STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

(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 and Guilford County Department of Social Services conducted an annual and follow-up survey on 04/10/19.	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 floors in resident rooms and adjourning bathroom (room #1, #3, #4, #5, and #6) were kept clean and in good repair. The findings are: Observations during the initial tour of the facility on 04/10/19 at various times from 9:15am through 10:30am revealed: -In Room #1, there were multiple black marks, particles of trash and other unidentified items on the floor against the baseboard by the head of each bed. -In Room #3, there were two twin beds that were at least three feet apart. There were numerous particles of trash on the floor against the baseboards of each bed that consisted of black and other colored unidentified items. There was particles of paper and other debris under the	D 074		

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D 074	Continued From page 1	D 074		

beds on the floor. There were soiled cups and other items lying on the floor.
-In the bathroom adjourned to Room #3, there was a black substance on the floor under the sink and around the toilet.
-In Room #4, there were tan brown, black and other particles of trash on the floor between the nightstand and headboards of the beds. There was floor tile that was separated from the baseboard four inches from the wall with black dirt in the large separation between the floor tiles.
-In Room #5, there were two twin beds with dust and dirt on the floor near the beds' headboards.

Interview with the Medication Aide/Supervisor (MA/S) on 04/10/19 at 10:48am revealed:
-There was no housekeeper at the facility.
-He was responsible for cleaning residents' rooms and bathrooms.
-He did not have a cleaning schedule because he cleaned rooms daily.
-He used a dust mop to clean away particles of obvious trash from the middle of the floor.
-He sometimes deep cleaned room cleaning along the baseboards, but had not lately because he was too busy.
-He was also responsible for cleaning bathrooms.
-Some bathrooms he had not cleaned yet today.
-He cleaned under the sink and around the toilets.

Interview with five residents at various times on 04/10/19 between 9:20am through 10:15am revealed:
-The MA/S cleaned rooms daily and the bathroom daily.
-The MA/S cleaned swept the floor in the middle of the room, but did not move beds, clean under the beds or clean the floor near the wall.
-One resident stated there used to be a mouse in

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	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 074	Continued From page 2 his room, and he thought it was because the room was not cleaned, and he had not seen the mouse recently. Interview with the Administrator on 04/10/19 at 11:40am revealed: -The MA was responsible for cleaning the residents' rooms and the bathrooms. -There was no cleaning schedule and the MA/S was supposed to clean each resident room daily. -She visited the facility often, but did not thoroughly check each resident room and bathroom to inspect to make sure the MA/S cleaned.	D 074		
D 083	10A NCAC 13F .0306(a)(9) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide window blinds for privacy in 2 of 8 resident rooms (#8 and #9) with windows that faced the busy street. The findings are: 1. Observations of the window in resident Room #8 on 04/10/19 at 9:50am revealed: -Two residents resided in Room #8. -There were no blinds on the window.	D 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 083	Continued From page 3	D 083		

-There was a white piece of material (bed sheet) placed over the center of the window, but did not cover the entire window.

Interview with a resident in Room #8 on 04/10/19 at 9:58am revealed:
-The blinds in his room had been broken for nine or ten months.
-He put a bed sheet on the window for privacy because the window faced the street and to prevent people from looking into his room when changing his clothes.
-The Medication Aide Supervisor (MA/S) knew he had no blinds because the MA/S was in his room daily.
-Also, he verbally told the MA/S several months ago that his blinds were broken, but nothing had been done to replace the blinds.

Refer to interview with the MA on 04/10/19 at 10:48am.

Refer to interview with the Administrator on 04/10/19 at 11:40am.

2. Observations of the window in resident Room #9 on 04/10/19 at 10:15am revealed:
-One resident resided in Room #9.
-There were no blinds and no curtains covering the window allowing someone from the outside to easily view inside the Room #9.
-The residents had no privacy because the window faced a busy street with continuous traffic.

Interview with the resident in Room #9 on 04/10/19 at 10:18am revealed:
-He had resided at the facility for almost one year.
-When he moved into the facility there were no blinds on the window for privacy.

