving medical treatment for bedbug bites.</li> <li>-Sometimes the residents would see bedbugs and tell staff.</li> <li>-The facility was treating for bedbugs "preventatively" prior to her becoming the Administrator a year ago.</li> <li>-The facility had a hot box but it burned down in June of 2017.</li> <li>-The furniture was placed in the hot box to treat for bed bugs.</li> <li>-The facility had no professional/commercial treatment for bed bugs during the past year.</li> <li>-A copy of the facility's bed bug protocol could be provided by the Medical Record Coordinator (MRC).</li> <li>-She reported that the staff knew the bed bug protocol.</li> </ul> <p>Interview with Housekeeper on 1/10/18 at 1:05 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Resident #4 and a resident residing on the 300 hall had reported bed bug activity to him.</li> <li>-He reported those incidents to the Maintenance Person.</li> <li>-He had not seen any bed bugs and did not know what a bed bug looked like.</li> </ul> <p>Interviews with the Maintenance Person on 1/10/18 at 1:15 p.m. and 1:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He had worked at the facility since November 2017.</li> <li>-The housekeeper told him when bed bugs were seen by residents.</li> <li>-He sprayed the rooms to decrease the number of bed bugs.</li> <li>-He may have seen one or two bedbugs.</li> </ul> | D 079                                                                                       |                                                                                                                          |  |                                                                |

## Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-He described a bed bug as a small black bug that looked like a tick.</li> <li>-When a bed bug was seen, he sprayed and then came back later in the week to spray again.</li> <li>-He had not been told of any bed bugs lately.</li> <li>-The PCAs took the residents out of the room when he sprayed.</li> <li>-He sprayed the entire facility twice weekly (Mondays and Fridays) and as needed for bedbugs.</li> <li>-He used a stronger spray solution once a month the facility provided to kill bedbugs and their eggs.</li> <li>-Bedbug sightings had decreased since he started spraying in December 2017.</li> <li>-If staff told him they saw bedbug activity, he would spray immediately, and let the Administrator know the room was sprayed.</li> <li>-The resident who lived in the room sprayed would stay out of the room "for a while" and could go back in the room the same day.</li> </ul> <p>A third interview with the Maintenance Person on 01/10/18 at 1:42 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Weekly, he mixed one "jug" of bed bug and egg killer with one can of cedar oil to spray the entire facility on Mondays and Fridays and as needed.</li> <li>-Monthly, a "Heavy duty" spraying was done which consisted of mixing a growth regulator and an insecticide (brand name) using the measurements provided on each container and added it to the bed bug and egg killer spray.</li> <li>-One of the facility's Owners (named) showed him how to mix the chemicals to spray.</li> <li>-He thought he had written instructions on how to mix the chemicals used for spraying but could not locate those instructions.</li> </ul> <p>A fourth interview with the Maintenance Person on 1/10/18 at 2:05 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The residents were kept out of the rooms for 30</li> </ul> | D 079                                                                               |                                                                                                                          |  |                                                        |

Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 12</p> <p>minutes after it was sprayed.</p> <p>-When he received a report of bed bugs, he sprayed when he arrived in the morning or at lunch when the resident were not in the room.</p> <p>-When he checked for bed bugs he pulled the covers back on the bed and looked for bed bugs and eggs.</p> <p>-He checked under the mattress for dead bugs.</p> <p>-He was not sure if a residue was left behind by bed bugs.</p> <p>A fifth interview with the Maintenance Person on 1/10/18 at 2:25 p.m. revealed:</p> <p>-He worked from 8:00 A.M. to 4:00 P.M.</p> <p>-He sprayed resident room #202 with active bed bugs.</p> <p>-He also sprayed the rooms on either side of the room with activity.</p> <p>Confidential staff interview revealed:</p> <p>-Resident #4 had complained of seeing bedbugs in her room as recent as last week.</p> <p>-The staff reported the resident's complaint to the Maintenance Person.</p> <p>Interview with the Administrator on 01/11/2018 at 11:00am revealed:</p> <p>-She was not aware Resident #4 had seen bedbug activity in her room.</p> <p>-She had not seen any bedbug activity in any resident rooms.</p> <p>-Staff had reported bedbug activity in a resident room on the 100 hall about three months ago.</p> <p>-A resident on the 300 hall had reported bedbug activity one month ago.</p> <p>Confidential interview with a second staff revealed:</p> <p>-The staff had seen bedbug activity on the 200 hall in December 2017.</p> | D 079                                                                               |                                                                                                                          |                                                        |

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CRESCENT GREEN OF CARRBORO**

**624 JONES FERRY ROAD  
CARRBORO, NC 27510**

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| D 079                    | <p>Continued From page 13</p> <p>-The staff had not seen any bedbug activity since December 2017.</p> <p>-There was a facility protocol when bedbug activity was seen.</p> <p>Confidential interview with a third staff revealed the staff was not aware of a bed bug protocol and had not received any instructions from management on what to do when bed bugs were seen.</p> <p>Confidential interview with a fourth staff member revealed:</p> <p>-The staff member last seen a bed bug last night on the 100 Hall.</p> <p>-The staff assisted the resident with a sponge bath after she saw the bed bug.</p> <p>-She reported the bed bug to a PCA but did not tell the Medication Aide (MA).</p> <p>-She was not sure if the resident's room was sprayed after that.</p> <p>Interview with a resident who resided on the female hallway on 1/10/18 at 12:39 P.M. revealed:</p> <p>-She had been a resident for 12 years.</p> <p>-The facility had bed bugs off and on during her residency.</p> <p>-The last time she saw bed bugs was the previous night in resident room #211.</p> <p>-She killed the bed bugs.</p> <p>-She did not tell staff about the bed bugs.</p> <p>Interview with a second resident on 1/11/18 at 8:00 A.M. revealed:</p> <p>-He had been at the facility for one year.</p> <p>-He saw bed bugs within the facility when he first arrived.</p> <p>-He had not seen any bed bugs recently.</p> | D 079               |                                                                                                                          |                          |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b>                              |                          |                                                                |
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| D 079                                                                 | <p>Continued From page 14</p> <p>Interview with a third resident on 1/11/18 at 5:00 P.M. revealed he had seen bed bugs within the facility since his admission.</p> <p>Interview with a fourth resident on 01/10/18 at 5:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The resident last saw bedbug activity about one month ago.</li> <li>-The resident saw a little black bug on the bed in the sheets.</li> <li>-Sometimes the bugs bite and she "tried to get them before they got me".</li> <li>-The resident told the Maintenance Person about the bedbug activity.</li> <li>-The Maintenance Person sprayed.</li> <li>-The resident had one or two bite marks on her arms that itched.</li> <li>-The resident mentioned the bedbug activity to the Owner on the same day.</li> <li>-The Owner had the Maintenance Person spray the room again.</li> <li>-The resident did not know what the Maintenance Person used to spray the room.</li> </ul> <p>Interview with a fifth resident on 01/10/18 at 5:15 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She had seen a tiny bedbug crawling on her hand as recent as "this afternoon".</li> <li>-She killed the "little red" bug.</li> <li>-The Administrator had seen a bedbug in her room in November 2017.</li> <li>-The Administrator told her what she had seen was a bedbug.</li> <li>-The resident had "a bunch of them" on her bed in November 2017.</li> <li>-She saw a bedbug today and last week.</li> <li>-It had been about 1 and ½ weeks since she had seen anybody spray in the facility.</li> <li>-The bedbugs came out when the facility sprayed.</li> <li>-The resident had a rash on her legs that she</li> </ul> | D 079                                                                         |                                                                                                                          |                          |                                                                |

Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 15</p> <p>thought was from roaches.</p> <p>Interview with a sixth resident on 01/11/18 at 4:20 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The resident had seen bed bugs at the facility since the resident had been admitted to the facility.</li> <li>-The resident had an area that itched on the resident's hand and was concerned that the itching may be related to a bed bug bite.</li> </ul> <p>Interview with a seventh resident on 01/10/18 at 12:05 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The facility would spray for bed bugs, however, the bed bugs kept coming back.</li> <li>-The resident had not seen a bed bug "in a while".</li> <li>-The resident remembered that when she last saw a bed bug that she reported it to staff, however, could not remember who but after she reported the bed bug, they sprayed her room.</li> <li>-The resident remembered staff washed her linens on the bed but did not wash the clothes in her closet and the clothes stored in her clothing drawers.</li> <li>-The resident was told if anymore bed bugs were seen to report it to a staff member.</li> <li>-Bed bugs were round with a hole in the middle and they smelled like raspberries.</li> </ul> <p>Confidential interview with a resident revealed:</p> <ul style="list-style-type: none"> <li>-There was a "bug invasion" at the facility.</li> <li>-The facility had bed bugs.</li> </ul> <p>Confidential interview with a second resident revealed:</p> <ul style="list-style-type: none"> <li>-There were bed bugs at the facility.</li> <li>-The facility sprayed for bed bugs two times per month, not two times per week, however, the spray did not do anything.</li> <li>-The resident last saw a bed bug this morning.</li> </ul> | D 079                                                                               |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-Bed bugs looked like small lady bugs.</li> <li>-The resident found it hard to sleep at night due to being afraid of the possibility that bed bugs could be in the bed and on her.</li> </ul> <p>Confidential interview with a third resident revealed:</p> <ul style="list-style-type: none"> <li>-The resident last saw a bed bug 3 days ago in his room but had not told anyone.</li> <li>-The facility did not spray for bed bugs.</li> </ul> <p>Confidential interview with an fourth resident revealed:</p> <ul style="list-style-type: none"> <li>-The bed bugs were all over the 300 Hall.</li> <li>-The resident last saw a bed bug about one month ago on the resident's comforter, however, the resident did not tell anyone and "just killed the [expletive] thing".</li> </ul> <p>Review of the Maintenance Log book revealed there was no documentation of bed bug treatment since on 05/16/17.</p> <p>Interview with Administrator on 1/11/18 at 10:50 A.M. revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator and RCC trained staff on how to use the products for treatment of bed bugs.</li> <li>-Everything in the resident room was wiped down before the resident returned to the room.</li> <li>-The staff told managerial staff, maintenance or housekeeping if a bed bug was seen in a resident's room.</li> <li>-The aides would strip the beds, took the linen to the laundry room, and checked the resident for bites.</li> <li>-The aides did not always shower resident right away and only took the clothes off that they were wearing if activity was seen.</li> <li>-The clothes in the closet and in the dresser were checked for activity.</li> </ul> | D 079                                                                               |                                                                                                                          |                          |                                                        |

## Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 17</p> <p>-She had not seen any activity recently.</p> <p>Interview with the Maintenance Person on 01/11/18 at 3:45 p.m. revealed:</p> <p>-He had not been documenting when rooms were treated.</p> <p>-He could not answer why he had not been documenting when rooms treated for bed bugs.</p> <p>-Documentation was supposed to have been done in the Maintenance Log book.</p> <p>Interview with the Administrator on 01/11/18 at 6:10 p.m. revealed she was not aware the Maintenance Person was not documenting bed bug activity in the Maintenance Log book.</p> <p>Interview with the Maintenance Person on 01/12/18 at 11:07 a.m. revealed:</p> <p>-He had received the updated copy of the bed bug protocol from the Administrator.</p> <p>-He had not placed any holes at the base and ceiling of the walls of the resident's room but would start that "as needed".</p> <p>-He used a powder chemical for bed bug treatments to be applied behind electrical sockets and along the baseboards "as needed".</p> <p>Telephone interview on 01/16/2018 at 11:52 a.m. with a representative from the pest control company used by the facility revealed:</p> <p>-The pest control company had been providing monthly general pest control services for "roaches, ants, spiders, any crawling insect" to the facility since 2014.</p> <p>-The pest control company had never provided any bed bug treatment at the facility.</p> <p>-He understood the facility had a room in the back of the facility used to perform heat treatments for bedbugs at one time.</p> | D 079                                                                               |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| D 079                                                                 | Continued From page 18<br><br>Interview with Co-Owner #2 of the facility on 01/11/2018 at 9:20am revealed:<br>-It had been 4-8 months since he knew of any bedbug activity.<br>-Staff and residents would notify the Administrator, Maintenance Person, MRC, Resident Care Coordinator (RCC), or Supervisor-in-Charge (SIC) if bugs were seen.<br>-The facility had a protocol for identified bedbug activity.<br>-Staff were expected to check the rooms for bedbug activity.<br>-The staff would report bed bugs to the Administrator or the Maintenance Person.<br>-The Maintenance Person treated the building twice a week.<br>-Every room of the facility was treated twice a week.<br>-The facility rooms were checked after treatment to make sure there was no recurring activity.<br>-If staff saw bedbug activity in the room, the staff were to remove bed linens from bed and place them in the dryer for 30 - 45 minutes, "whatever max time is on dryer". After that the linens were washed.<br>-The entire room would be checked by the Maintenance Person and facility protocol would be followed.<br>-The facility had received notices from the day programs concerning bed bugs at the programs.<br>-The aides checked the linen for bed bug activity when beds were changed.<br>-The aides checked the resident for bites, bed bugs if there was activity in their room.<br>-Linen from rooms with activity were taken off the bed, placed in a trash bag, and placed in the dryer.<br>-The linen was dried for the maximum amount of time allowed for the machine.<br>-After the dryer, the linen was washed. | D 079                                                                         |                                                                                                                          |                          |                                                                |

## Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 19</p> <ul style="list-style-type: none"> <li>-The maintenance worker checked the entire room and if activity was found, the clothes in the dresser were dried.</li> <li>-The bed bug protocol was put into place "6 to 8 months ago".</li> <li>-The pest control company sprayed each month to treat for general pest control.</li> <li>-When the facility looked for evidence of bed bug activity, they looked for traces of feces, blood on mattresses, and rashes.</li> <li>-The facility did not do the fifth step in the bed bug protocol, which was to place the mattress, and furniture in hot box for treatment.</li> <li>-The facility did not do the last step in the bed bug protocol, which was to notify the pest control company.</li> <li>-Everything was removed from the room when it was treated.</li> <li>-The housekeeping supervisor was trained on the bed bug protocol.</li> <li>-The facility had a bed bug log book.</li> <li>-He had talked to the maintenance staff today (01/11/18) and maintenance staff were not mixing chemicals together.</li> <li>-The maintenance staff used water when reconstituting the chemicals for the treatment of bed bugs and referred to the manufacturer's label.</li> <li>-The staff were not expected to call the pest control company of findings of bed bugs so a follow-up inspection or treatment could be done.</li> </ul> <p>Review of the facility Bed Bug Protocol (not dated) received from the MRC on 01/10/2018 revealed the protocol included the following:</p> <ul style="list-style-type: none"> <li>-Inspect rooms weekly and upon complaint or sighting.</li> <li>-Bag all clothing and linens inside the room.</li> <li>-Bring directly to the dryer and dry on high heat for 60 minutes.</li> </ul> | D 079                                                                               |                                                                                                                          |  |                                                        |

Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 20</p> <ul style="list-style-type: none"> <li>-Bag up all trash and debris in room and bring directly to the dumpster.</li> <li>-Have an "Aide" bring resident directly to shower, strip down clothes, put them in a clear trash bag and bring directly to dryer and dry on high heat 35-40 minutes.</li> <li>-Do a skin assessment of resident for any signs of bites. When complete, help resident wash off thoroughly in water as hot as the resident can tolerate.</li> <li>-Bring a set of clothes that have been dried for at least 35 minutes on high heat for the resident to put on after showering. (Do not allow the resident back into the infested room until the protocol is fully completed.)</li> <li>-Bring mattress, box spring, head board, rails, dresser, night stand and any other furniture to the hot box to be heat treated at 160 degrees for 4 hours in a sealed cart to prevent spread of bed bugs.</li> <li>-Spray the room with bed bug insecticide and oil based bed bug solution before putting the furniture back in the room. Put holes at the base and ceiling of the walls and spray the interior of the walls. After replacing the furniture, spread the silicate based powder around the portions of the furniture that come in contact with the floor.</li> <li>-Notify the pest control company of the findings so they can do a follow-up inspection and treat if necessary.</li> <li>-Respect the room 24 hours after bed bug protocol is completed for any signs of further infestation.</li> <li>-Document all findings!!!!</li> </ul> <p>Based on review of the facility Bed Bug protocol the facility failed to follow protocol that was implemented 6 to 8 months ago, document all reported bed bug activity to treat rooms, and notify the pest control company to conduct</p> | D 079                                                                               |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510                                      |                          |                                                        |
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| D 079                                                          | <p>Continued From page 21</p> <p>inspection and treat for bed bugs.</p> <p>2. Observation of resident room #323 revealed:</p> <ul style="list-style-type: none"> <li>- The bathroom door was attached to the wall with only one hinge.</li> <li>- The bathroom door did not close fully without lifting the door in a specific way.</li> <li>- The closet door handle was not fully inserted into the slot on the door.</li> <li>- The closet door handle had to be pushed back into the slot for the door to open and close.</li> </ul> <p>Observation of resident room #108 revealed a four drawer dresser had two broken drawers.</p> <p>Interview with a resident on 1/11/18 at 7:35 A.M. revealed:</p> <ul style="list-style-type: none"> <li>- The bathroom door was broken.</li> <li>- The door handle on his roommate's closet door was broken.</li> <li>- The resident reported the broken items to the "floor cleaning man" last week.</li> <li>- The floor cleaning man was the Maintenance Person.</li> </ul> <p>Interview with Co-Owner #2 of the facility on 01/11/2018 at 9:20am revealed:</p> <ul style="list-style-type: none"> <li>- The aides reported to the Maintenance Person if anything was broken.</li> <li>- The Maintenance Person was responsible for making the repairs.</li> <li>- The Medical Record Coordinator (MRC) was a resource for the Maintenance Person to ask questions about repairs.</li> </ul> <p>The facility failed to assure the resident rooms were clean and free of hazards as evidenced by the presence of bed bugs in the resident rooms #123 and #202. The facility's failure to follow their established bed bug protocol resulted in residents</p> | D 079                                                                  |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| D 079                                                          | <p>Continued From page 22</p> <p>having to live in an environment with bed bugs. This non-compliance was detrimental to the residents which constitutes a TYPE B VIOLATION.</p> <p>Review of the facility's Plan a Protection dated 01/11/18 revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator or designee would ensure that the facility treated all rooms that were reported to have bed bugs.</li> <li>-This would be done on the same day that the report comes to the Administrator or the designee.</li> <li>-The maintenance person or designee would spray the room with the solution (name brand of chemical) after the beds had been stripped.</li> <li>-The bed linen and the residents clothes would be taken to the laundry room, placed in a bag as not to spread the bugs and would be placed in the dryer for 60 minutes.</li> <li>-The resident would be checked for bed bugs and then showered by the Personal Care Aide or Certified Nursing Assistant. This would occur within one hour of the report of bed bugs.</li> <li>-Once the room had been wiped down of the chemical, the bed had been made, the resident would be allowed to go back in their room.</li> <li>-The Administrator or designee would check the room before the resident goes back in.</li> <li>-This will start today (01/11/18).</li> <li>-The facility immediately checked the identified rooms and the adjoining rooms and the residents were bathed.</li> <li>-Bed linens were put in the dryer and the rooms were sprayed and wiped down before the residents returned. This was completed 01/10/18 and 01/11/18.</li> <li>-The protocol was reviewed and updated 01/10/18.</li> <li>-The Administrator or designee would ensure that</li> </ul> | D 079                                                                               |                                                                                                                          |                                                     |

## Division of Health Service Regulation

PRINTED: 02/07/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CRESCENT GREEN OF CARRBORO

624 JONES FERRY ROAD  
CARRBORO, NC 27510

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| D 079                    | Continued From page 23<br><br>the bed bug protocol was followed.<br>-The Staff would be in-serviced on the protocol<br>and given a copy of the protocol by the<br>Administrator.<br>-The protocol would be amended to take out the<br>Hot Box.<br>-The staff would be reminded to report any<br>sightings of bed bugs to the Administrator or<br>designee. The in-service would be completed by<br>3:00 p.m. on 01/12/18.<br>-The Administrator's designee would be the<br>Resident Care Coordinator of Medical Records.<br><br>THE CORRECTION DATE FOR THIS TYPE B<br>VIOLATION SHALL NOT EXCEED MARCH 02,<br>2018.                                                                                                                                                                                                                                                                                                                                             | D 079               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| {D 201}                  | 10A NCAC 13F .0604 (e)(1)(A)(B)(C) Personal<br>Care And Other Staffing<br><br>10A NCAC 13F .0604 Personal Care And Other<br>Staffing<br>(e) Homes with capacity or census of 21 or more<br>shall comply with the following staffing. When the<br>home is staffing to census and the census falls<br>below 21 residents, the staffing requirements for<br>a home with a census of 13-20 shall apply.<br>(1) The home shall have staff on duty to meet<br>the needs of the residents. The daily total of aide<br>duty hours on each 8-hour shift shall at all times<br>be at least:<br>(A) First shift (morning) - 16 hours of aide duty<br>for facilities with a census or capacity of 21 to 40<br>residents; and 16 hours of aide duty plus four<br>additional hours of aide duty for every additional<br>10 or fewer residents for facilities with a census<br>or capacity of 40 or more residents. (For staffing<br>chart, see Rule .0606 of this Subchapter.) | {D 201}             | D201<br>Personal care and other staffing<br>The facility has corrected all staffing issues. As<br>dictated by the census, 1 staff to 20 residents<br>from 7am-11pm and 1 staff to 30 residents<br>from 11pm-7am. The facility will continue to<br>staff according to Census. Census is recorded<br>daily and staffing is adjusted as needed. The<br>Administrator is responsible for staffing,<br>scheduling and replacing staff as needed. The<br>administrator will ensure compliance in this<br>area by making sure staff report to work, if not<br>a replacement will be found. This will be<br>monitored daily by the administrator and shift<br>supervisors. Staffing will be discussed during<br>the monthly QA meeting and adjusted as<br>needed. The QA team will consist of the<br>Administrator, shift supervisors, and any other<br>staff that this rule would affect. | 3/2/18                   |

