STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045005	A. BUILDING: _____ B. WING _____	12/22/2021

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MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 on annual survey on December 21, 2021 and December 22, 2021 with an exit conference via phone on December 22, 2021.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interviews and record review the facility failed to ensure the environment was free of hazards as evidenced by active and dead roaches in the facility kitchen, and urine and feces on the toilet, floor and tub in the common bathroom. The findings are: Review of the facility's current NC Division Environmental Health inspection report dated 11/17/19 revealed: -There were 10 demerits related to the facility cleanliness and vermin (bed bugs) resulting in a score of 90. -Walls and window seals needed to be cleaned in common bathroom to the right of the entrance. Observation on 12/21/21 at 10:25am of the	D 079		

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D 079	Continued From page 1	D 079		

cabinet underneath the kitchen sink revealed:
-There were 2 very large roaches running towards the box containing the trash bags upon opening the double doors under the sink.
-There were dead roaches of varying sizes to numerous to count visible along the full length of the cabinet.
-There was brown matter along the front of both sides of the cabinet approximately 2 foot or more in length.

Observation on 12/21/21 at 10:25am of the cabinet underneath the counter to the left of the kitchen sink revealed heavy amounts of brown matter in the corner of the cabinet and a small dead roach.

Observation on 12/21/21 at 10:27am of the cabinet in the kitchen where the plates were kept revealed:
-A live roach running under the plates.
-Several small dead roaches to the left side of the stack of plates used for resident meals.
-There was brown matter from the front to the back of the cabinet beside the plates.

Observation on 12/21/21 at 10:26am of the drawer in the kitchen where the silverware was stored revealed:
-There was a container in the drawer that held the silverware used by the residents for their meals.
-There was a spoon and brown paint brush in the drawer with 7 small dead roaches and roach parts in the drawer.
-There was a small dead roach in the container with the spoons.

Observation 12/21/21 at 10:23am of the kitchen top cabinets where the pasta and other dry goods were stored revealed:

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D 079	Continued From page 2 -There was a live small roach with a multiple dead small roaches to many to count and brown matter in the inside shelf of the cabinet. -There were five large dead roaches on the other shelves of the top cabinet with more brown matter on each shelf. -There was a large dead roach beside a box of opened but sealed oatmeal. Observation on 12/21/21 at 9:23am of the common bathroom to the right of the entrance revealed: -The bathroom had a strong smell of urine and feces upon entrance. -There were multiple areas of brown fecal matter splattered on the seat of the toilet as well as approximately a 1 inch in length area of streaked fecal matter on the top of the toilet seat. -There was brown fecal matter across the top outer rim of the bathtub. -There was brownish yellow substance on the floor at the base and surrounding are of the toilet. -There was a thick yellowish-brown substance along the length of the bathtub. -There was toilet paper approximately 4-6 inches in length that appeared brown and wet on the side of the trash can beside the sink. Interview with a resident on 12/22/21 at 9:30am revealed he had not seen any roaches but had seen bugs in his bedroom. Interview with the Resident Care Coordinator (RCC) on 12/21/21 at 10:37am revealed: -He was not aware of any more problems with roaches as the pest control company that comes monthly took care of them. -He thought the pest control company had been there last week. -He was responsible for cleaning the facility.	D 079		

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D 079	Continued From page 3 -He had not had time to clean the cabinets. Interview with the Administrator on 12/21/21 at 10:37am revealed: -She was not aware of any problems with roaches. -Staff were responsible for cleaning the facility daily but at times cleaning had to wait because other things needed to be taken care of. Telephone interview with the pest control technician for the facility on 12/22/21 at 10:49am revealed: -He had not been contacted by the facility regarding the roaches. -He was conducting a monthly treatment for bedbugs and his usual routine follow-up about two weeks ago. -He noticed a minor problem with roaches in the kitchen about two months ago and treated for them during his last visit. -He spoke with the Administrator about the roaches and his recommendations at the time. -He recommended she clean out the cabinets and keep the cabinet areas clean, get rid of all paper boxes/containers in the kitchen and cabinets. -He recommended not bringing in boxes or containers from food pantries or other outside places into the facility as they typically carried roaches and the facility could easily become re-infected if they did not monitor what was brought in. -He completed the initial treatment of the facility two months ago and would treat again the next time he went to the facility for roaches. -He expected to still see some dead roaches in the facility since he had treated but the facility should be cleaning as they found them. -Roaches carried bacteria in their waste and	D 079		

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D 079	Continued From page 4 saliva that can contaminate your food and make a person sick. _____ The facility failed to ensure the cleanliness of the common bathroom with the tub and did not clean and remove the dead roaches and matter from the kitchen which could lead to residents becoming sick from bacteria and diseases. The failure of the facility was detrimental to the safety, health and welfare of the residents and constitutes a Type B Violation. _____ The facility did not provide a plan of protection in accordance with G.S. 131D-34 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATIONS HALL NOT EXCEED FEBRUARY 5, 2022.	D 079		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure the hot	D 113		

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D 113	Continued From page 5	D 113		

water temperatures were maintained between 100 to 116 degrees Fahrenheit (F) in 2 of 2 common bathrooms.