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	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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D 083	Continued From page 4 -He wished there were blinds because he was concerned about privacy and did not like that people from outside could see into his room. -He did not question why there was no blinds because there were no blinds when he moved in. -He had not said anything to the MA/S regarding there being no blinds because the MA/S knew he had no blinds. Refer to interview with the MA/S on 04/10/19 at 10:48am. Refer to interview with the Administrator on 04/10/19 at 11:40am. Interview with the MA/S on 04/10/19 at 10:48am revealed: -He knew two resident rooms did not have blinds. -He thought the blinds had only been missing for two months. -More than two months ago he notified the owners regarding the blinds, but had not received blinds. Interview with the Administrator on 04/10/19 at 11:40am revealed: -The owners had planned to replace the blinds. -She did not know when. -She was ultimately responsible for the operation of the facility, but did not know about the blinds.	D 083		
D 093	10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each	D 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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D 093	Continued From page 5	D 093		

resident:
(8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading.
This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to assure there was an operable light within reach of residents lying in bed or a bedside lamp for 7 of 8 residents' rooms (Rooms #1, #3, #4, #5, #6, #7, and #9).

The findings are:

1. Observations during the initial tour of the facility on 04/10/19 at various times from 9:15am through 10:30am revealed:
-Three resident rooms had one lamp (Rooms #1, #5 and #6).
-Four resident rooms had lamps that were not operable due to no light bulbs or non-working light bulbs (Rooms #3, #4, #7 and #9).
-Each resident room had a light switch next to the door of the room to turn on and off the ceiling light as follows:

a. Resident Room #1 was occupied by two residents.
-One lamp was observed in the room for the residents to use.
-The lamp was not near either resident bed.
-There was no light bulb in the lamp.
-The overhead light switch was not within reach if the residents were in the bed.

Interview with one resident in Room #1 on 04/10/19 at 9:21am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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D 093	Continued From page 6 -He did not use the lamp in the room because it did not work. -He could not remember the lamp ever working. -When he wanted light he had to walk over to the light switch by the entrance to the door and turn on the light. -A light by the bedside would be nice. Refer to interview with the Medication Aide/Supervisor (MA/S) on 04/10/19 at 10:48am. Refer to interview with the Administrator on 04/10/19 at 11:40am. b. Resident Room #3 was occupied by two residents. -There were two lamps in the room, but they were not near the bedside and they were not operable with no light bulbs. -The overhead light switch was not within reach if the residents were in the bed. Interview with one resident in Room #3 on 04/10/19 at 9:32am revealed: -He had resided at the facility for almost five years. -He did not recall the last time the lamp in his room worked. -When he wanted light he turned on the switch to the overhead light by the entrance door to the room. -He had been without a lamp for so long, not having a lamp to use did not bother him. The second resident in Room #3 was sleeping. Refer to interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am. Refer to interview with the Administrator on 04/10/19 at 11:40am.	D 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

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LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

(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 093	Continued From page 7 c. Resident Room #4 was occupied by two residents. -There were two lamps observed in the room for the residents to use. -The lamps were on the dresser which was more than five feet from the bed. -The lamps were not operable and did not come on when the switch was turned. Interview with a resident that resided in Room #4 on 04/10/19 at 9:44am revealed: -He could not remember if the lamps in the room had ever worked. -A lamp would be nice to use, but even if they worked they were not by the bedside. The second resident in Room #4 was out of the facility at a day program and not available for interview. Refer to interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am. Refer to interview with the Administrator on 04/10/19 at 11:40am. d. Resident Room #5 was occupied by two residents. -There was a lamp observed in the room for the residents to use when in bed. -The lamp was not operable with no light bulb. -The overhead light switch was not within reach if the residents were in the bed. Interview with a resident that resided in Room #5 on 04/10/19 at 9:56am revealed: -There was a lamp in the room, but it did not work. -If he wanted light he had to walk to the switch to	D 093		

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	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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D 093	Continued From page 8	D 093		

the overhead light by the entrance door to turn on the light.
-It would be nice to have a lamp by the bedside.
-The overhead light switch was not within reach if the resident was in the bed.