Division of Health Service Regulation

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| {D 201}                                                        | <p>Continued From page 24</p> <p>(B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>This Rule is not met as evidenced by:<br/>FOLLOW UP TO TYPE B VIOLATION<br/>The Type B Violation was abated.<br/>Non-compliance continues.</p> <p>Based on interviews and record review, the facility failed to assure adequate staffing for 9 of 21 shifts sampled from 11/22/2017 to 11/28/2017 and for 14 of 21 shifts sampled from 01/04/2018 to 01/10/2018.</p> <p>The findings are:</p> <p>Review of the Assisted Living (AL) daily census report for November 2017 and January 2018 revealed:</p> <ul style="list-style-type: none"> <li>-The total census for the AL for 11/22/2017 - 11/28/2017 ranged from 74-83.</li> <li>-The total census for the AL for 01/05/2018 - 01/10/2018 ranged from 82-84.</li> <li>-The staffing requirements for the AL with a</li> </ul> | {D 201}                                                                             |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| {D 201}                                                        | <p>Continued From page 25</p> <p>census of 74-80 residents was 32 aide hours and 8 Supervisor hours for first and second shifts.<br/>-The staffing requirements for the AL with a census of 81-90 residents was 36 aide hours and 8 Supervisor hours for first and second shifts.</p> <p>Review of the payroll time cards for 11/22/2017 through 11/28/2017 revealed:<br/>-On 11/24/2017 for first shift, 3 staff members were credited payable time equal to 23.40 hours. The facility was required to have 32 Aide hours and 8 Supervisor hours.<br/>-On 11/27/2017 for first shift, 4 staff members were credited payable time equal to 28.55 hours. The facility was required to have 36 Aide hours and 8 Supervisor hours.<br/>-On 11/22/2017 for second shift, 3 staff members were credited payable time equal to 22.50 hours. The facility was required to have 32 Aide hours and 8 Supervisor hours.<br/>-On 11/23/2017 for second shift, 2 staff members were credited payable time equal to 15.30 hours. The facility was required to have 36 Aide hours and 8 Supervisor hours.<br/>-On 11/24/2017 for second shift, 4 staff members were credited payable time equal to 26.50 hours. The facility was required to have 32 Aide hours and 8 Supervisor hours.<br/>-On 11/25/2017 for second shift, 4 staff members were credited payable time equal to 26.73 hours. The facility was required to have 32 Aide hours and 8 Supervisor hours.<br/>-On 11/26/2017 for second shift, 4 staff members were credited payable time equal to 30.18 hours. The facility was required to have 36 Aide hours and 8 Supervisor hours.<br/>-On 11/27/2017 for second shift, 4 staff members were credited payable time equal to 27.65 hours. The facility was required to have 36 Aide hours and 8 Supervisor hours.</p> | {D 201}                                                                             |                                                                                                                          |                                                        |

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

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**624 JONES FERRY ROAD  
CARRBORO, NC 27510**

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| {D 201}                  | <p>Continued From page 26</p> <p>-On 11/28/2017 for second shift, 4 staff members were credited payable time equal to 21.80 hours. The facility was required to have 36 Aide hours and 8 Supervisor hours.</p> <p>Review of payroll time cards for 1/4/18 through 1/10/18 revealed:</p> <p>-On 1/5/18 for first shift 6 staff members were credited payable time equal to 30.47 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/5/18 for second shift 5 staff members were credited payable time equal to 30.17 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/6/18 for first shift 7 staff members were credited payable time equal to 31.06 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/7/18 for first shift 7 staff members were credited payable time equal to 32.27 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/7/18 for second shift 6 staff members were credited payable time equal to 32.19 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/8/18 for first shift 8 staff members were credited payable time equal to 31.01 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/8/18 for second shift 6 staff members were credited payable time equal to 30.10 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/9/18 for first shift 8 staff members were credited payable time equal to 31.26 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/9/18 for second shift 5 staff members were</p> | {D 201}             |                                                                                                                          |                          |

Division of Health Service Regulation

STATE FORM

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If continuation sheet 27 of 65

Division of Health Service Regulation

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| {D 201}                                                               | <p>Continued From page 27</p> <p>credited payable time equal to 29.75 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/10/18 for first shift 6 staff members were credited payable time equal to 31.95 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>-On 1/10/18 for second shift 4 staff members were credited payable time equal to 31.48 hours. They were required to have 36 Aide hours and 8 Supervisor hours.</p> <p>Interview with the MA on 01/12/2018 at 10:50am revealed:</p> <p>-He was responsible for staff scheduling.</p> <p>-He scheduled two MAs and two PCAs on first shift (7-3pm).</p> <p>-He scheduled one MA for 3-11pm, one MA for 4-8pm, and two PCA's for the second shift (3-11pm).</p> <p>-He scheduled one MA and two PCAs for third shift (11pm-7am).</p> <p>-One of the Co-Owners [named] let him know how many staff to schedule.</p> <p>-He thought the Co-Owner determined how many staff to schedule based on census in the facility.</p> <p>-He did not know what the staffing requirements were.</p> <p>Interview with the Resident Coordinator of Medical Records (MRC) on 01/10/2018 at 10:30am revealed:</p> <p>-He and the Administrator were "filling in" as Medication Aides (MAs) on today.</p> <p>-There were three MA's who were not available for work due to medical reasons.</p> <p>Interview with the Administrator on 01/10/2018 at 2:00pm revealed:</p> <p>-She was working as a PCA/MA on today.</p> | {D 201}                                                                                     |                                                                                                                          |                                                                |

Division of Health Service Regulation

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624 JONES FERRY ROAD  
CARRBORO, NC 27510

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {D 201}                  | <p>Continued From page 28</p> <ul style="list-style-type: none"> <li>-She had come to work at 6:00am on 01/10/2018.</li> <li>-She worked as a MA and PCA when needed.</li> </ul> <p>Interview with the Administrator on 01/11/2018 at 3:45pm revealed:</p> <ul style="list-style-type: none"> <li>-The RCC, a MA [named], and herself, did not clock in when they worked in the facility.</li> <li>-When they worked as a MA, they signed the electronic medication administration records (EMARs).</li> <li>-She worked as the MA on 1st and 2nd shift on Thanksgiving.</li> </ul> <p>Interview with Co-Owner #2 of the facility on 01/11/2018 at 12:00pm revealed:</p> <ul style="list-style-type: none"> <li>-He had four staff members (MAs) who were absent due to recent medical issues.</li> <li>-The Resident Care Coordinator (RCC) resided onsite.</li> <li>-The RCC was available as the Supervisor.</li> </ul> <p>Confidential interview with a Personal Care Aide (PCA) revealed:</p> <ul style="list-style-type: none"> <li>-There were usually two PCAs scheduled to work on the day shift.</li> <li>-She tried to get done what needed to be done.</li> <li>-She could not get everything done.</li> <li>-Things had gotten better because the resident care was not as heavy.</li> <li>-There were still a lot of residents who needed care.</li> <li>-She sometimes worked another shift when needed.</li> <li>-A MA was responsible for scheduling staff to work.</li> </ul> <p>Confidential interview with a MA revealed:</p> <ul style="list-style-type: none"> <li>-There were usually two MAs and two PCA on second shift.</li> <li>-The MAs administered medications and the</li> </ul> | {D 201}             |                                                                                                                          |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                          |  |                                                        |
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| {D 201}                                                        | <p>Continued From page 29</p> <p>PCAs took care of the residents.<br/>-Sometimes the MA and the Administrator worked on the 3-11pm shift and administered medications.</p> <p>Interview with the Administrator on 01/12/2018 at 12:20pm revealed:<br/>-There was a MA [named] responsible for scheduling staff to work.<br/>-The facility always tried to have five people in the facility who were MAs or PCAs.<br/>-The facility counted the RCC as a MA or PCA because sometimes he helped with residents.<br/>-The RCC assisted residents with doctor visits and administered medications.<br/>-Most of the time she and another MA administered medications.<br/>-The staff identified on the schedule are scheduled to perform PCA or MA duties.<br/>-The Administrator had not been scheduled to work as a MA many times, prior to staff having to be out because of health issues.<br/>-She understood the staffing requirement to be one staff to 20 residents from 7am - 11pm, and one staff to 30 residents from 11pm - 7am, which is how the facility had been staffing.</p> <p>Interview with the Administrator on 01/12/2018 at 5:00pm revealed:<br/>-She was in the facility sometimes 7 days a week.<br/>-She had been at the facility every day since 01/07/2018.<br/>-Whoever was documented on the schedule to work was who had worked for that shift.</p> <p>Interview with Co-Owner #1 of the facility on 01/16/2018 at 4:48pm revealed:<br/>-The staffing was completed by the rules based on the number of residents.<br/>-She told staff how many people were needed</p> | {D 201}                                                                             |                                                                                                                          |  |                                                        |

Division of Health Service Regulation

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| {D 201}                                                        | Continued From page 30<br>based on the census.<br>-The past two weeks there had been extreme circumstances that effected staffing.<br>-The RCC did the schedule.<br>-She and the Administrator oversaw the schedule and reviewed the schedule with the RCC.<br>-The RCC knew to schedule two MAs and three PCAs on the first shift, two MAs and two PCAs on the second shift and one MA and two PCAs on the third shift.<br>-The facility was hiring due to recent extreme circumstances that affected staffing.<br>-She was on call all the time.<br>-The staff called the Administrator or the MRC when short staffed.<br>-Group texts were used to relay the information about staffing shortage.<br>-The RCC called staff in when staffing was short.<br>-She covered shifts or the Administrator covered shifts when staffing was short. | {D 201}                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |
| D 206                                                          | 10A NCAC 13F .0604 (2--b) Personal Care And Other Staffing<br><br>10A NCAC 13F .0604 Personal Care And Other Staff<br><br>The following describes the nature of the aide's duties, including allowances and limitations:<br><br>(B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty.<br><br>This Rule is not met as evidenced by:                                                                                                                                                                                                                         | D 206                                                                               | D206<br>Personal Care and other Staff pertaining to laundry. First shift has been instructed to only perform laundry duties for incidental/occasional incontinence which could cause odors. Second shift has been instructed to only perform laundry duties for incidental/occasional incontinence which could cause odors and after 9pm. Third shift has been instructed to continue doing laundry as needed, which includes personal and house laundry. All staff have been instructed and inserviced on when doing laundry is acceptable. The administrator will monitor this situation and be notified by care givers if residents ask for personal laundry to be performed. The administrator will provide residents that request laundry services a schedule which allows laundry to be performed. The facility Administrator will monitor and discuss monthly during QA meeting with shift supervisors and any staff that would be affected. | 3/28/18                                             |

