STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034068	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on October 4, 2018 and October 5, 2018.	{D 000}		
{D 074}	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the corners of floors, walls throughout the facility, A and B hallways, common sitting area and in the dining room, ceiling air vents and ceiling fan, and wall tile in the common bathroom and shower were kept clean and in good repair. The findings are: Observation on 10/04/18 from 9:00 am to 10:15 am during the tour of the facility revealed: -In the dining room on the wall by the kitchen door was a trash can, and a three feet long dust mop with a long wooden handle to maneuver the mop. -In the same area was a broom, dust pan, and two each two and one-half feet tall yellow caution signs. -The trash can had paper and other items over flowing.	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034068	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284

(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 074}	Continued From page 1 -There were chunks of dried food and other debris stuck to the outside top of the trash can. -The walls in the dining room had black marks unidentified substances that was one-half feet up the wall from the floor. -There was a thick black unidentified substance in the corners of the walls throughout on the dining room floor where the wall and floor met. -There was also dirt and dried food in the corners of the walls around the dining room. Interview with the Food Service Director on 10/04/18 at 10:55 am revealed: -The items in the dining room near the kitchen door were not supposed to be there. -The housekeeper should lock the items in the closet. -The personal care aides cleaned up after each meal. -The dirt and trash was to be cleaned up by the housekeeper. -The housekeeper was to mop and clean the dining room daily also. Observation of A and B hallways, common sitting area and B hallway common bathroom on 10/04/18 from 9:00 am to 10:15 am revealed: -The ceiling heat/air vents and wall heat/air vents on the A and B hallways had multiple slats for air flow exchange and the slats were covered with thick dust. -In the common sitting area, near the television was two ceiling fans with five wide fan blades. -The fan blades were covered with thick dust. -The non-operable water cooler near the residents' common bathroom on the B hallway had air vents that were covered with thick dust and an unidentifiable white substance. Interview with the Maintenance worker on	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034068	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284

(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 074}	Continued From page 2 10/04/18 at 10:14 am revealed: -He changed the filters to the heat/air exchange every six months and when he changed the filters he cleaned the vents. -He did not clean the vents between changing the filters. -He lasted changed the filters two months ago. Observation on 10/04/18 from 9:00 am to 10:15 am of facility floors and A and B hallways revealed: -The edges of the floors at the baseboard throughout the facility had a buildup of a black granular substance. -There was a thick black unidentified substance, cobwebs and unidentified debris in the corners of walls on both the A and B hallways, in the doorway thresholds and the corners of the bathroom walls. Interview with the custodian on 10/05/18 at 9:20 am revealed: -He worked at the facility two days per week. -When he worked he stripped and buffed the floors. -The dirt in the corners of the walls and floors was tremendous. -He tried to clean corners of walls, floors and doorway thresholds, but it required a lot more time to clean those areas. -On most visits to the facility, he did not have time to clean those areas. Observation on 10/04/18 from 9:00 am to 10:15 am of the shower in the residents' common bathroom, and a hallway near resident room #2 revealed: -There was a black substance and dirt on the grout between the tiles on three of the four walls. -There was a black substance on the grout	{D 074}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034068	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284

(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 074}	Continued From page 3	{D 074}		

between the tiles on the floor of the shower and rust stains on the floor of the shower.
-The wall behind the toilet had a ten inch by ten inch area that had been patched, but had not been sanded and painted, and there was dirt and brown rust on the white baseboards.
-In the corner of the same bathroom was a build-up of a thick black substance and rust.
-The paint was peeling from the title on the wall of the shower and tub in the common bathroom located across the hallway from resident room #5.

Interview with the housekeeper on 10/04/18 at 10:11 am revealed:
-She had worked as the housekeeper since June 2018.
-She did not have a cleaning schedule that was written down on paper, but she had developed her own cleaning routine daily.
-She did not think she was responsible for dusting the vents in the hallway and ceiling and cleaning the ceiling fans.
-She was not sure who was responsible for dusting the vents and ceiling fan.
-She swept and mopped the floors in the residents' rooms daily, but was not responsible cleaning the corners of the floors, walls and doorway thresholds.
-The custodian worked two days per week and he was responsible for mopping and cleaning the common areas and the hallways.
-She was not sure, but thought the custodian was responsible for cleaning the corners of the walls.
-She cleaned the common bathroom with the black substance using a basic bathroom cleaner.
-To get the black substance up, she had to use a hand brush and really scrub hard.
-When she scrubbed all the black substance still did not come up.
-She did not scrub the shower with the black

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034068	A. BUILDING: _____ B. WING _____	R 10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284

(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 074}	Continued From page 4 substance every day. -She did not clean the floors in the hallways and common areas unless there was a spill that she had to get up. Interview with the Administrator on 10/05/18 at 9:45 am revealed: -The housekeeper was at the facility daily and was responsible for cleaning the walls, floors, dusting and cleaning the showers. -The custodian was at the facility two days per week. -She had seen him scrapping the corners of the walls and floors. -She said "a couple" weeks ago they thought about cleaning the dining room. -Two to three weeks ago she hired another person to help clean the floors, but he only lasted two days. -She was currently in the process of hiring another person to help clean the floors.	{D 074}		