The findings are:

Observations on 12/21/21 at 9:25am of the common bathroom on the left of the entrance revealed:
-The water temperature in the sink was 123 degrees Fahrenheit.
-Steam was visible from the water running in the sink was visible.

Observations on 12/21/21 at 9:30am of the common bathroom on the right of the entrance revealed:
-The water temperature in the sink was 133 degrees Fahrenheit.
-The water temperature in the bathtub was 133 degrees Fahrenheit.
-Steam was visible coming from the water running in the sink was visible.

Interview with a resident on 12/21/21 at 9:45am revealed:
-The water was hot in the common bathroom on the right.
-He knew how to adjust the water when it was to hot.

Interview with a second resident on 12/21/21 at 9:47am revealed Steam was visible he water in the sink and tub in the bathroom was really hot but he liked a hot shower and he knew how to adjust it so he did not get burned.

Observations on 12/21/21 at 11:12am of the common bathroom on the left of the entrance revealed:

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D 113	Continued From page 6	D 113		

-The water temperature in the sink was 125 degrees Fahrenheit.
-Steam was visible coming from the water running in the sink.

Observations on 12/21/21 at 11:16am of the common bathroom on the right of the entrance revealed:
-The water temperature in the sink was 129 degrees Fahrenheit.
-The water temperature in the bathtub was 133 degrees Fahrenheit.
-Steam coming from the water running in the sink and the tub was visible.

Interview with the Resident Care Coordinator (RCC) on 12/21/21 at 3:45pm revealed:
-He or the medication aide (MA) was responsible for monitoring for hot water temperatures in the facility.
-The temperatures were supposed to be monitored weekly.
-The last several weeks were very busy and they had "slacked" off checking the water temperatures.
-He had a thermometer to use to monitor the water temperatures.

Review of the water temperature monitoring logbook revealed water temperatures were last checked on 10/18/21 and ranged from 109.6 to 114.8 degrees Fahrenheit.

Observations on 12/22/21 at 9:25am of the common bathroom on the left of the entrance revealed the water temperature in the sink was 125 degrees Fahrenheit.

Observations on 12/22/21 at 9:30am of the common bathroom on the right of the entrance

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D 113	Continued From page 7	D 113		

revealed:
-The water temperature in the sink was 130 degrees Fahrenheit.
-The water temperature in the bathtub was 133 degrees Fahrenheit.

Observation of the hot water heater outside of the facility on 12/22/21 at 9:42am revealed:
The hot water heater had a dial setting of low, medium and high heat.
-The dial was set for low heat.

Telephone interview with the RCC on 12/22/21 at 10:30am revealed:
-He could not get the water temperatures adjusted to the required temperatures.
-He had called a plumber to correct the hot water temperatures on 12/22/21.
-The plumber was out of town and was planning to come to the facility when he returned.
-The plumber was planning to come next Monday (12/27/21) or one day next week.

Telephone interview with the plumber on 12/22/21 at 11:49am revealed:
-The RCC had called him this morning to schedule a time to come to the facility.
-The RCC did not mention the problem was with the hot water temperatures.
-He did not know when he would be able to visit the facility and had advised the RCC to call another plumber if it was an emergency.

Interview with the Administrator on 12/21/21 at 3:35pm revealed:
-She did not know the water temperatures were not in the required range.
-She did not know how often the water temperatures were monitored.
-The RCC was responsible for monitoring the

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D 113	Continued From page 8 water temperatures and to make sure they were maintained at the appropriate temperature. _____ The facility failed to ensure hot water temperatures were maintained between 100 to 116 degrees Fahrenheit in 2 of 2 common bathrooms, including the common shower, with hot water temperatures that ranged from 123 degrees Fahrenheit to 133 degrees Fahrenheit. The failure of the facility was detrimental to the safety, health and welfare of the residents and constitutes a Type B Violation. _____ The facility did not provide a plan of protection in accordance with G.S. 131D-34 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATIONS HALL NOT EXCEED FEBRUARY 5, 2022.	D 113		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure therapeutic diets were served as ordered for 1 of 2 sampled residents (Resident #1) who had physician	D 310		

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ordered no concentrated sweets diets.

The findings are:

Interview with the Resident Care Coordinator (RCC) on 12/21/21 at 9:17am revealed a census of 9 residents residing in the facility.

Review of Resident #1's current FL2 dated 09/21/21 revealed:
-Diagnoses included type 2 diabetes.
-A diet order for a regular consistency, no concentrated sweets (NCS) diet.