Refer to interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am.

Refer to interview with the Administrator on 04/10/19 at 11:40am.

e. Resident Room #6 was occupied by two residents.
-There was one lamp observed in the room for the residents to use when in bed.
-The lamp was not operable with no light bulb.
-The overhead light switch was not within reach if the residents were in the bed.

Interview with two residents that resided in Room #6 on 04/10/19 at 10:05am revealed:
-They did not use the lamp that was in their room because it did not work.
-The lamp had not worked in years.
-They did not ask for another lamp because the MA knew the lamp did not work.
-When they wanted light they would walk over and turned on the overhead light switch by the door.

Refer to interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am.

Refer to interview with the Administrator on 04/10/19 at 11:40am.

g. Resident Room #7 was occupied by two residents.
-There were two lamps observed in the room for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

(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 093	Continued From page 9	D 093		

the residents to use when in bed.
-The lamps were not near the residents' beds.
-The lamps had light bulbs, but were not operable when turned on.
-The overhead light switch was not within reach if the residents were in the bed.

Interview with a resident that resided in Room #7 on 04/10/19 at 10:15am revealed:
-The lamps in the room were not used because they did not work.
-The lamps had not worked in years, the bulb was blown.
-When he wanted light he turned on the switch to the overhead by the entrance door.
-He had not asked for a light bulb, but was sure the MA knew the lamps did not work.

Refer to interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am.

Refer to interview with the Administrator on 04/10/19 at 11:40am.

h. Resident Room #9 was occupied by one resident.
-There were two lamps observed in the room for the resident to use when in bed.
-The lamp was not near the resident's bed.
-The lamp had a light bulb, but did not light up when turned on.
-The overhead light switch was not within reach if the resident was in the bed.

Interview with a resident that resided in Room #9 on 04/10/19 at 10:30am revealed:
-He did not use the lamp in the room because it was not by his bed.
-Also, the lamp did not work, it may need a light bulb.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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D 093	Continued From page 10 -He did not use the lamp when it was dark because he had no blinds to his window and did not want people from the outside to see into his room. Refer to interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am. Refer to interview with the Administrator on 04/10/19 at 11:40am. Interview with the Medication Aide/Supervisor on 04/10/19 at 10:48am revealed: -He knew the lamps in the residents' rooms did not work. -Several months ago he reported the non-working lamps to the owner. -He could not get lamps for the residents without the owner's approval. Interview with the Administrator on 04/10/19 at 11:40am revealed: -She did not know the lamps did not work. -She did not know if the owners knew the lamps needed to be replaced. -She would get new lamps or replace the light bulbs today.	D 093		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

(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 137	Continued From page 11 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: Review of Staff A, the cook's personnel record revealed: -Staff A was hired on 07/08/18. -There was no documentation a HCPR check was completed for Staff A. Observation of Staff A on 04/10/19 from 12:00pm to 12:45pm revealed: -Staff A served the meal in the dining room to the residents. -Staff A communicated with the residents regarding the meal. Interview with Staff A on 04/10/19 at 12:01pm revealed: -She had worked at the facility for almost one year. -She was the cook in the kitchen. -The Medication Aide/Supervisor (MA/S) did the paperwork and she did not know what was required for her job. Interview with the MA/S on 04/10/19 at 1:30pm revealed: -He was responsible for doing the HCPR check for staff at the facility. -He did not do a HCPR check for Staff A. -Staff A worked at the facility part-time and was considered a contracted employee, so he thought he did not have to do the HCPR check for Staff A.	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	1319 WOODBRIAR AVENUE GREENSBORO, NC 27405