Division of Health Service Regulation

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| D 206                                                          | <p>Continued From page 31</p> <p>Based on observations, interviews, and record review, the facility failed to assure routine duties of washing, drying, folding, and delivering resident laundry were not performed by Personal Care Aides (PCAs) between the hours of 7:00am and 9:00pm.</p> <p>The findings are:</p> <p>Observation on 01/10/2018 at 4:55pm revealed there was a Personal Care Aide (PCA) in the 100 hall laundry room removing laundry from the dryers and folding the laundry.</p> <p>Observation on 01/12/2018 at 4:50pm revealed there was a PCA pushing a basket of unfolded clothes in the 100 hallway.</p> <p>Observation of the 100 hall laundry room on 01/16/2018 at 9:40am revealed:<br/>-There were clothes washing in three of four washers.<br/>-There was no staff present in the laundry room.</p> <p>Observations in a resident room on 01/16/2018 at 9:42am revealed there were two baskets filled with clothing sitting on the floor.</p> <p>Interview with the resident in the room on 01/16/2018 at 9:42am revealed:<br/>-A PCA [named] had done her laundry.<br/>-The PCAs did laundry when they had time "from time to time".</p> <p>A previous interview with the named PCA revealed she worked on the 7-3 shift.</p> <p>Observation of the 100 hall laundry room on 01/16/2018 at 11:00am revealed:<br/>-There were clothes drying in three dryers.</p> | D 206                                                                               |                                                                                                                          |                                                        |

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CRESCENT GREEN OF CARRBORO**

**624 JONES FERRY ROAD  
CARRBORO, NC 27510**

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| D 206                    | <p>Continued From page 32</p> <ul style="list-style-type: none"> <li>-There were two washers that were stopped with wet laundry visible through the glass window on the door of the washer.</li> <li>-There was no staff present in the laundry room.</li> </ul> <p>Interview with a second resident on 01/16/2018 at 12:20pm revealed:</p> <ul style="list-style-type: none"> <li>-There were three PCAs [named] who did her laundry.</li> <li>-One of the PCAs [named] worked on the day shift.</li> <li>-Two of the PCAs [named] worked on the evening shift and did her laundry at night sometimes.</li> <li>-When she did not have her own laundry detergent, she would get staff to do her laundry.</li> <li>-Staff did her laundry in the 100 hall laundry room.</li> <li>-When she did her own laundry, she used to laundry room on the 300 hall.</li> </ul> <p>Interview with a third resident on 01/16/2018 at 2:45pm revealed:</p> <ul style="list-style-type: none"> <li>-A PCA would take her laundry around 8:00pm and return it around 10:00pm.</li> <li>-Staff washed the residents' personal towels and bed sheets.</li> <li>-There was no laundry staff working at the facility.</li> <li>-The PCAs did the laundry at the facility.</li> <li>-The facility needed more staff, especially laundry because the PCAs did "not have time to do laundry unless they make time".</li> </ul> <p>Confidential staff interview revealed:</p> <ul style="list-style-type: none"> <li>-The PCAs on each shift did residents' laundry.</li> <li>-There was no laundry staff working at the facility.</li> </ul> <p>Interview with a first shift PCA revealed:</p> <ul style="list-style-type: none"> <li>-Her job duties included doing laundry.</li> <li>-She spent about two hours per shift doing laundry.</li> </ul> | D 206               |                                                                                                                          |                          |

Division of Health Service Regulation

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| D 206                                                          | <p>Continued From page 33</p> <ul style="list-style-type: none"> <li>-She did not stay in the laundry room when she did laundry, but did portions of laundry at different times during the day.</li> <li>-There was no specific laundry schedule.</li> <li>-She did laundry for the residents when the resident asked or if she checked the residents' closets and saw laundry needed to be done.</li> </ul> <p>Interview with another first shift PCA revealed:</p> <ul style="list-style-type: none"> <li>-The PCAs did laundry for residents who could not do their own laundry.</li> <li>-Staff used the laundry room on the 100 hall to do laundry.</li> <li>-The staff had never been told by anyone that the staff had to do laundry, but if the resident requested to have their laundry done, the staff knew she had to do it.</li> </ul> <p>Interview with a second shift PCA revealed:</p> <ul style="list-style-type: none"> <li>-The staff's duties included laundering sheet, towels, and bedspreads.</li> <li>-She did laundry every day.</li> <li>-She did laundry in between performing resident care.</li> <li>-It took time to do laundry.</li> <li>-She did laundry when she could.</li> <li>-She did not just concentrate on doing the laundry.</li> <li>-If a resident asked her to do laundry, then she did it.</li> </ul> <p>Interview with another second shift PCA revealed:</p> <ul style="list-style-type: none"> <li>-Duties performed included laundry.</li> <li>-It took time to do laundry.</li> <li>-There was no particular time to do laundry.</li> <li>-She went "back and forth" when she did laundry.</li> <li>-Residents clothes were returned to the residents before the shift ended.</li> </ul> <p>Interview with Co-Owner #1 of the facility on</p> | D 206                                                                               |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| D 206                                                          | Continued From page 34<br><br>01/16/2018 at 5:00pm revealed:<br>-All shifts "can and will" do laundry.<br>-If a PCA saw laundry in a resident's room, all shifts were to do laundry.<br>-First shift did not do as much laundry.<br>-Second shift did a lot of personal laundry.<br>-Third shift did house laundry.<br>-House laundry included sheet, pillowcases, comforters, and towels.<br>-First shift might start laundry at end of their shift.<br>-She had instructed staff to put laundry in the wash when seen.<br>-She did not like laundry to "just sit".<br>-She did not know staff could not do routine laundry duties between the hours of 7am and 9pm.<br>-She would inform staff to start laundry after 9pm daily.<br>-She could see that laundry "pulled staff away".<br>-There was no laundry schedule.<br>-Most residents did their laundry themselves except incontinent residents. | D 206                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                     |
| D 269                                                          | 10A NCAC 13F .0901(a) Personal Care and Supervision<br><br>10A NCAC 13F .0901 Personal Care and Supervision<br>(a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure adequate and                                                                                                                                                                                                                                                                                                                                                                                                                             | D 269                                                                               | D269<br>Personal care and supervision as needed with incontinence care. Staff was inserviced on the correct way to provide perineal care to incontinent residents. Staff was instructed of the correct way to provide care to residents that has frequent incontinent episodes. Staff was inserviced on the degrees of skin breakdown. The shift supervisors will be instructed to frequently check Resident #5 and encourage compliance with incontinence care. The administrator will receive report from staff of any refusal of care by Resident #5 and document noncompliance. Resident #5 and any other incontinent residents will only have one brief applied and changed every two hours or as needed. All residents that receive incontinent care will continue to be documented in pca logs if complaint. The QA team will discuss care issues and frequent refusals during the monthly meeting. The QA team will develop individual plans for each resident as each care need is different. The QA team will consist of The Administrator, Shift Supervisors, direct care staff and any other staff required to ensure compliance. | 3/28/18            |                                                     |

