STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 an annual survey on March 7-8, 2019.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 residents sampled (Resident #3) was tested upon admission for tuberculosis (TB) disease. The findings are: Review of Resident #3's current FL-2 dated 11/13/18 revealed diagnoses included displaced fracture of left femur, history of falling, essential hypertension and hypothyroidism. Review of Resident #3 Resident Register revealed the date of admission was 11/21/17. Review of Resident #3's immunization record revealed: -A TB skin test was administered on 10/11/17 and	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 234	Continued From page 1	D 234		

read as negative on 10/13/17.
-Another TB skin test was administered on 11/21/17, but no read date or results was documented.

Interview with Resident #3 on 03/08/19 at 4:45pm revealed she could not provide any information about the second TB skin test.

Interview with the Registered Nurse Clinical Supervisor (RNCS) on 03/0819 at 4:20pm revealed:
-She could only find an administered date of 11/21/17 for the second step TB skin test for Resident #3; the read date nor the result was documented on the immunization record.
-The record had just been audited, but documentation of a read date for the second step TB skin test for Resident #3 had been over looked.
-The second TB skin test was completed within two to three weeks of the resident being admitted to the facility.
-She was responsible for the completion of the second step TB skin test for residents.

Interview with the Administrator on 03/08/19 at 4:15pm revealed:
-She could only find an administered date of 11/21/17 for the second step TB skin test for Resident #3; and the read date nor the result was documented on the immunization record.
-The record had just been audited, and the mistake was not caught on Resident #3's immunization's record.
-The first step TB skin test was completed prior to admission to the facility.
-The resident was responsible for completion of the first step TB skin test.
-The second TB skin test was completed within

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 234	Continued From page 2 two to three weeks of the resident being admitted to the facility. -The RNCS was responsible for the completion of the second step TB skin test for residents. -The Administrator was responsible for auditing the TB tests for residents.	D 234		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure the plate warmer, the floor under the dish washer and the floor behind the reach in refrigerator were kept clean and free from contamination. The findings are: Review of the most current NC Division Environment Health sanitation report dated 11/15/18 revealed: -The food service area had been inspected on 11/15/18 and received a score of 96. -The inspection report indicated observation of milk crates being used as shelving to keep items off the floor, this is not approved shelving. Observation of the kitchen on 03/08/19 at 9:10 am revealed: -Food was brought over from the main kitchen to the assisted living kitchen for resident service.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 282	Continued From page 3 -There were debris and two dead bugs inside the bottom of the plate warmer; one of the dead bugs was a cockroach. -The plate warmer was on, and clean plates were stacked inside the warmer for use at the next meal service. -The dishwasher was designed to fit under the counter and was supported by a dishrack that was sitting on the floor under the dishwasher. -There was a buildup of debris, a thick brown substance, a thick layer of dust and a one inch piece of a broken dishware around the dishrack and under the dishwasher. -There were two dead bugs and thick dust on the floor behind the reach-in refrigerator. Interviews with the Assistant Dining Director on 03/08/19 at 9:10 am and 10:15 am revealed: -She did not know about the debris and the dead bugs in the plate warmer; she had not looked into the plate warmer. -She removed the stack of dinner plates and had a staff wash them on 03/08/19 at 9:35 am; she sent the plate warmer to the main kitchen for cleaning on 03/08/19 at 9:35 am. -She had never seen live bugs in the kitchen and staff had not reported seeing live bugs in the kitchen. -She knew the facility had a contracted pest control company that routinely treated the kitchen for pest. -The plate warmer was on a weekly cleaning schedule, but she thought it was only the outside that was cleaned. -The debris and bugs were on the bottom of the plate warmer so "it was not a food contact surface". -She did not know about the dust and dead bugs behind the refrigerator; she thought staff swept behind the equipment.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 282	Continued From page 4 -The dishwasher had been on the dishrack as long as she could remember. -It was difficult to clean under the dishwasher and around the dishrack because she did not want staff to bump the dishwasher off the dishrack and get hurt. Interview with the Administrator on 03/08/19 at 9:25 am revealed: -She thought the assisted living kitchen was clean; she went into the kitchen often. -The kitchen had been deep cleaned in the last three months; stations were pulled out and cleaned around, walls, equipment, and floors were deep cleaned. -She did not know there were dead bugs ont the floor behind the refrigerator or inside the plate warmer; she had never looked inside the plate warmer. -She knew there was a cockroach problem a year ago, but the pest company sprayed the kitchen once a week for over a month to kill the roaches. -The weekly pest treatments had solved the cockroach problem last year; staff had not reported live or dead cockroaches in the last year. -The pest control company treated the building once a week and sprayed the kitchen once a month. -She did not know the dishwasher was supported by a dishrack. Interview with a representative from the contracted pest control on 03/08/19 at 9:35 am revealed: -There was a cockroach problem a year ago; the pest control company treated the kitchen once a week for over a month and eradicated the problem. -There was a communication book for facility staff	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 282	Continued From page 5	D 282		

