Division of Health Service Regulation

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JUL 18 2018
BY J Spear

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008030	A. BUILDING: _____ B. WING _____	06/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS	743 CHARLES TAYLOR ROAD AULANDER, NC 27805

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on June 22, 2018.	C 000	*Facility will have a weekly cleaning check list to ensure baseboards, walls, ceilings, vents and closets are cleaned and free from dust. *Staff will document weekly on facility cleaning log to make sure all areas are clean and free from dust. *Administrator will monitor home Bimonthly to ensure cleaning and documentation have been meet. *All baseboards, walls, ceilings, vents and closets will be cleaned weekly to remove dust or residue. Ceilings will be swepted weekly to ensure there are no cobwebs.	
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls and ceilings in 3 of 4 residents' rooms and the common resident bathroom were kept clean and in good repair. The findings are: Observation of resident room #1 located on the left side of the main hallway in the facility on 06/22/18 at 6:56am revealed: -Four of four baseboards were dirty with brown dust. -There was a scraped paint area above the baseboard of the lower left wall that measured approximately 5 inches long and 3 inches wide. Interview with the resident who resided in the resident room #1 on 06/22/18 at 6:57am revealed he had not noticed the scraped paint area or the dust on the baseboards. Observation of resident room #2 located on the left side of the main hallway in the facility on	C 074		

Renewed & accepted — Joann Sewell 7/23/18

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C 074	Continued From page 1 06/22/18 at 6:59am revealed: -Four of four baseboards were dirty with brown dust. -There a scraped wall area located to the lower right wall by the room entrance that measured approximately 1 foot long and 4 inches wide. -There were scattered dusty brown cobwebs on the wall and ceiling corners. Attempted interview with the resident who resided in resident room #2 revealed the resident was not present at the facility. Interview with the supervisor in charge (SIC) on 06/22/18 at 6:58am and 7:00am revealed: -She was just filling in for the other SIC temporarily. -She did not know about the dusty baseboards or the scraped wall areas in resident room #1. -She had not seen the cobwebs or the scraped wall area in resident room #2 because she was not normally scheduled to work this facility. -It was expected for the staff to clean the baseboard once a month and as needed. -Staff were expected to clean the walls and ceilings for cobwebs once a week and as needed. -She did not do any cleaning in facility on 06/22/18 because she was only filling in for the other SIC. -The other SIC did the cleaning in the facility. -She was not sure if anyone checked to see if the cleaning was done at the facility. -Staff was supposed to report any needed repairs like the scraped wall to the Administrator as soon as they saw. -The Administrator would contact whoever was needed to make any repairs. Observation of resident room #3 located on the end of the main hallway in the facility on 06/22/18	C 074	* Facility has already implemented a weekly cleaning log to ensure All measures have been meet. Facility has cleaned and dusted baseboards, walls, ceilings, vents, and closets to ensure they are cleaned And free from residue. Administrator has surveyed the home to make sure All measures have been meet. Measures meet by June 29, 2018 6-29-18	

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C 074	Continued From page 2 at 7:05am revealed: -Four of four baseboards were dirty with brown dust. -There were scattered areas of white cracked and peeling paint throughout the ceiling of the room. -The door of the closet had a gray stain areas that measured approximately 2 ½ feet long and 4 inches wide. Attempted interview with the resident who resided in resident room #3 revealed the resident was not present at the facility. Interview with the same supervisor in charge (SIC) on 06/22/18 at 7:07am revealed: -She was not aware of the peeling paint in the ceiling of resident room #3. -There had not been any leaks to the roof of the facility that she was aware of. -The stains on the closet door were probably from the resident touching the door and the natural oil residue in the resident's hand. -Staff should be wiping down the closet door as needed to avoid stains. Observation of the common resident bathroom on 6/22/18 at 7:18am revealed: -There were scattered areas of white cracked and peeling paint throughout the ceiling of the room. -There were several brown stains scattered on the ceiling. -The ceiling air vent was covered with brown dust and had peeling paint areas to 2 of its 4 sides. -Three of three walls of the shower/tub enclosure had numerous black and brown stains scattered throughout the grout of the walls. -The plastic baseboard moldings by the tub had several puckered areas and scattered brown stains. -The lower wall area located to right of the vanity	C 074	*Staff will monitor All rooms daily to ensure there is no scraped paint, All rooms have floor vent covers, All lights are working and light globes are in place. *Staff will document weekly that All rooms have been Assessed for damages or any needed Repairs. Staff will report Concerns to the Administrator immediately to ensure Repairs are addressed in a timely manner. *Staff will monitor All rooms daily to ensure no Repairs are needed. Staff will Report concerns to Administrative immediately to ensure Damages are	

