STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CAROLINA REST HOME	1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870

(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 January 22-23, 2020.	D 000		
D 167	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure at least one staff was on the premises at all times who had completed within the last 24 months a course on cardio-pulmonary resuscitation (CPR) and choking management for each shift from 01/01/20 through 01/22/20. The findings are: Review of 16 staff personnel files revealed:	D 167		

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D 167	Continued From page 1 -16 of 16 staff were last trained in CPR on 12/06/17. -CPR certification expired on 12/31/19 for 16 of 16 staff. Review of time punch detail reports from 01/01/20 through 01/22/20 revealed: -The facility had 3 shifts: first shift was 7:00am - 3:00pm, second shift was 3:00pm - 11:00pm, and third shift was 11:00pm - 7:00am. -There were 22 of 22 days in which there were no CPR certified staff on the premises during first, second and third shifts. Interview with the Manager at 12:26pm on 01/23/20 revealed: -She did not know her CPR certification had expired. -She did not know CPR certification had expired for all staff on 12/31/19. -All staff received CPR training at the same time. -She knew the facility was required to have one staff on duty for each shift who had completed CPR training within the last 24 months. -It was the Administrator's, Manager's and Regional Director's responsibility to ensure all staff had current CPR certification. -She maintained all staff personnel files including CPR training dates. -She would alert staff when she scheduled CPR class with the Licensed Health Professional Support (LHPS) nurse. Interview with the Regional Director at 12:39pm on 01/23/20 revealed: -She did not know all staff's CPR certification had expired 12/31/19. -She knew the facility was required to have one staff on duty for each shift who had completed CPR training within the last 24 months.	D 167		

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D 167	Continued From page 2 -The LHPS nurse was on site with the CPR training materials needed, and would complete CPR training for staff that day. -It was the Administrator's, Manager's and Regional Director's responsibility to ensure all staff had current CPR certification. -The Manager maintained all staff personnel files including CPR training dates. Interview with Administrator at 4:48pm on 01/23/20 revealed: -He knew the facility was required to have one staff on duty for each shift who had completed CPR training within the last 24 months. -He expected all staff to be trained in CPR. -He did not know all staff's CPR certification had expired 12/31/19. -It was the Administrator's, Manager's and Regional Director's responsibility to ensure all staff had current CPR certification. -The Manager maintained all staff personnel files including CPR training dates. _____ The facility failed to assure there was always at least one staff on duty for sixty-six shifts from 01/01/20 through 01/22/20, who had completed a course on CPR and choking management within the last 24 months. The facility's failure was detrimental to the health and safety of the residents in case of an emergency requiring cardio-pulmonary resuscitation of a resident, which constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-21 on 01/23/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED 03/08/20.	D 167		

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D 282	Continued From page 3	D 282		
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 and interviews, the facility failed to maintain the cleanliness of the kitchen and food storage areas. The findings are: Review of the Halifax County Environmental health report dated 09/27/19 revealed: -Personal cleanliness was cited out of compliance. -The single use and single-service articles were not properly stored. Observation of the back of the stove (positioned in the middle of the kitchen with the back exposed) on 01/22/2020 at 3:12pm revealed there were cobwebs noted around the gas lines with thick black greasy residue throughout the back of the stove. Observation of the freezer on 01/22/2020 at 3:18pm revealed: -There were dark brownish-black spots along the floor of the freezer. -The corners of the freezer at the door openings had a buildup of a yellowish gold flaky looking substance.	D 282		

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D 282	Continued From page 4 Observation of the stove top on 01/22/2020 at 3:28pm revealed there were six gas burners with thick black greasy residue between each of the burners. Observation of the double-sided gas oven on 01/22/2020 at 3:28pm revealed: -The knobs above the oven doors were tacky to the touch and covered with a brownish greasy residue and some black greasy spots. -The inner walls, floor and door of both ovens had blackened areas. -The edges of the oven doors were covered with a brownish residue. -There were crumbs and brownish stains on the lower outer portion of both ovens. -There was black thick residue on several areas of the oven racks. Observation of the hood over the stove on 01/22/2020 at 4:03pm revealed: -There were yellowish brown droplets on the edge of the hood. -Some of these droplets were solid in nature and others were in a liquid state as noted when a paper towel was used to try to wipe the droplets away. Observation of the ice machine on 01/22/2020 at 4:10pm revealed: -The outer edges of the ice machine revealed a large amount of thick dark brown sticky substance which was not easily removed with a paper towel without scrapping. -The inside top area where the ice was dispensed revealed brown and black spots. -There was a slimy yellowish residue removed when the area where the ice was dispensed was	D 282		

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wiped with a dry paper towel.
-The ice touched the area where the ice was dispensed and touched area of the slimy yellowish residue.