Division of Health Service Regulation

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| D 269                    | <p>Continued From page 35</p> <p>appropriate incontinence care was provided for 1 of 4 sampled residents (#5).</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 10/16/17 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included type 2 diabetes, cystic fibrosis, and chronic viral hepatitis C.</li> <li>-The resident was incontinent of bowel and bladder.</li> </ul> <p>Review of Resident #5's plan of care dated 11/09/17 revealed:</p> <ul style="list-style-type: none"> <li>-The resident had a below the knee amputation.</li> <li>-The resident needed assistance from staff with all activities of daily living except setup/supervision with feeding.</li> <li>-She was incontinent of bowel and bladder</li> <li>-The resident required extensive assistance from staff for toileting needs and limited staff assistance with transfer needs.</li> </ul> <p>Interview with Resident #5 on 01/16/18 at 4:10 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The resident depended on staff to assist her with all of her toileting needs.</li> <li>-The resident had bladder incontinence and required assistance from staff to apply and remove the adult briefs.</li> <li>-Staff had always placed two briefs on her at a time since she had lived at the facility.</li> <li>-The resident did not like to wear two adult briefs because "it was too hot".</li> <li>-The resident was told that she needed to wear two briefs because she "peed so much".</li> <li>-When her adult briefs were soiled and staff changed her, they would not wash her perineal and buttock area, and because of that, her "bottom gets irritated" and the resident had "two</li> </ul> | D 269               |                                                                                                                          |                          |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |                                                                |
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| D 269                                                                 | <p>Continued From page 36</p> <p>on right now".</p> <p>-The resident thought staff placed two adult briefs on her because they did not want to change her as often.</p> <p>-She was not sure how often staff checked her adult briefs to see if it was soiled.</p> <p>Observation in Resident #5's room on 01/16/18 at 4:24 p.m. revealed:</p> <p>-The resident was assisted from a sit to stand position from her wheelchair by two Personal Care Aides (PCAs) with one PCA on each side of the resident.</p> <p>-While the resident was in a standing position with support from both PCA's, one of the PCAs checked the two briefs the resident was wearing and stated "both are soaked".</p> <p>-The PCAs removed both of the adult briefs by tearing the sides of the adult brief.</p> <p>-The incontinent brief started to sag and appeared heavy as the PCAs tore the sides of the brief.</p> <p>-Both adult briefs were heavily soiled in urine.</p> <p>-The resident was then assisted by the two PCAs to transfer from a standing position to a sit and lying position on the resident's bed.</p> <p>-Two adult briefs were positioned under the resident as the resident was assisted to roll from side to side to apply the adult brief.</p> <p>-The resident's skin had no breakdown.</p> <p>-The PCAs applied and secured two adult briefs without cleansing the resident's perineal and buttocks which had been in direct contact with a urine saturated adult brief.</p> <p>-The PCAs did not have any wipes in the room and none in their pocket.</p> <p>-Upon request, the PCAs cleansed the resident's perineal and buttocks area and applied two adult briefs using one of the briefs as a pad.</p> | D 269                                                                                       |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| D 269                                                          | <p>Continued From page 37</p> <p>Interview with one of the PCAs that assisted Resident #5 on 01/16/18 at 4:34 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The resident was a "heavy wetter".</li> <li>-Two adult briefs were used because the facility had ran out of the incontinent inserts that were used for "heavy wetter's".</li> <li>-The resident always soaked through two briefs each time she had ever assisted her with brief changes.</li> <li>-They always cleansed the resident's skin between brief changes and "just forgot" that time.</li> <li>-The PCAs checked all incontinent residents every hour.</li> </ul> <p>Interview with the Administrator on 01/16/18 at 4:48 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 was not able to apply incontinent briefs, staff had to apply them for her.</li> <li>-Staff were expected to cleanse all of the residents' skin between adult brief changes with wipes.</li> <li>-Wipes were kept in the residents' rooms or in the PCAs' pockets.</li> <li>-Staff knew Resident #5 was a "heavy wetter", however, at times when it was time to check to see if Resident #5's adult brief needed to be changed, Resident #5 might would refuse at that time because she would want to go out and smoke.</li> </ul> <p>Interview with Co-Owner #1 of the facility on 1/16/18 at 4:48 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Incontinent residents were to be checked and the adult brief changed every two hours.</li> <li>-The PCAs were to use wipes to clean the resident with if soiled.</li> <li>-The PCAs checked the residents' skin for breakdown.</li> <li>-The facility had a barrier cream that was used for residents with redness.</li> </ul> | D 269                                                                               |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| D 269                                                          | Continued From page 38<br><br>-The PCAs were to use an insert with the adult brief for "heavy wetter's".<br>-Only one brief should be applied on a resident at a time.<br>-Staff were expected to check the incontinent resident and provide skin care by cleaning the resident's skin between adult brief changes.<br>-She told both residents and staff that only one adult brief could be placed at one time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D 269                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |
| {D 282}                                                        | 10A NCAC 13F .0904(a)(1) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:<br>(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to assure the kitchen and food storage areas were clean and free from contamination as evidenced by a build-up substance inside on the wire storage racks and smears and debris outside of the three door reach-in refrigerator; stains, baked on foods and grease build-up on the deep fat fryer, ovens, stove top, side panel and upper storage rack of the stove; splattered stains in the microwave; a grimy and dusty film on a four-tiered storage shelf used to store clean pots and pans; a heavy concentration of baked on grease and build-up on several large baking pans that were stored together on a storage rack; and black colored stains and build-up on the kitchen and pantry floors. | {D 282}                                                                             | D282<br>Nutrition and Food service has been corrected in every area noted. The kitchen area has been deep cleaned, repairs made and a cleaning schedule has been implemented. The food storage area has been cleaned and all foods placed back in an orderly fashion, the refrigerator has been cleaned of all derbris. The fryer has been cleaned and the fry baskets have been replaced. The microwave was cleaned and storage shelves have been cleaned. Baking pans have been cleaned of grease buildup. The pantry floor was stripped of debris and waxed. The Administrator will assess the kitchen weekly and any areas that require cleaning will be corrected immediatly. Both cooks have been inserviced on the cleaning schedules and any changes to the schedule must be reported to the administrator immediately. The administrator will discuss weekly findings during the monthly QA meeting. The QA team will consist of the Administrator, Shift supervisor, dietary staff and any other staff responsible for this area of compliance. | 3/28/18                                             |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                          |                          |                                                        |
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| {D 282}                                                        | <p>Continued From page 39</p> <p>The findings are:</p> <p>Observation during the kitchen tour on 01/11/18 at 8:15 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The grey colored tiled floor throughout the kitchen had scattered black colored stains.</li> <li>-There was a floor drain without a crate cover exposing a vaulted area beside a two compartment sink that had a heavy concentration of a black build-up substance within the vaulted drain and peeling white paint that exposed the under black metal color and rust colored stains scattered along the metal type edges of the floor drain.</li> <li>-The tiled floor and grout immediately surrounding the floor drain beside the two compartment sink had black stains.</li> <li>-There was a floor drain with a crate cover under the dishwasher and a separate floor drain with a crate cover under a three compartment sink that had black stains, rust stains and peeling white paint that exposed the under black metal cover.</li> <li>-The tiled floor and grout immediately surrounding the floor drain under the dishwasher and three compartment sink had black stains.</li> <li>-The white drain pipes under the dishwasher had multiple black grimy smears.</li> <li>-The white tiled floor in the pantry had scattered areas of black colored stains with a heavier concentration of black stains and loose debris along all corners of the pantry room.</li> <li>-There was rust colored stains on the floor located around the legs of the storage shelf on the left side of the room.</li> </ul> <p>Observation of the three door reach-in refrigerator on 01/11/18 at 8:54 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The outer surface of the doors to the three door reach-in refrigerator were dirty, contained streaks and fingerprints, and felt sticky to the touch; and</li> </ul> | {D 282}                                                                             |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| {D 282}                                                               | <p>Continued From page 40</p> <p>around the handles there was loose debris of unknown origin.</p> <p>-The refrigerator's top and middle storage racks had multiple stains and a stuck on substance that varied in color from black, orange, and grey that was scattered along the underside bars of the wire storage racks.</p> <p>Observation of the microwave in the kitchen on 01/11/18 at 3:16 p.m. revealed:</p> <p>-There was a build-up of tan, white and yellow debris in a splattered type pattern adhered to the interior upper wall of the microwave.</p> <p>-There was an uncovered Styrofoam bowl containing chicken and vegetables stored in the microwave.</p> <p>Observation of the baking pans stored on a metal rack in the kitchen on 01/11/18 at 3:28 p.m. revealed:</p> <p>-There were approximately 8 large baking pans with a heavy concentration of a crusted black baked-on grease debris on the outside edges and bottom of the pans.</p> <p>-The large baking pans were stacked together that caused each pan's baking surface to be in direct contact with the baked-on, grease debris along the edges and on the bottom of the pans.</p> <p>Observation of the employee restroom located on the back of the kitchen on 01/11/18 at 3:31 p.m. revealed there was no water or stains on the floor, clean in appearance and no foul odors detected.</p> <p>Observation of a four-tiered metal rack in the kitchen on 01/11/18 at 3:39 p.m. revealed:</p> <p>-The metal rack had several clean pots and pans stored in a downward position.</p> <p>-The storage areas of the rack had scattered</p> | {D 282}                                                                                     |                                                                                                                          |                          |                                                                |

Division of Health Service Regulation

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| {D 282}                                                        | Continued From page 41<br><br>areas of dusty debris and a build-up of orange colored stains along the rack's storage bars and was covered in a grimy film that felt sticky to the touch.<br><br>Observation of the oven and deep fat fryer in the kitchen on 01/11/18 at 3:14 p.m. revealed:<br>-The left exterior side of the stove had a thick, greasy build-up of a-yellow, brown and beige substance that had formed a-downward, streaked pattern.<br>-The side panel of the stove was covered in brown-and black, greasy, baked-on stains.<br>-The cook top to the stove and the areas surrounding all the burners had scattered areas of brown and black baked-on stains and had a build-up of food particles and grease.<br>-The bottom, sides and interior of the oven doors of the two ovens had a dark brown and black colored build-up throughout the entire surface with a heavy concentration of a black baked-on substance on the left interior oven door.<br>-The oven racks had black colored stains all over them.<br>-An inverted space in front of the griddle on top of the stove had a build-up of dried and greasy food particles.<br>-There was a metal shelf above the stove that was covered in a yellow, sticky substance.<br>-The deep fat fryer baskets were sticky to touch.<br>-The interior and exterior surfaces of the deep fat fryer had a scattered build-up of greasy yellow and black debris. There was no fat in the fryer and there was a large serving spoon smeared with a black substance.<br>-There was an aluminum type pan positioned under the deep fat fryer that was collecting grease.<br>-There was a heavy build-up of a black greasy film on the floor surrounding the deep fat fryer. | {D 282}                                                                |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |                          |                                                               |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                               |
| {D 282}                                                               | Continued From page 42<br><br>Review of a kitchen inspection report from Environmental Health Services dated 01/05/18 revealed:<br>-The facility's sanitation grade was 89.0 on 01/05/18.<br>-Serious efforts were needed for detailed cleaning. The fryer must be cleaned after removing, repairing or replacing the fryer. Clean the fry basket-handles, shelving, handles etc.<br>-Detailed cleaning of baking pans, hotel pans, etc. needed because the exterior of pans were not clean and were in contact with other pans that were supposed to be cleaned. A risk plan would be offered for voluntary use.<br>-The floor needed cleaning thoroughly, especially where the floor drains had overflowed.<br><br>Interview with the cook on 01/11/17 at 8:50 a.m. revealed:<br>-He had worked at the facility for about 3 months.<br>-The floors in the kitchen were cleaned by dietary staff daily.<br>-He had cleaned and scrubbed around all of the drains last week and started again today (01/11/18).<br>-The facility did not have a daily cleaning schedule.<br>-Currently, there was not a Dietary Manager and the two cooks reported directly to the Administrator.<br><br>Interview with the Administrator on 01/12/18 at 11:19 a.m. revealed:<br>-The two cooks were responsible for all of the cleaning needs of the kitchen and pantry.<br>-There had been a cleaning schedule in place for the kitchen since the summer of 2017.<br><br>Review of an untitled document (not dated) | {D 282}                                                                                     |                                                                                                                          |                          |                                                               |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510                                      |                          |                                                        |
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| {D 282}                                                        | <p>Continued From page 43</p> <p>provided in the kitchen by the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Cleaning instructions included: clean and mop the pantry, clean and organize the freezer and the refrigerator and wash down the outside doors, take all things off the wire shelf unit and wash it down, wash all of the shelves, and power wash the entire kitchen floor.</li> <li>-There were no assigned days to perform the cleaning tasks and no cleaning frequency.</li> </ul> <p>Interview with the Cook on 01/12/18 at 11:22 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-There were only 2 Cooks that worked in the kitchen and there were no Dietary Aides.</li> <li>-The Cooks worked in the kitchen alone every day except one time per week when food was delivered to the facility, then both Cooks worked together.</li> <li>-The Personal Care Aides (PCAs) passed out plates to the residents during meals.</li> <li>-Co-Owner #2 of the facility gave them an additional cleaning list for the kitchen yesterday (01/11/18).</li> </ul> <p>Review of a second untitled documents (not dated) revealed:</p> <ul style="list-style-type: none"> <li>-Cleaning instructions included: wipe walls down, clean microwave, clean under tables, clean prep tables, and clean deep fryer.</li> <li>-There were no assigned days to perform the cleaning tasks and no cleaning frequency.</li> </ul> <p>A second interview with the Cook on 01/12/18 at 12:11 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The freezer and the 3 door reach-in refrigerator were cleaned out every week by removing all foods, the wire racks and cleaning the racks with a degreaser, water, then followed with detergent and water.</li> </ul> | {D 282}                                                                |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| {D 282}                                                               | <p>Continued From page 44</p> <ul style="list-style-type: none"> <li>-He had cleaned the bottom wire storage shelf in the three door reach-in cooler this past Tuesday (01/08/18), however, he had not cleaned the upper and middle wire shelves and had not noticed the build-up substance on them.</li> <li>-He had cleaned the exterior side of 3 door reach-in refrigerator yesterday (01/11/18) with a stainless steel polish but could see there was still a film on the refrigerator's exterior surface.</li> <li>-They cleaned the floors-daily and used a pressure washer to clean the floors.</li> <li>-He had pressure pumped the floors in the kitchen one day this week as well as several times last week after there was an issue with a drain in the kitchen.</li> <li>-He had told Co-Owner #2 of the facility this week to get scouring pads and he would use oven cleaner around the drains and "let it sit for a while" to remove the stained areas.</li> <li>-He and the other cook tried to clean the kitchen and pantry together.</li> <li>-They (the two cooks) were planning to make a daily cleaning list, designating certain days to do specific tasks so all cleaning tasks would be completed in the kitchen and pantry.</li> </ul> <p>Interview with a second Cook on 01/12/18 at 12:15 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He last cleaned the wire storage racks in the 3 door reach-in refrigerator about 2 weeks ago.</li> <li>-The other Cook had cleaned one of the storage racks used to store the baking pans yesterday (01/11/18) and he last cleaned the four-tiered metal rack in the kitchen used for the pots and pans about 2 weeks ago by scrubbing the rack with bleach and water.</li> <li>-He had scrubbed the baking pans last week, however, some of the pans were "caked up too bad".</li> <li>-He told the other Cook about the condition of the</li> </ul> | {D 282}                                                                                     |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL068024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>01/16/2018</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CRESCENT GREEN OF CARRBORO**