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C 074	Continued From page 3 had several black and brown stains. Interview with a second SIC on 6/22/18 at 8:10am revealed: -She usually worked as the SIC for this facility. -She swept for cobwebs about once a month. -She had not noticed any problems with cobwebs. -She cleaned the baseboards in the facility about once a month, but she was not sure when the last time the baseboards were cleaned. -There were several areas of the walls and ceilings that had scrape marks and peeling paint. -She had told the Administrator about the ceiling in resident room #3 about a month ago. -The Administrator was supposed to repaint in the residents' rooms, but it had not been done yet. -She had not noticed the ceiling or air vent in the common resident bathroom. -She had cleaned the bathroom yet on 06/22/18 and that was why there were so many stains to the grout of the shower walls. -She cleaned the walls of the shower/tub enclosure at least once a week. Telephone interview with the Administrator on 6/22/18 at 10:32am revealed: -He did not know of any problems with cobwebs or dirty baseboards in the facility. -He expected the staff to clean for cobwebs at least once a week. -The baseboards in the facility were supposed to be cleaned by the staff at least once a month. -The staff had told him about the peeling paint and scraped walls areas in the facility about a month ago. -He was planning to repaint the inside the entire facility once the weather was better. -He just had not had gotten around to getting the painting done yet. -Staff should clean the shower walls as needed	C 074	repaired in a timely manner. Administrator will monitor Facility Bimonthly to ensure no repairs are needed. * Scraped paint in rooms 1 & 2 have been repainted. Vent floor covers have been replaced. Hallway light and light globe have been replaced to ensure all measures have been met and are in working order. Measures met by June 26, 2018. 6-26-18	

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C 074	Continued From page 4 so the grout does not have any stains. -He normally came to the physically 3 to 4 times a week and staff could call him anytime about needed repairs.	C 074	* Bathroom walls and floor will be cleaned daily after morning use and assessed throughout the day. Bathroom walls and floor will be free from brown and black stains throughout the grout. * Staff will document on cleaning log that bathroom wall and floors are free from black and brown stains on the grout. * Administrator will monitor facility to ensure Bathroom walls and floor are clean and wall are free from black and brown stains on grout.	
C 076	10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure a dresser in resident's room was clean and in good repair. The findings are: Observation of resident room #1 located on the left side of the main hallway in the facility on 06/22/18 at 6:56am revealed: -There was a 4 drawer dresser with a missing front panel from its third drawer. -The drawer panel was leaned against the wall in the corner of the room to the right of the dresser. Interview with the resident who resided in the resident #1 on 06/22/18 at 6:57am revealed: -He was admitted to the facility on 06/21/18 and he was the only resident residing in the room. -The panel of the dresser was missing when he was admitted to his room. -He did not complain because he could still use the 3 other drawers of the dresser.	C 076		

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C 076	Continued From page 5 Interview with the supervisor in charge (SIC) on 06/22/18 at 8:10am revealed: -She was aware of the broken drawer in the resident's room. -The dresser drawer was broken by a previous resident about a week ago. -"The dresser drawer was never fixed even after the resident was discharged from the facility last weekend". -She had tried to fit the drawer back together, but she could not fix it. -She just leaned the panel against the wall in the corner of the resident room. -She told the Administrator about the broken dresser drawer in resident room #1 the week before. -The Administrator was aware the dresser drawer was still broken when the new resident was admitted to the room on 06/21/18. Telephone interview with the Administrator on 06/22/18 at 10:32am revealed: -He was aware of the dresser drawer being broken in the resident's room. -Staff had made him aware of it about a week ago when a previous resident ripped off its front panel. -He had not had the time to fix the dresser drawer. -He planned to fix the drawer within the next week.	C 076	Bathroom walls and floor have been cleaned. Brown and black stains on the grout have been removed. Administrator has surveyed the bathroom walls and floor to make sure stains have been removed. Measure met by June 29, 2018.	6-29-18
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and	C 078		

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C 078	Continued From page 6 orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the facility was kept free of hazards as evidenced by a partially detached baseboard heater panel with exposed metal edges in one resident room, a missing floor vent in the common resident bathroom, and failing to replace a light bulb in the hallway. The findings are: Observation of resident room #1 located on the left side of the main hallway in the facility on 06/22/18 at 6:56am revealed: -There was a baseboard heater under the front window with part of its front metal panel partially detached from its right side. -A sharp edge of the metal panel of the baseboard heater was exposed and bent away from the body of the heater approximately 2 inches. -One resident was present in the room. Interview with the resident who resided in the resident room #1 on 06/22/18 at 6:57am revealed: -He had been admitted to the facility on 06/21/18 and he had not noticed the front panel of baseboard heater was partially detached from its right side. -He did not have any complaints about the baseboard heater because he had not noticed it.	C 078	* Staff will monitor All Ceilings, molding, baseboards, And furniture daily to Assess for Any damages or needed repairs. * Staff will document weekly that ceiling, molding, baseboards, And furniture Are in working order. Damages will be reported immediately to Administrator. * Administrator will monitor the facility And log bimonthly to ensure All Ceilings, molding, baseboards, And furniture Are in working order.	