Observation of the walls throughout the kitchen on 01/22/2020 at 3:13pm revealed:
-Numerous brownish-splatter were noted throughout all the walls.
-The splatter was noted over electrical outlets.

Observation of two window unit air conditioners on 01/22/2020 at 3:26pm revealed dust particles over the front vents of the units and around the edges of the encasement of the unit and window.

Observation of the cabinet doors on 0/22/2020 at 3:23pm revealed a tacky brownish substance on the corners of the cabinet doors at the door-knob area.

Observations of the inside of the cabinets on 01/22/2020 at 3:24pm revealed yellow-brown crumb like substances throughout the shelving in the cabinets.

Observation of the cooking utensils drawers on 01/22/2020 at 3:25pm revealed brownish spots and stains around the inside edges of the drawers along with brownish spots and stains noted on the base of the drawer that was in contact with the utensils.

Interview with the Manager on 01/22/20 at 4:12pm/ revealed:
-The stove had to be sand blasted because it was so old.
-It was the cooks' responsibility to make sure the kitchen was cleaned daily.
-The Assistant Manager checked the kitchen

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every week to make sure there was dish washing liquid and to look around and see if anything was needed.
-The Manager walked through the kitchen every day.
-Every night the cook was to clean sinks, stove, floors, take out the trash and make sure the chemicals for the sink were ready for the next morning.
-The hood was taken down and pressure washed every three months by a contract company.
-The hood was scheduled to be pressure washed this week.
-The cabinets and drawers should be cleaned weekly.
-She was aware that the kitchen could use some deep cleaning.

Interview with the Assistant Manager on 01/22/20at 4:30pm revealed:
-She had been working at the facility for 20 years.
-She checked the kitchen weekly to see if there was anything that was needed.
-She took a "deep look" (checked expiration dates, the ice machine, inside the refrigerator and freezer to see if food was covered and dated.) once a month.
-She had taken a deep look in December 2019.
-She does not know when the last time the window unit air conditioners had been cleaned.

Interview with the Administrator on 01/22/2020 at 6:20pm revealed:
-He came to the facility about every 6 weeks with his last visit in December.
-The staff were to follow the general cleaning policy (weekly) for cleaning the ice machine.
-He was not aware the ice machine was dirty.
-The stove was old and probably needed to be replaced.

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D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure foods being stored, prepared, and served to residents were protected from contamination related to a build-up of debris in the ice machine, expired foods in the refrigerator, opened, uncovered and undated food containers in the refrigerator and cabinets. The findings are: 1. Observations of the kitchen refrigerator on 01/22/2020 at 3:04pm revealed: -There were two prune juice containers stored on the top shelf, one opened and one unopened. The expiration dates on the containers were April 3, 2018. -There was a foam plate with several pieces of cooked bacon, two fried eggs and a piece of toast. The plate was covered with plastic wrap but there was no date documented on the plate or plastic wrap. -There was a half empty container of polyethylene glycol electrolyte solution (a laxative solution used to clean the bowel before colonoscopy or other intestinal procedures). There was no mixed date, no open date, and no resident's name listed on the container.	D 283		

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D 283	Continued From page 8 Interview with the Assistant Manager on 01/22/20 at 4:00pm revealed: -She was unaware the laxative solution was in the refrigerator and did not know to whom it was ordered. -She was not aware for whom the plate of eggs, toast and bacon was prepared nor when it was prepared but it should have had someone's name and the date on it. -She did not know why the prune juice was not thrown out. -Expiration dates should be checked weekly by the cooks. Interview with the Administrator on 01/22/2020 at 6:20pm revealed: -He was unaware there were expired food items in the refrigerator. -He came to the facility about every 6 weeks with his last visit in December 2019. -His expectation was that the food delivery was on Fridays and that would be an opportune time to go through the food and throw out anything old. -There was not a policy in place for checking expiration dates. 2.Observation of the cabinets in the kitchen area on 01/22/2020 at 3:19pm revealed: -There were three bags of potato chips that were opened with two that were not wrapped or covered. None of the bags were dated when they were opened. They were stored on the second shelf above the microwave oven. -There was a sixteen-ounce white plastic round container with a green label which revealed chicken flavored base paste with an opened date on the lid of 10/17/18 and was stored on the second shelf. -There was an opened bag of pre-packaged coffee without an opened date stored in a plastic	D 283		