**624 JONES FERRY ROAD  
CARRBORO, NC 27510**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {D 282}                  | <p>Continued From page 45</p> <p>baking pans, the other cook relayed the message to the Administrator and she told him to clean them the the they could.</p> <p>Confidential interview with a staff revealed:<br/>-The kitchen staff did not have enough help to manage all of the cleaning requirements in the kitchen.<br/>-The deep fat fryer dripped oil from the bottom of the fryer and had not worked for the last 2 weeks.</p> <p>Observation of the deep fat fryer on 01/16/18 at 12:01 p.m. revealed:<br/>-There was an aluminum type pan positioned under the deep fat fryer that was collecting grease.<br/>-There was a build-up of a black greasy film on the floor in front of the deep fat fryer.</p> <p>Observation of the reach-in refrigerator on 01/12/18 at 4:50 p.m. revealed there were 12 dessert cups containing fruit and a whipped white topping on a serving tray that was uncovered, stored on at least 3 gallons of milk and directly underneath the refrigerators middle storage rack that had black, orange and grey scattered substances along the underside of the storage rack's bars.</p> <p>Observation in the kitchen on 01/12/18 at 4:50 p.m. revealed:<br/>-The Administrator instructed the Cook to remove the fruit immediately and cover the fruit with plastic wrap.<br/>-The Cook removed the tray containing the fruit.</p> <p>A second interview with the Administrator on 01/12/18 at 4:53 p.m. revealed:<br/>-The Administrator went into the kitchen several times per day.</p> | {D 282}             |                                                                                                                          |                          |

Division of Health Service Regulation

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| {D 282}                                                               | <p>Continued From page 46</p> <ul style="list-style-type: none"> <li>-She had not noticed the cleanliness of the reach-in refrigerator, stove, deep fat fryer, microwave, storage racks and pans, and floors however, would start monitoring more closely for the specific cleaning needs of the kitchen and pantry.</li> <li>-She had already told dietary staff not to stack the baking pans on top of each other since there was a baked-on, build-up that could not be removed from the outside edges and bottom of the baking pans.</li> <li>-She would be devising a detailed daily cleaning list for the cleaning requirements of the kitchen and pantry.</li> <li>-The two Cooks had already started deep cleaning around the kitchen's floor drains and the deep fat fryer.</li> </ul> <p>Observation of the kitchen and pantry on 01/12/18 at 11:20 a.m., 12:14 p.m., and 4:50 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The stove, cook top, sides of the stove, ovens, shelf over the oven, the deep fat fryer, the 3 door reach-in refrigerator's exterior, the refrigerated wire storage shelving and the four tiered storage rack used for pots and pans and the floors in the kitchen and pantry had not been cleaned and still contained the stains and build-up observed on 01/11/18.</li> <li>-At 4:50 p.m., the floor drain to the 2 compartment sink appeared to have been cleaned, however, the peeling paint and rust colored stains remained around the metal drain edges and no crate cover had been placed over the drain.</li> </ul> <p>Interview with the Administrator on 01/16/18 at 9:50 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-She had worked with the Cooks over the weekend and had some of the cleaning needs in</li> </ul> | {D 282}                                                                                     |                                                                                                                          |                          |                                                                |

Division of Health Service Regulation

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| {D 282}                                                        | Continued From page 47<br><br>the kitchen had been completed.<br>-She would monitor the kitchen on a daily basis<br>and would be looking specifically at the cleaning<br>details.<br>-Dietary staff would be assigned specific tasks<br>and would be required to initial when those tasks<br>were completed.<br>-Both cooks would be working together every<br>Tuesday, the majority of the cleaning in the<br>kitchen and pantry would be done on that day.<br><br>Interview with Co-Owner #1 of the facility on<br>01/16/18 at 4:48 p.m. revealed:<br>-She expected all areas of the kitchen and pantry<br>to be cleaned thoroughly at all times.<br>-The two Cooks in the kitchen were responsible<br>for the cleaning needs in the kitchen and pantry. | {D 282}                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| {D 300}                                                        | 10A NCAC 13F .0904(d)(3)(B) Nutrition And Food<br>Service<br><br>10A NCAC 13F .0904 Nutrition And Food Service<br>(d) Food Requirements in Adult Care Homes:<br>(3) Daily menus for regular diets shall include the<br>following:<br>(B) Fruit: Two servings of fruit (one serving<br>equals 6 ounces of juice; ½ cup of raw, canned or<br>cooked fruit; 1 medium-size whole fruit; or ¼ cup<br>dried fruit). One serving shall be a citrus fruit or a<br>single strength juice in which there is 100% of the<br>recommended dietary allowance of vitamin C in<br>each six ounces of juice. The second fruit<br>serving shall be of another variety of fresh, dried<br>or canned fruit.<br><br>This Rule is not met as evidenced by:                       | {D 300}                                                                             | D300<br>Nutrition and Food Service<br>The facility has provided 6 ounces of fresh<br>citrus fruit or single fruit juice with<br>100%recommended dietary allowance of<br>vitamin c as listed on the facility menu. The<br>facility will provide daily according to the<br>recommended serving allowance. The facility<br>will ensure fruits and juices are dispensed<br>according to the recommendations and the diet<br>orders/menu. The Administrator will check the<br>pantry weekly to ensure the appropriate serving<br>of each food group is available to distribute to<br>residents during meals and snacks. Dietary staff<br>has been inserviced on the appropriate<br>suggested serving and will follow the orders as<br>given by the dietician. If any orders are unable<br>to be completed, the dietary staff is to inform<br>the administrator so that diet orders can be in<br>compliance as ordered. The administrator will<br>discuss compliance immediately upon findings<br>and correct as needed. The QA team will<br>discuss findings during the monthly QA<br>meeting and action will be taken to maintain<br>compliance. The QA team will consist of the<br>Administrator, shift supervisor and dietary<br>staff. | 3/2/18                                                 |

Division of Health Service Regulation

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| {D 300}                                                               | <p>Continued From page 48</p> <p>Based on observations, interviews and record reviews, the facility failed to assure a citrus fruit or a single strength juice of which there is 100% of the recommended dietary allowance of Vitamin C in each six ounces of juice were served as listed on the facility menu.</p> <p>The findings are:</p> <p>Observations of the food storage in the kitchen on 01/11/18 at 8:50 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-Six, 6 lb. cans of applesauce containing approximately twenty four ½ cup servings.</li> <li>-No other fruit or juice was seen in the pantry's storage or the freezer.</li> <li>-There was one gallon of an orange citrus flavored drink with approximately 75% of the one gallon remaining.</li> <li>-The orange citrus flavored drink contained sixteen, 8 ounce servings with a 5 percent fruit juice content listed in the ingredients.</li> <li>-There were approximately ten containers of a lemonade flavored drink in the pantry.</li> <li>-The lemonade flavored drink contained approximately 136 servings in ½ scoop with 10% of the daily value of vitamin C per serving.</li> <li>-There were approximately three containers of an of an orange fruit flavored drink.</li> <li>-The orange fruit flavored drink contained approximately 88 servings in ½ scoop with 100% of the daily value of vitamin C per serving.</li> <li>-The orange fruit flavored drink's ingredients listed less than 2% of natural flavors.</li> <li>-There were no other containers of canned or processed fruit or juice seen.</li> </ul> <p>A second observation of the food storage in the kitchen on 01/11/18 at 3:32 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-There were three large cans of applesauce containing approximately twenty four, ½ cup</li> </ul> | {D 300}                                                                                     |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510                                      |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| {D 300}                                                        | <p>Continued From page 49</p> <p>servings.</p> <ul style="list-style-type: none"> <li>-There were twelve large serving cans of mandarin oranges containing approximately twenty one, ½ cup servings.</li> <li>-There were seven large serving cans of sliced apples containing approximately twenty four, ½ cup servings.</li> <li>-There were eight large serving cans of sliced peaches containing approximately twenty four, ½ cup servings.</li> </ul> <p>Interview with a resident on 01/10/18 at 10:50 a.m. revealed the resident had tangerines, oranges and cantaloupes only "sometimes" but the resident did have orange juice every morning.</p> <p>Interview with a second resident on 01/10/18 at 12:08 p.m. revealed the resident "sometimes did and sometime did not" receive fruit every day.</p> <p>Confidential interviews with two staff revealed:</p> <ul style="list-style-type: none"> <li>-Fruit was not served every day to the residents.</li> <li>-The only juice the facility served to the residents was the orange fruit flavored drink (brand name).</li> <li>-Usually one serving of fruit was served to the residents per day.</li> <li>-Residents were served one serving of juice and one serving of a fruit each day.</li> </ul> <p>Review of the facility's regular menus for 01/10/18, 01/11/18 and 01/16/18 provided by the facility revealed:</p> <ul style="list-style-type: none"> <li>-There was a column labeled "Regular".</li> <li>-Each day the breakfast meal listed 6 fluid ounces of juice, vitamin C fortified to be served.</li> <li>-An additional serving of 1/2 cup fruit was listed for the supper meal on 01/10/18 and 01/11/18 and one seasonal fruit on 01/16/18 for the supper meal.</li> </ul> | {D 300}                                                                |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL068024</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>01/16/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {D 300}                                                               | Continued From page 50<br><br>Observation of the breakfast meal on 01/11/18 at 8:33 a.m. revealed the resident were served ham, ½ grits, ½ cup of hash browns, 6 ounces of water, coffee, and 6 ounces of an orange fruit flavored drink.<br><br>Interview with the cook on 01/16/18 at 12:18 p.m. revealed:<br>-All of the residents were served the same orange flavored drink (brand name) daily for breakfast.<br>-The facility did not purchase any other juice for the residents except for the lemonade flavored drink and that was usually served with the residents' snacks.<br>-The residents' routinely received one fruit serving and one juice serving per day.<br><br>Interview with the Administrator on 01/16/18 at 4:24 p.m. revealed:<br>-The residents were served fresh tangerines, mandarin oranges, applesauce, peaches, and fruit cocktail.<br>-Today (01/16/18), the residents were served peaches for a snack.<br>-The residents were served one fruit serving per day and the orange fruit flavored drink daily (brand name).<br>-She was not aware that the orange fruit flavored drink could not be counted as a full strength juice. | {D 300}                                                                                     |                                                                                                                          |                                                                |
| D 310                                                                 | 10A NCAC 13F .0904(e)(4) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes:<br>(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D 310                                                                                       |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                        |
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| D 310                                                          | Continued From page 51<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews the facility failed to assure therapeutic diets were served as ordered for 5 of 7 residents sampled including two residents who had swallowing difficulties and had an order for a mechanical soft diet (#4, #8), two residents who were diagnosed with diabetes and had an order for a no concentrated sweets diet (NCS) (#5, #7), and a resident who was diagnosed with diabetes mellitus and had an order for a mechanical soft, NCS diet (#10).<br><br>The findings are:<br><br>1. Review of Resident #4's current FL-2 dated 11/08/17 revealed:<br>-Diagnoses included esophageal reflux.<br>-There was a diet order for a mechanical soft (MS) regular diet.<br><br>Review of the facility's diet list (not dated) revealed Resident #4 was on a MS diet.<br><br>Review of the therapeutic spreadsheet menu for lunch on 01/16/18 revealed:<br>-There was a column labeled "Mechanical Soft".<br>-The lunch meal included: 2 ounces of mechanical soft roast beef, 2 ounces of gravy, ½ cup of mashed potatoes, ½ cup of baby carrots, 1 square of blonde brownie, one white/wheat roll.<br>-The alternative lunch meal included: 3 ounces of fried fish and ½ cup of mechanical soft creamy coleslaw.<br><br>Observation of Resident #4 during the lunch meal on 01/16/18 at 12:53 p.m. revealed:<br>-The resident arrived in the dining room later than | D 310                                                                  | D310<br>Nutrition and food service<br>The facility has ensured that therapeutic diets are served according to doctors orders by monitoring daily. The administrator has ordered appropriate food and beverage to serve all diets. The staff was inserviced on the diet orders and following orders. Resident #4, #10 and #8 has received mechanical soft diets along with every resident on a mechanical soft diet. Resident #5 and #7 continues on a NCS diet, has been served a ncs diet and this has been monitored daily by the administrator to ensure compliance. The Administrator will monitor every meal along with the dinning services daily for a month, then weekly to ensure continued compliance. Any resident that refuse their current diet will be documented, reported to the physician and the facility will follow the recommendations of the physician. The facility MRC will continue to update diet orders to the kitchen if orders change and monthly to ensure compliance. The facility will discuss all diet orders, noncompliance, appropriate dispensing and monitoring during the monthly QA meeting. Any changes needed will be directed by the physician and documented accordingly. The QA team will consist of the Administrator, shift supervisor, MRC, personal care staff and dietary staff. | 3/2/18                   |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CRESCENT GREEN OF CARRBORO