to log pest sightings; nothing had been reported for the kitchen since the cockroaches had been eradicated.
-The representative had not seen live bugs in the kitchen on his monthly kitchen treatments; he had been treating the kitchen for a couple of years.

Interview with a second representative from the contracted pest control on 03/08/19 at 3:00 pm revealed:
-The representative from pest control company treated the building once a week and sprayed the kitchen once a month.
-The facility had a communication book for kitchen staff to document pest sightings; nothing had been noted for the kitchen in about a year.
-He had not seen any live bugs in the kitchen or evidence of pest activity when he treated the kitchen.

Review of inspection reports from the contracted pest control company for October 2018 through March 2019 revealed:
-There was no reported activity of live pest in the kitchen from kitchen staff.
-There was no reported evidence of pest activity in the kitchen.

Interview with the Dinning Director on 03/08/19 at 9:50 am revealed:
-He knew the dishwasher was supported by the dishrack; the dishrack was used to keep the dishwasher from sitting directly on the floor.
-The dishwasher had legs, but they were removed from the dishwasher because the legs made the dishwasher too tall and it would not fit under the counter.
-He did not know the last time the floor under the dishwasher had been cleaned; maintenance would have to move the dishwasher out so the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 282	Continued From page 6	D 282		

kitchen staff could clean the floor under the machine.
-He knew the dishrack made it difficult to clean the floor under the dishwasher.
-He did not know about the dead bugs and dust behind the reach-in refrigerator; he would have maintenance pull the refrigerator out to clean behind it.
-He did not know about the debris and dead bugs in the plate warmer.
-The plate warmer was on the weekly cleaning schedule and deep cleaned by the kitchen staff once a week.
-The inside of the plate warmer was hard to clean because the kitchen staff could not reach the bottom; the plate warmer had to be taken apart to clean the bottom on the inside.
-He had not seen live bugs since the pest control company did heavy treatments for cockroaches last year.

Interview with a kitchen staff on 03/08/19 at 10:00 am revealed:
-She cleaned the plate warmer everyday she worked.
-She only wiped down the outside of the plate warmer; she never looked down inside the plate warmer.
-She could not see the bottom of the plate warmer so she never cleaned inside it.
-She did not clean behind the reach-in refrigerator because she never looked behind the refrigerator.
-She did not clean under the dishwasher because she did not want to move the dishrack and make the dishwasher fall over.
-She swept and mopped after every meal service.
-She had never seen live bugs in the kitchen.

Review of the weekly cleaning schedule for December 2018 through February 2019 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032020	A. BUILDING: _____ B. WING _____	03/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 282	Continued From page 7 -There was documentation of weekly cleaning of the plate warmer. -The floor under the dishwasher and the dishwasher were not on the weekly cleaning schedule.	D 282		