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container without a lid on the countertop.
-There were several spices stored on the countertop with the lid for the black pepper being left opened.
-There was a plastic round gallon pitcher with the lid ajar not covering the top sitting beside the kitchen sink that contained a dark brown liquid substance. There was no date or markings of what the pitcher contained.

Interview with the Assistant Manager on 01/22/20 at 4:00pm revealed:
-The brown liquid with the lid ajar not covering the top of the pitcher was tea.
-It was made fresh for the next meal and could not be placed in the refrigerator until it was cool.

Interview with the Manager on 01/22/20 at 4:12pm revealed:
-The cooks were responsible for checking for expired items weekly when they get a food delivery.
-There were stickers that were to be used to put a date on any food that was opened.
-Whoever opened the food or made the food was responsible for covering it.

Interview with the Administrator on 01/22/2020 at 6:20pm revealed his expectation was that the food delivery was on Fridays and that would be an opportune time to go through the food and throw out anything old.

3.Observation of the second refrigerator in the pantry area on 01/22/2020 at 3:30pm revealed:
-There were four boxes of cream cheese stored on the top shelf with a packaged date of 12/12/18.
-One of the boxes revealed a clear package of cream cheese with a black and green substance

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D 283	Continued From page 10 covering ¼ of the block of cream cheese. Interview with the Manager on 01/22/20 at 4:12pm revealed: -She was not aware there was cream cheese in the refrigerator because they did not use cream cheese. -The refrigerator was replaced a couple of months ago and it should never have been put back in the refrigerator. -The cooks were responsible for checking for expired items weekly when they get a food delivery. -There were stickers that were to be used to put a date on any food that was opened. Interview with the Administrator on 01/22/2020 at 6:20pm revealed: -He was unaware there were expired food items in the refrigerator. -He came to the facility about every 6 weeks with his last visit in December 2019. -They did not use cream cheese on the menu, so he was unsure why it was in the refrigerator. 4. Observation of the ice machine on 01/22/2020 at 4:10pm revealed: -The outer edges of the ice machine revealed a large amount of thick dark brown sticky substance which was not easily removed with a paper towel without scrapping. -The inside top area where the ice was dispensed revealed brown and black spots. -There was a slimy yellowish residue removed when the area where the ice was dispensed was wiped with a dry paper towel. -The ice was touching the area where the slimy yellowish residue was located.	D 283		

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D 283	Continued From page 11 Interview with the Assistant Manager on 01/22/20 at 4:00pm revealed: -Ice machine was cleaned weekly but not documented anywhere. -She or the cook cleaned the ice machine. -They did not contract with anyone to come in and clean the ice machine. -After prompting, she would throw out all the ice and get some from the store for the next meal. Interview with the cook on 01/22/20 at 4:10pm revealed: -She cleaned the ice machine weekly. -She had never been shown how to clean the inside. -She only cleaned the outside of the ice machine. Interview with the Manager on 01/22/20 at 4:12pm revealed: -No one cleaned the ice machine but the staff. -Once a week they were to deep clean the ice machine. -When the ice machine was deep cleaned, the ice was taken out and the inside was wiped out. Interview with the Administrator on 01/22/2020 at 6:20pm revealed: -The staff were to follow the general cleaning policy for cleaning the ice machine. -He was not aware the ice machine was dirty. -The ice machine was only being cleaned by staff.	D 283		
D 371	10A NCAC 13F .1004(n) Medication Administration 10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development	D 371		

