Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001153	A. BUILDING: _____ B. WING _____	09/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET BURLINGTON, NC 27217

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on September 12, 2018.	C 000		
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, ceilings, and floor coverings were kept clean and in good repair for the residents' dining room, hallway, hallway doors, and front entryway. The findings are: Observation on 09/12/18 at 2:22pm of the resident dining room revealed: -There was missing paint and black stains on the dining room door. -There were black stains and scratch marks on the wood flooring. -There was a build-up of dark brown dirt and dust on the top and bottom edges of the flooring baseboard. -There were black stain spots on the side dining room door frame. -There was a build-up of dark brown dirt and dust on the bottom edge of the door frame, the door threshold, and at the corners of the room. -There were yellow-brown stains on the walls.	C 074	The entire facility was professionally cleaned on 9/30/18.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Clement Sowa

TITLE: ADMINISTRATOR

(X6) DATE: 10/9/18

Reviewed & Accepted Edwards 10/10/18

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C 074	Continued From page 1 -There was a build-up of dark brown dirt and dust on the lower 12 inches of the door frame and at the base of the door frame. Observation on 09/12/18 at 4:42pm of the facility hallway revealed: -There were dark brown and black stains on the wood flooring. -There was a build-up of dark brown dirt and dust on the top and bottom edges of the baseboard. -There were brown and tan stains on the walls. -There was missing paint and yellow stains on the wall next to the kitchen door. -There was a build-up of dark brown dirt and dust and missing paint on the wall and floor molding at the corners of the kitchen door. -There were yellow stains on the door and brown stains around the door knob of the Men's hall bathroom door. -There was rust on the hinges of the Men's bathroom door. -There was a build-up of gray dust on the door frame of the Men's bathroom. -There was missing paint on the corner edge of the wall at the door of the common room. -There were yellow-brown and dark brown stains on the lower 2 feet of the wall outside the dining room; there was missing paint and holes on the baseboard sealant. -There were black horizontal marks on the lower 18 inches of the hallway walls. Interview on 09/12/18 at 4:45pm with a resident revealed: -The resident was ambulatory using a wheelchair. -Sometimes the wheelchair made marks on the door frames and walls when he went out into the hallway. -The walls and door frames needed painting; he did not know when the house had been painted.	C 074	- Cleaning was professionally done on 9/30/18 - HALLWAY BASEBOARDS PAINTED ON 9/29/18 - Bathrooms were professionally cleaned on 9/30/18. * - The facility manager or administrator will conduct a bimonthly audit of the facility, to make sure all fixtures and furniture are in good repair. - ALL DOORS PAINTED AND HALLWAY WALLS PAINTED ON 9/29/18	

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C 074	Continued From page 2	C 074		

Interview on 09/12/18 at 4:48pm with a second resident revealed:
-The resident sometimes made marks on the walls and door frames when he hit the wall while using his walker.
-The resident would often hold onto of the bathroom door frame when he went to the bathroom during the night.
-There were yellow stains on the ceiling light fixtures in the hallway.

Observation on 09/12/18 at 4:52 pm of the front door and entryway area revealed:
-There were black marks and a build-up of dark brown dust on the exterior side of the wood door; there were black horizontal stains on the lower 12 inches of the door.
-There was a build-up of dark brown dust on the wood door frame.
-There was a heavy build-up of black dirt and dust on the metal storm door.
-There was rust on the hinges of the storm door, the metal weather stripping, and the storm door closer.
* -The 4 inch door threshold stripping was missing, exposing the subflooring.
-A one foot vertical strip of the right side door frame was missing; exposing a one-half inch gap in the frame and the wall.
-There was a build-up of black dirt and dust particles at the wall corners of the front door.

Interview on 09/12/18 at 10:50am with the Supervisor-in-Charge (SIC) revealed:
-Housekeeping duties were done mostly at night by the evening shift staff.
-She worked first shift and was responsible for sweeping, linen changes and clothes washing for residents, cooking meals for the residents, and

- Cleaning completed on 9/30/18.

- Staff will maintain the cleanliness of the facility by cleaning thoroughly once a month. This will occur on the last day of every month.

*FRONT DOOR PAINTED. WALLS IN THE HALLWAY PAINTED ON 9/20/18

* The 4 inch door threshold stripping was replaced on 9/20/18.

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C 074	Continued From page 3 wiping off the dining room furniture. -She was aware of the marks on the floors and walls; she could not get the walls and door frame stains clean by wiping them. -The house needed painting. Attempted interview on 09/12/18 at 5:20pm with the evening staff was unsuccessful. Interview on 09/12/18 at 4:50pm with the Administrator revealed: -He was aware the house was older and needed some cleaning, painting, and repair work done. -Staff tried to keep the dining room, hallways, and entry areas clean, but they could not keep up with the cleaning that needed to be done. -He would contact a professional cleaner and painter to get the repair work done as soon as possible.	C 074	-Painting was completed on 9/20/18. -Professional cleaning was completed on 9/30/18.	
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or	C 140		

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C 140	Continued From page 4 safety of others.	C 140		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff B) was tested upon hire for tuberculosis disease (TB) with the two-step skin test in compliance with control measures adopted by the Commission for Health Services.

The findings are:

Review of Staff B's personnel record revealed:
-Staff B was hired on 09/28/17 as a Personal Care Aide (PCA).
-There was documentation Staff B had a negative TB skin test on 08/05/17.
-There was no documentation Staff B had a 2nd TB skin test after being hired .

Attempted interview with Staff B on 09/12/18 at 5:20pm was unsuccessful.

Interview with the Administrator on 09/12/18 at 5:25pm revealed:
-Staff B was requested to get the second TB skin test done when she was hired on 09/28/17.
-There was no documentation for TB skin testing in Staff B's personnel record since 08/05/17.
-The Administrator was responsible for assuring all staff personnel records were complete.
-He would have Staff B complete the two-step TB skin test as soon as possible and placed in her personnel folder.

- Staff B was on vacation at the time of Survey.

- TB skin testing for Staff B was performed on 10/5/18. 2ND Step will be completed on or before 10/20/18.

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The residents in Elizur family care home are very well taken care of by all staff and administration. We will continue to work hard to ensure that all residents enjoy a very good quality of life.
Thank you.

-ADMINISTRATOR
OCTOBER, 2018.