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C 078	Continued From page 7 Interview with the supervisor in charge (SIC) on 06/22/18 at 6:58am revealed she was not aware of the partially detached front panel of baseboard heater. Observation of the common resident bathroom on 06/22/18 at 7:18am revealed: -There was no floor vent cover to the duct work located approximately 8 inches adjacent to the right side of the floor next to the commode. -The open area of duct work measured approximately 10 inches long and 4 inches and was easily accessible to all residents when they used the bathroom. -There were no warning signs posted regarding the open area of duct work. Observation of the main hallway on 06/22/18 at 7:30am revealed: -The light in the hallway did not work. -There was one light for the hallway and the hallway was approximately 12 feet long. Interview with a resident at the facility on 06/22/18 revealed he had not noticed the missing vent cover or the light did not work in the main hallway. Interview with a second SIC on 06/22/18 at 8:10am revealed: -A previous resident had knocked the front panel off of the baseboard heater in resident room #1 and 'knocked out' the light in the main hallway about a week and a half ago. -She told the Administrator about the baseboard heater panel and the broken lightbulb about a week ago. -The Administrator was supposed to get a repairmen for the baseboard heater panel and he had not changed the lightbulb in the main hallway.	C 078	Bathroom molding has been replaced. Measures meet July 9, 2018 7-9-18 All 4 dressers front panels have been repaired. Measures meet July 9, 2018 7-9-18 Room #3 ceiling And main Bath Room ceiling cracked And peeling paint have been repaired and painted. Measures meet. July 9, 2018 7-9-18 Brown stains on ceiling have been Repainted. Measures meet July 9, 2018 7-9-18 Metal panel on baseboard has been repaired. Edges Are smooth.	

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C 078	Continued From page 8 -She knew about the missing air vent cover in the common resident bathroom. -A previous resident had ripped up the air vent cover last week. -She told the Administrator a week ago about the vent cover and he was supposed to replace the air vent cover in the bathroom. -"It would be easy for any resident to accidently step down into the open duct work when a resident was using the common resident bathroom". -She had not thought about posting signs in the common resident bathroom to remind them to watch out for the open duct work. Telephone interview with the Administrator on 06/22/18 at 10:32am revealed: -He was aware of the front panel of baseboard heater in the resident's room, the broken lightbulb, and of the missing floor vent cover in the resident common bathroom. -"Staff had told him about all of these things about a week ago when previous resident had torn them up". -He had not had the time to fix the baseboard heater panel, replace the floor vent cover, or broken lightbulb. -He planned to fix the baseboard heater panel, replace the floor vent cover, and broken lightbulb within the next week.	C 078	metal panel has been Replaced. Measures met. July 9; 2018 7-9-2018	
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water	C 105		

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C 105	Continued From page 9 temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain hot water temperatures between 100-116 degrees Fahrenheit (°F) for 2 of 2 fixtures in 2 resident bathrooms. The findings are: Observation on 06/22/18 at 7:20am revealed the hot water temperature at the sink in the common resident bathroom was 88°F. Observation on 06/22/18 at 7:40am revealed the hot water temperature at the sink was 90°F in a resident bathroom located in resident room #4. Second observation on 06/22/18 at 10:00am revealed the hot water temperature at the sink in the common resident bathroom was 88°F. Second observation on 06/22/18 at 10:10am revealed the hot water temperature at the sink was 88°F in a resident bathroom located in resident room #4. Interview with a resident on 06/22/18 at 7:25am revealed: -He was admitted to the facility on 6/21/18 and he used the common resident bathroom to take his bath. -He had not noticed any problems with the temperature of the water in the common resident bathroom. -"The temperature of the water was warm but not too hot".	C 105	Staff will monitor water temperature weekly AND PRN to ensure temperature is maintained between 100° And 116°. Staff will document weekly on posted water temperature log to make sure water temperature ARE NO lower than 100° And NO greater than 116°. Administrator will monitor water temperature And posted log to ensure temperatures ARE between 100° and 116°.	

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C 105	Continued From page 10 Attempted interviews with the 3 other residents who resided at the facility revealed the residents were not present at the facility. Interview with the Supervisor-in-Charge (SIC) on 06/22/18 at 7:25am revealed: -She checked the water temperatures for the facility once a month. -The water temperatures were usually between 104 - 108 °F. -She was not sure when she last checked the water temperatures in the facility or what the last temperature readings were. -She normally wrote the water temperatures down on piece of paper but she was not able locate her documentation of the water temperatures. -There had not been any complaints from the residents regarding the water temperatures. -She thought originally the water temperature were low because all of the residents had just taken their showers on the morning of 06/22/18. -She would call the Administrator about the water temperatures being low. Telephone interview with the Administrator on 06/22/18 at 10:32am revealed: -He was not aware of any problems with the water temperatures being low in the facility. -Staff checked the water temperatures in the facility once a month and staff would have reported any problems with the water temperatures to him. -He was not aware of any resident complaints about the water temperatures in the facility. -He was not sure if the facility had a water temperature log. -He would call a repairman to adjust the water temperatures for the facility.	C 105	* Staff will ASSESS ~~water~~ temperature weekly and PRN to ensure temperatures are between 100° and 116°. * Water temperature log has been posted. Measure meet. June 23, 2018 6-23-18 Water temperature increased to ensure temperature is between 100° to 116°. Measure meet. June 23, 2018 6-23-18	

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