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D 371	Continued From page 12 and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to assure infection control measures were implemented during the morning medication pass on 01/23/20 by 1 of 1 medication aides observed who failed to wash or sanitize her hands prior to preparing and after administering oral medications and eye drops to multiple residents. The findings are: Observation of a medication aide (MA) administering medications in the dining room on 01/23/20 from 7:30am to 7:48am revealed. -There was a large bottle of hand sanitizer on top of the medication cart. -The MA was about to prepare medications for a resident. -The MA did not sanitize or wash her hand prior to preparing the medications and she was not wearing gloves. -The MA prepared 6 oral medications and a cup of water for the resident. -The MA put the medication cup and cup of water in the resident's hands and the resident took the pills at 7:31am. -The MA went back to the medication cart, documented on the electronic medication administration record (e-MAR), touching the computer keys and mouse. -The MA then started preparing medication for a second resident. -The MA did not sanitize or wash her hands. -The MA prepared 5 oral medications and a cup	D 371		

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D 371	Continued From page 13 of water for the resident. -The MA put the medication cup and cup of water in the resident's hands and the resident took the pills at 7:35am. -The MA went back to the medication cart, documented on the e-MAR, touching the computer keys and mouse. -The MA then started preparing medication for a third resident. -The MA did not sanitize or wash her hands. -The MA prepared 3 oral medications and a cup of water for the resident. -The MA put the medication cup and cup of water in the resident's hands and the resident took the pills at 7:38am. -The MA went back to the medication cart, documented on the e-MAR, touching the computer keys and mouse. -The MA then started preparing medication for a fourth resident. -The MA did not sanitize or wash her hands. -The MA prepared 9 oral medications and a cup of water for the resident. -The MA put the medication cup and cup of water in the resident's hands and the resident took the pills at 7:42am. -The MA went back to the medication cart, documented on the e-MAR, touching the computer keys and mouse. -The MA then started preparing medication for a fifth resident. -The MA did not sanitize or wash her hands. -The MA prepared 10 oral medications and a cup of water for the resident. -The MA put the medication cup and cup of water in the resident's hands and the resident took the pills at 7:45am. -The MA went back to the medication cart and took out eye drops. -The MA did not sanitize or wash her hands.	D 371		

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CAROLINA REST HOME	1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870

(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 371	Continued From page 14 -The MA had the resident to step into the day room and administered eye drops in each eye touching the resident's face with ungloved hands at 7:48am. -The MA went back to the medication cart, documented on the e-MAR, touching the computer keys and mouse. -The MA then started preparing medication for a sixth resident. -The MA did not sanitize or wash her hands. Interview with the MA on 01/23/20 at 9:40am revealed: -The hand sanitizer was always on the medication cart. -She was supposed to sanitize her hands after each resident and after the third resident she was supposed to wash her hands. -She only wore gloves when administering eye drops, if the resident had drainage from their eyes. -She usually sanitized her hands, but she was nervous today. -Her last infection control class was last year. Interview with the Manager on 01/23/20 at 9:47am revealed: -She had observed the MA washing and sanitizing her hands during a medication pass previously. -The MA must have been nervous. -She had a meeting about hand washing a couple of weeks ago due to the virus that some of the residents had. Interview with the Assistant Manager on 01/23/20 at 10:42am revealed: -The staff received a yearly infection control class about hand washing and wearing gloves. -The MAs should be wearing gloves when	D 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL042005	A. BUILDING: _____ B. WING _____	01/23/2020

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D 371	Continued From page 15 administering insulin, eye drops, nose sprays and inhalers. -The MAs should be washing hands after removing the gloves. -The MAs should be using hand sanitizer after each resident and washing hands after the third resident. Interview with the Regional Director o 01/23/20 at 11:00am revealed: -The infection control policy the facility had was the state approved infection control training module. -The MAs should be sanitizing after each resident and washing hands after every three residents. -The MAs should be wearing gloves when administering eye drops. Interview with the Administrator on 01/23/20 at 4:48pm revealed: -The facility used the state approved infection control training as their policy. -The Manager, Assistant Manager and the Regional Director were responsible for making sure the staff were trained on infection control. -"We want to make sure we don't cut corners" so they need to sanitize, wash hands and wear gloves when appropriate.	D 371		
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 rules and regulations.	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D912	Continued From page 16 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to training in cardiopulmonary resuscitation. The findings are: Based on record reviews and interviews, the facility failed to assure at least one staff was on the premises at all times who had completed within the last 24 months a course on cardio-pulmonary resuscitation (CPR) and choking management for each shift from 01/01/20 through 01/22/20. [Refer to Tag 0167 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation (Type B Violation)].	D912		