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D 137	Continued From page 12 Interview with the Administrator on 04/10/19 at 11:40am revealed: -She was responsible for the operation of the facility. -She did not know Staff A HCPR was not checked. -She would check the HCPR as soon as possible.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff A) had a criminal background check completed prior to hire. The findings are: Review of Staff A, the cook's personnel record revealed: -Staff A was hired on 07/08/18. -There was no documentation a criminal background check was completed on Staff A. -There was no consent for a criminal background check. Observation of Staff A on 04/10/19 from 12:00pm to 12:45pm revealed: -Staff A served the meal in the dining room to the residents.	D 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 139	Continued From page 13 -Staff A communicated with the residents regarding the meal. Interview with Staff A on 04/10/19 at 12:01pm revealed: -She had worked at the facility for almost one year. -She was the cook in the kitchen. -She did not know if the Medication Aide/Supervisor (MA/S) had completed a criminal background check on her. Interview with the MA/S on 04/10/19 at 1:30pm revealed: -He was responsible for doing the criminal background check on Staff A. -He did not do a criminal background check on Staff A because Staff A was a part-time staff and responsible for preparing meals at the facility. Interview with the Administrator on 04/10/19 at 11:40am revealed: -She was responsible for the operation of the facility. -She did not know a criminal background check was not completed for Staff A. -She would check Staff A criminal background as soon as possible. The facility failed to obtain a criminal background check for 1 of 3 sampled staff (Staff A). The facility's failure of not knowing if Staff A had a criminal record history was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/16/19 for this violation.	D 139		

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	HAL041015	A. BUILDING: _____ B. WING _____	04/10/2019

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D 139	Continued From page 14 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED May 25, 2019	D 139		
D 319	10A NCAC 13F .0905 (f) Activities Program 10A NCAC 13F .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that each resident had the opportunity to participate in at least one outing every other month. The findings are: Observations on 04/10/19 at 9:15am revealed there was an activity calendar posted in the main hallway of the facility. There were no outings scheduled on the activity calendar. Observations on 04/10/19 at various times from 9:15am through 2:00pm revealed there were no activities and no outings being conducted for the residents. Interviews with ten residents on 04/10/19 at various times from 9:15am through 2:00pm revealed: -There had not been any outings offered in "Years."	D 319		

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D 319	Continued From page 15 -About five years ago a previous staff used to take the residents on outings, but since she left no outings had been done. -There had not been scheduled outings posted on the calendar in months. -All residents said they would participate in outings if they were offered. -All residents said when they got money they had to walk or take the bus to get the things they wanted. -The residents said it would be nice to go out and do something "Anything." Interview with the Medication Aide/Supervisor (MA/S) on 04/10/19 at 1:30pm revealed: -He prepared the activity calendar and did not plan outings for the residents. -He knew that outing were required every other month. -It had been several months since he planned an outing for the residents. -The facility did not have means to transport all the residents at one time for outings.	D 319		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and regulations. This Rule is not met as evidenced by:	D912		

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D912	Continued From page 16 Based on observations, interviews and record reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to other staff qualifications. The findings are: Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff A) had a criminal background check completed prior to hire. [Refer to Tag 0139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation)].	D912		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every	D992		

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D992	Continued From page 17 controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was completed for 1 of 3 sampled staff (Staff A) prior to hire. The findings are: Review of Staff A, the cook's personnel record revealed: -Staff A was hired on 07/08/18. -There was no documentation Staff A had completed the examination and screen for the presence of controlled substance. -There was no consent for a drug screening and examination. Interview with Staff A on 04/10/19 at 12:01pm revealed: -She had worked at the facility for almost one year. -She did not recall completing a controlled	D992		

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D992	Continued From page 18 substance examination and screening or any type of drug test. -She did not know that she was required to complete a controlled substance examination and screening. -The Medication Aide/Supervisor (MA/S) was responsible for completing her paperwork when she was hired. Interview with the MA/S on 04/10/19 at 1:30pm revealed: -He was responsible for ensuring all paperwork was completed for Staff A. -He did not have Staff A complete a controlled substance examination and screening because he did not know it had to be done for part-time contracted workers. Interview with the Administrator on 04/10/19 at 11:40am revealed: -She was responsible for the operations of the facility. -She did not know a controlled substance examination was not completed for Staff A. -Staff A would completed a controlled substance examination as soon as possible.	D992		