624 JONES FERRY ROAD  
CARRBORO, NC 27510

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| D 310                    | <p>Continued From page 52</p> <p>the majority of the residents while most of the residents were completing their meal.</p> <p>-The resident was served one slice of ham, one pork rib cutlet, one roll, ½ cup of mixed vegetables, ½ cup sweet potatoes and two 6 ounce glasses of water.</p> <p>-The resident formed a sandwich by placing the sliced ham and the pork rib cutlet inside of the roll.</p> <p>-The resident ate the entire sandwich.</p> <p>-The resident did not drool, cough, or gag during the meal.</p> <p>Interview with Resident #4 on 01/16/18 at 12:59 p.m. revealed:</p> <p>-The meat she ate for lunch "should have been cut up and they know that".</p> <p>-She had a history of swallowing difficulties.</p> <p>-When she was served her lunch meal she did not tell the staff about the meat, "I just did the best I could to eat it".</p> <p>-The resident was served two glasses of water because she was allergic to tea.</p> <p>Interview with two cooks on 01/16/18 at 3:58 p.m. revealed:</p> <p>-Resident #4 was on a mechanical soft diet but requested the pork rib cutlet and the ham.</p> <p>-Resident #4's meats were usually served in a ground consistency.</p> <p>-Resident #4 would "raise sand if she does not get what she wants to eat"; there were only certain foods she would eat.</p> <p>-Resident #4 arrived late in the dining room every day.</p> <p>-The cooks used the diet list and knew how many mechanical soft plates were needed at each meal.</p> <p>-The cooks did not pass out the plates to the residents in the dining room, the Personal Care</p> | D 310               |                                                                                                                          |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL068024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>01/16/2018</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CRESCENT GREEN OF CARRBORO**

**624 JONES FERRY ROAD  
CARRBORO, NC 27510**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| D 310                    | <p>Continued From page 53</p> <p>Aides (PCAs) did that.<br/>-The PCAs used the facility's diet list to pass the resident's plates out.</p> <p>Refer to the interview with Co-Owner #1 of the facility on 01/16/18 at 4:48 p.m.</p> <p>2. Review of Resident #8's current FL-2 dated 03/08/17 revealed:<br/>-Diagnoses included dysphagia (difficulty swallowing).<br/>-There was a diet order for a mechanical soft (MS) regular diet.</p> <p>Review of a subsequent physician's order for Resident #8 dated 09/13/17 revealed:<br/>-There was an order for a MS regular diet.<br/>-The resident may enjoy an un-modified diet for special occasions.</p> <p>Review of the facility's diet list (not dated) revealed Resident #8 was on a MS diet.</p> <p>Review of the therapeutic spreadsheet menu for lunch on 01/16/18 revealed:<br/>-There was a column labeled "Mechanical Soft".<br/>-The lunch meal included: 2 ounces of mechanical soft roast beef, 2 ounces of gravy, ½ cup of mashed potatoes, ½ cup of baby carrots, 1 square of blonde brownie, one white/wheat roll.<br/>-The alternative lunch meal included: 3 ounces of fried fish and ½ cup of mechanical soft creamy coleslaw.</p> <p>Observation of Resident #8 during the lunch meal on 01/16/18 at 12:39 p.m. revealed:<br/>-The resident was served one slice of ham, ½ cup of mixed vegetables, ½ cup of sweet potatoes, one square of corn bread, 6 ounces of tea and water.</p> | D 310               |                                                                                                                          |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510                                      |                          |                                                        |
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| D 310                                                          | <p>Continued From page 54</p> <ul style="list-style-type: none"> <li>-The resident ate the ham by cutting it into small pieces using a spoon.</li> <li>-Upon notification of the Cook, the resident had already eaten all of the ham.</li> <li>-The resident did not drool, cough, or gag during the meal.</li> </ul> <p>Based on observation and attempted interview on 01/16/18 at 12:44 p.m. with Resident #8 revealed the resident was not interviewable.</p> <p>Interview with two cooks on 01/16/18 at 3:58 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The cooks used the diet list and knew how many mechanical soft plates were needed at each meal.</li> <li>-The cooks did not pass out the plates to the residents in the dining room, the Personal Care Aides (PCAs) did that.</li> <li>-The PCAs used the facility's diet list to pass the resident's plates out.</li> </ul> <p>Refer to the interview with Co-Owner #1 of the facility on 01/16/18 at 4:48 p.m.</p> <p>3. Review of Resident #5's current FL-2 dated 10/16/17 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included type 2 diabetes and essential hypertension.</li> <li>-There was a diet order for a no added salt (NAS) diet.</li> </ul> <p>Review of a subsequent physician's order for Resident #5 revealed there was an order dated 01/10/18 for a NCS diet.</p> <p>Review of the therapeutic spreadsheet menu for lunch on 01/16/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was a column labeled "NCS (No Conc. Sweets)".</li> </ul> | D 310                                                                  |                                                                                                                          |                          |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CRESCENT GREEN OF CARRBORO

624 JONES FERRY ROAD  
CARRBORO, NC 27510

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| D 310                    | <p>Continued From page 55</p> <p>-The lunch meal included: 2 ounces of roast beef, 2 ounces of gravy, ½ cup of mashed potatoes, ½ cup of baby carrots, 1 square of RC (reduced calorie) blonde brownie, one white/wheat roll.</p> <p>-The alternative lunch meal included: 3 ounces of fried fish and ½ cup of creamy coleslaw.</p> <p>-There were instructions that all beverages except milk should be sugar free.</p> <p>Observation of Resident #5 on 01/16/18 during the lunch meal at 12:33 p.m. revealed:</p> <p>-The resident was served one slice of ham, ½ cup of mixed vegetables, ½ cup of sweet potatoes, one square of corn bread, approximately ½ cup of mandarin oranges, and 6 ounces of sweetened tea and water.</p> <p>-The resident ate 100 percent of her meal including the mandarin oranges and drank 75% of her tea.</p> <p>Interview with Resident #5 on 01/16/18 at 12:49 p.m. revealed the tea served at meals always tasted like it had been sweetened.</p> <p>Review of Resident #5's January 2018 blood sugar record revealed:</p> <p>-There was documentation the resident's blood sugar was 350 mg/dl on 01/16/18 at 11:34 a.m. and at 11:38 a.m.</p> <p>-There was documentation the resident's blood sugar was 319 mg/dl on 01/16/18 at 4:57 p.m.</p> <p>-There was documentation the resident's blood sugar ranged from 127 mg/dl - 395 mg/dl from 01/01/18 - 01/16/18.</p> <p>Review of a local hospital History and Physical report for Resident #8 dated 01/07/18 revealed:</p> <p>-The resident was admitted to the hospital under observation with a diagnosis of hypoglycemia and chest pains.</p> | D 310               |                                                                                                                          |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 310                                                          | <p>Continued From page 56</p> <p>-The resident's last hemoglobin A1C (HgbA1C) (A blood test used to determine the control and average of blood sugar levels. A HgbA1C level in a person with well-controlled diabetes would have equaled 7 or less and levels of 8.0 or above indicated poorly controlled diabetes) was 9.1 on 12/07/17.</p> <p>Observation in the pantry on 01/16/18 at 12:04 p.m. revealed:</p> <p>-There was a 6 lb. can of mandarin orange segments in light syrup.</p> <p>-The ingredients included mandarin orange segments, water and sugar.</p> <p>-One serving of the mandarin oranges equaled ½ cup containing a total of 17 grams of sugar which included 12 grams of the added sugar.</p> <p>Observation of the concentrated tea used for the lunch meal on 01/16/18 at 12:19 p.m. revealed:</p> <p>-The one gallon container of concentrated tea was labeled "Sweet Brewed Tea concentrate".</p> <p>-The one gallon container of tea made 12 gallons.</p> <p>-The labeled directions included to mix one part tea concentrate plus 11 parts water or refer to the table directions.</p> <p>-The labeled directions listed in the table included to add 1 quart of sweet tea concentrate to 3 gallons of water.</p> <p>-The labeled nutritional facts included one serving size was 1 1/3 tablespoon (about 20 ml) containing 19 grams of sugar.</p> <p>-The labeled ingredients included high fructose corn syrup, water, and sugar, extract of tea leaves, caramel and color.</p> <p>-There was no unsweetened tea available in the pantry or kitchen.</p> <p>Interview with a cook on 01/16/18 at 12:18 p.m. revealed:</p> | D 310                                                                               |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL068024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>01/16/2018</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CRESCENT GREEN OF CARRBORO**

**624 JONES FERRY ROAD  
CARRBORO, NC 27510**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| D 310                    | <p>Continued From page 57</p> <p>-The same mandarin oranges in the light syrup was used to serve to the residents for the lunch meal today (01/16/18).</p> <p>-All of the residents were served the same tea using the sweet tea concentrate during every meal.</p> <p>-4 cups of the sweet tea concentrate was used mixed into 3 ½ gallons of water.</p> <p>Confidential interview with a staff revealed all resident's including diabetics were served the same diet at the facility.</p> <p>Interview with the Administrator on 01/16/18 at 4:48 p.m. revealed:</p> <p>-She was not aware that the concentrated tea on hand-in the pantry was sweetened.</p> <p>-Co-Owner #2 of the facility purchased the food for the facility.</p> <p>-Tea bags would be purchased immediately for the preparation of tea for the residents with an ordered therapeutic diet of no concentrated sweets.</p> <p>Refer to the interview with Co-Owner #1 of the facility on 01/16/18 at 4:48 p.m.</p> <p>4. Review of Resident #7's current FL-2 dated 01/10/18 revealed:</p> <p>-Diagnoses included diabetes and vascular dementia without behaviors.</p> <p>-There was an order for a no concentrated sweets (NCS) diet.</p> <p>Interview with Resident #7 on 01/10/18 at 11:20 a.m. revealed he was a diabetic and was on insulin to control his blood sugars.</p> <p>Review of the facility's diet list (not dated) revealed Resident #7 was on a NCS diet.</p> | D 310               |                                                                                                                          |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 310                                                          | <p>Continued From page 58</p> <p>Review of the therapeutic spreadsheet menu for lunch on 01/16/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was a column labeled "NCS (No Conc. Sweets)".</li> <li>-The lunch meal included: 2 ounces of roast beef, 2 ounces of gravy, ½ cup of mashed potatoes, ½ cup of baby carrots, 1 square of RC (reduced calorie) blonde brownie, one white/wheat roll.</li> <li>-The alternative lunch meal included: 3 ounces of fried fish and ½ cup of creamy coleslaw.</li> <li>-There were instructions that all beverages except milk should be sugar free.</li> </ul> <p>Observation of Resident #7 during the lunch meal on 01/16/18 at 12:43 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The resident was served one slice of ham, ½ cup of mixed vegetables, ½ cup of sweet potatoes, one square of corn bread, approximately ½ cup of mandarin oranges, and two 6 ounces of sweetened tea and one 6 ounces of water.</li> <li>-The resident ate all of the mandarin oranges and drank ½ of each of the 6 ounce glasses of tea served to him.</li> </ul> <p>Interview with Resident #7 on 01/16/18 at 12:46 p.m. revealed he was not sure why he was served two teas.</p> <p>Review of Resident #7's January 2018 blood sugar record revealed:</p> <ul style="list-style-type: none"> <li>-There was documentation Resident #7's blood sugar on 01/16/18 was 209 mg/dl at 9:37 a.m., 345 mg/dl at 11:27 a.m., and 210 mg/dl at 4:37 p.m.</li> <li>-There was documentation Resident #7's blood sugar ranged from 87 mg/dl - 500mg/dl from 01/07/18 - 01/16/18.</li> </ul> | D 310                                                                               |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL068024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>01/16/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b>                              |  |                                                                |
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| D 310                                                                 | <p>Continued From page 59</p> <p>Interview with the Administrator on 01/16/18 at 6:05 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Resident #7 was noncompliant with his diet and had random elevated blood sugar levels.</li> <li>-Resident #7 had high blood sugar readings because another resident at the facility often purchased non-diabetic foods for him at a local store.</li> </ul> <p>Observation in the pantry on 01/16/18 at 12:04 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-There was a 6 lb. can of mandarin orange segments in light syrup.</li> <li>-The ingredients included mandarin orange segments, water and sugar.</li> <li>-One serving of the mandarin oranges equaled 1/2 cup containing a total of 17 grams of sugar which included 12 grams of the added sugar.</li> </ul> <p>Observation of the concentrated tea used for the lunch meal on 01/16/18 at 12:19 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The one gallon container of concentrated tea was labeled "Sweet Brewed Tea concentrate".</li> <li>-The one gallon container of tea made 12 gallons.</li> <li>-The labeled directions included to mix one part tea concentrate plus 11 parts water or refer to the table directions.</li> <li>-The labeled directions listed in the table included to add 1 quart of sweet tea concentrate to 3 gallons of water.</li> <li>-The labeled nutritional facts included one serving size was 1 1/3 tablespoon (about 20 ml) containing 19 grams of sugar.</li> <li>-The labeled ingredients included high fructose corn syrup, water, and sugar, extract of tea leaves, caramel and color.</li> <li>-There was no unsweetened tea available in the pantry or kitchen.</li> </ul> <p>Interview with a cook on 01/16/18 at 12:18 p.m.</p> | D 310                                                                         |                                                                                                                          |  |                                                                |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |                                                                |
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| D 310                                                                 | <p>Continued From page 60</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-The same mandarin oranges in the light syrup was used to serve to the residents for the lunch meal today (01/16/18).</li> <li>-All of the residents were served the same tea using the sweet tea concentrate during every meal.</li> <li>-4 cups of the sweet tea concentrate was used mixed into 3 ½ gallons of water.</li> </ul> <p>Confidential interview with a staff revealed all resident's including diabetics were served the same diet at the facility.</p> <p>Interview with the Administrator on 01/16/18 at 4:48 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware that the concentrated tea on hand in the pantry was sweetened.</li> <li>-Co-Owner #2 of the facility purchased the food for the facility.</li> <li>-Tea bags would be purchased immediately for the preparation of tea for the residents with an ordered therapeutic diet of no concentrated sweets.</li> </ul> <p>Refer to the interview with Co-Owner #1 of the facility on 01/16/18 at 4:48 p.m.</p> <p>5. Review of Resident #10's FL-2 dated 07/19/17 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included diabetes mellitus and unspecified intellectual disability.</li> <li>-The resident was constantly disoriented.</li> <li>-There was an order for a no concentrated sweets (NCS) diet.</li> </ul> <p>Review of a subsequent physician's order for Resident #10 dated 10/19/17 revealed:</p> <ul style="list-style-type: none"> <li>-There was an order for a mechanical soft, NCS diet.</li> </ul> | D 310                                                                                       |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| D 310                                                                 | <p>Continued From page 61</p> <p>-The resident could enjoy an un-modified diet for special occasions.</p> <p>Review of the facility's diet list (not dated) revealed Resident #7 was on a mechanical soft, NCS diet.</p> <p>Review of the therapeutic spreadsheet menu for lunch on 01/16/8 revealed:</p> <p>-There was a column labeled "NCS (No Conc. Sweets)".</p> <p>-The lunch meal included: 2 ounces of roast beef, 2 ounces of gravy, ½ cup of mashed potatoes, ½ cup of baby carrots, 1 square of RC (reduced calorie) blonde brownie, one white/wheat roll.</p> <p>-The alternative lunch meal included: 3 ounces of fried fish and ½ cup of mechanical soft creamy coleslaw.</p> <p>-There were instructions that all beverages except milk should be sugar free.</p> <p>-There was a column labeled "mechanical soft" diet that was the same except for mechanical soft roast beef and the one square of a blonde brownie.</p> <p>Observation of Resident #10 on 01/16/18 at 12:44 p.m. revealed:</p> <p>-The resident was served grounded ham, ½ cup of mixed vegetables, ½ cup of sweet potatoes, one square of corn bread, approximately ½ cup of mandarin oranges, and two 6 ounces of sweetened tea and one 6 ounces of water.</p> <p>-The resident ate all of the mandarin oranges and drank ½ of the tea served.</p> <p>Based on observations, interviews, and record review, Resident #10 was not interviewable.</p> <p>Observation in the pantry on 01/16/18 at 12:04 p.m. revealed:</p> | D 310                                                                                       |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRESCENT GREEN OF CARRBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>624 JONES FERRY ROAD<br/>CARRBORO, NC 27510</b> |                                                                                                                          |                                                                |
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| D 310                                                                 | <p>Continued From page 62</p> <ul style="list-style-type: none"> <li>-There was a 6 lb. can of mandarin orange segments in light syrup.</li> <li>-The ingredients included mandarin orange segments, water and sugar.</li> <li>-One serving of the mandarin oranges equaled ½ cup containing a total of 17 grams of sugar which included 12 grams of the added sugar.</li> </ul> <p>Observation of the concentrated tea used for the lunch meal on 01/16/18 at 12:19 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The one gallon container of concentrated tea was labeled "Sweet Brewed Tea concentrate".</li> <li>-The one gallon container of tea made 12 gallons.</li> <li>-The labeled directions included to mix one part tea concentrate plus 11 parts water or refer to the table directions.</li> <li>-The labeled directions listed in the table included to add 1 quart of sweet tea concentrate to 3 gallons of water.</li> <li>-The labeled nutritional facts included one serving size was 1 1/3 tablespoon (about 20 ml) containing 19 grams of sugar.</li> <li>-The labeled ingredients included high fructose corn syrup, water, and sugar, extract of tea leaves, caramel and color.</li> <li>-There was no unsweetened tea available in the pantry or kitchen.</li> </ul> <p>Interview with a cook on 01/16/18 at 12:18 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The same mandarin oranges in the light syrup was used to serve to the residents for the lunch meal today (01/16/18).</li> <li>-All of the residents were served the same tea using the sweet tea concentrate during every meal.</li> <li>-4 cups of the sweet tea concentrate was used mixed into 3 ½ gallons of water.</li> </ul> <p>Confidential interview with a staff revealed all</p> | D 310                                                                                       |                                                                                                                          |                                                                |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL068024                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | (X3) DATE SURVEY COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | (X5)<br>COMPLETE<br>DATE                            |
| D 310                                                          | Continued From page 63<br><br>resident's including diabetics were served the same diet at the facility.<br><br>Interview with the Administrator on 01/16/18 at 4:48 p.m. revealed:<br>-She was not aware that the concentrated tea on hand in the pantry was sweetened.<br>-Co-Owner #2 of the facility purchased the food for the facility.<br>-Tea bags would be purchased immediately for the preparation of tea for the residents with an ordered therapeutic diet of no concentrated sweets.<br><br>Refer to the interview with Co-Owner #1 of the facility on 01/16/18 at 4:48 p.m.<br><br>Interview with Co-Owner #1 of the facility on 01/16/18 at 4:48 p.m. revealed she expected for all therapeutic diets to be followed as ordered by the primary care provider. | D 310                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                     |
| {D912}                                                         | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Residents' Rights<br>Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to                                                                                                                                                                     | {D912}                                                                              | D912<br>Declaration of Residents Rights<br>With Correction of every deficient practice corrected, the facility will provide care and services to every resident adequately, appropriately, and in compliance with relevant federal and state laws and rules and regulations. The facility will discuss every deficient practice monthly during the QA process to ensure continued compliance. The facility will correct immediately any areas that deem noncompliance and monitor daily as expected to provide exceptional care and services. The administrator will oversee all departments, all areas of service and correct any and all areas with an appropriate plan of action that may require additional training to staff. The administrator will discuss with residents the effectiveness of changes, recommendations and quality of corrected actions. Any areas that need continued monitoring will be done by the QA team. The QA team will consist of The administrator, shift supervisors, housekeeping staff, dietary staff, personal care aides, medication aides, medical records coordinator, maintenance manager and both owners. |  | 3/2/18                                              |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL068024              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br>01/16/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT GREEN OF CARRBORO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>624 JONES FERRY ROAD<br>CARRBORO, NC 27510 |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| {D912}                                                         | Continued From page 64<br><br>housekeeping and furnishings to include hazards.<br><br>The findings are:<br><br>Based on observations, record review, and<br>interviews, the facility failed to assure the facility<br>was clean and free of hazards as evidenced by<br>the presence of bedbug activity in resident rooms,<br>a hole in the wall of a resident's room, and room<br>furnishings needing repair. [Refer to Tag 0079,<br>10A NCAC 13F .0306 (a) (5)-Housekeeping and<br>Furnishings (Type B Violation)]. | {D912}                                                                              |                                                                                                                          |                                                        |