Observations during the initial kitchen tour on 12/21/21 at 10:22am revealed:
-There was a resident diet order list posted on a cabinet beside the refrigerator.
-There was only one resident with a NCS diet on the list and it was not Resident #1.
-There was a regular menu in a plastic sleeve on the refrigerator.

Review of the facility's diet orders list on a bulletin board in the kitchen revealed:
-Eleven residents had orders for a regular diet.
-One resident was listed as having a no NCS but it was not Resident #1.
-Three residents on the list were no longer living in the facility.

Observation on 12/21/21 at 11:20am revealed the RCC served Resident #1 a piece of cake with icing and sprinkles and a glass of milk for a snack.

Observation of the lunch meal service on 12/21/21 at 12:30pm revealed:
-The meal consisted of pizza bites, lettuce with shredded cheese and 2 slices of pumpkin bread.

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D 310	Continued From page 10 -All residents received the same food. -There was a variety of 4 bottles of regular salad dressing on all the dining room tables. Interview with Resident #1 on 12/21/21 at 9:25am revealed: -She was diabetic and was supposed to receive a no concentrated sweets diet. -Her fingerstick blood sugar (FSBS) was sometimes in the 400's. -She asked the Administrator to buy her some sugar-free snacks in September when she moved in but she never did. Second interview withe Resident #1 on 12/21/21 at 1:03pm revealed she tried not to eat things that were not on her diet but it was difficult at times because she was hungry and she ate what was given to her. Review of Resident #1's December 2021 electronic Medication Administration Record (eMAR) revealed: -There was a hand-written entry to check FSBS once daily scheduled at 8:00am daily. -The FSBS readings ranged from 260 to 496. Interview with the RCC on 12/22/21 at 1:25pm revealed: -Residents who were on a diabetic diet were served the regular menu he just did not give the foods that he knew were high in sugar. -There was a paper hanging on the refrigerator in the kitchen that listed every resident's diet. -He did not use the list as he had known everyone's diet order. -There were therapeutic menus in a book on the shelf in the office but he did not refer to them. -Residents ordered diabetic diets received the same food as residents with regular diets.	D 310		

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D 310	Continued From page 11 -He knew from his experience what diabetics were supposed to receive and he didn't give them food items high in sugar. Interview with the Administrator 12/21/21 at 1:30pm revealed: -The facility had therapeutic menus for NCS diets and the RCC should be using them. -She brought in sugar free desserts for the residents on an NCS diet from time to time. -The facility had two residents with NCS diets. -The facility had sugar free substitutes for drinks, fresh fruit and regular applesauce for diabetic residents.	D 310		
D 611	10A NCAC 13F .1801 (b) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at https://www.cdc.gov/infectioncontrol, and addresses the following: (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at https://www.cdc.gov/infectioncontrol/basics, including: (A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable	D 611		

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D 611	Continued From page 12	D 611		

resident medical equipment;
(D) hand hygiene;
(E) accessibility and proper use of personal protective equipment (PPE); and
(F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions;
(2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section;
(3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
(4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures;
(5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working;
(6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak;
(7) The annual review and update of the facility ' s

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D 611	Continued From page 13 IPCP to be consistent with published CDC guidance on infection control; and (8) a process for updating policies and procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of visitors and staff. The findings are: Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of COVID-19 in long term care (LTC) facilities, updated 09/10/21, revealed all visitors should be screened for the presence of fever and symptoms of the virus when entering the building. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of COVID-19 in LTC facilities revealed all visitors should be screened	D 611		

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	HAL045005	A. BUILDING: _____ B. WING _____	12/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLOUGH'S REST HOME	720 ORR'S CAMP ROAD HENDERSONVILLE, NC 28739

(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 611	Continued From page 14 for signs and symptoms of COVID-19 before entering the building. Observation upon entering the facility on 12/21/21 at 9:15am revealed: -There were no signs posted related to screening for COVID-19 prior to entering the facility. -There was no facility staff monitoring the facility entrance for visitors. -There were no materials available to check temperatures or complete a questionnaire related to screening for symptoms of COVID-19 at the facility entrance. Observation upon entering the facility on 12/21/21 at 3:00pm revealed: -The surveyors were not directed to check their temperature or were screened for symptoms of COVID-19. -There was no facility staff monitoring the facility entrance for visitors. -There were no materials available to check temperatures or complete a questionnaire related to screening for symptoms of COVID-19 at the facility entrance. Interview with the Resident Care Coordinator (RCC) on 12/21/21 at 3:45pm revealed: -They did not know what the current guidance was related to screening visitors to the facility. -A provider had entered the building and asked the Administrator why they were still screening visitors several weeks ago. -They had stopped screening visitors sometime in October 2021. -They did have a thermometer and copies of a questionnaire to screen for symptoms of COVID-19 available in the facility. Observation upon entrance to the facility on	D 611		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 611	Continued From page 15 12/22/21 at 9:20am revealed: -The surveyor was not directed to check her temperature nor was she screened for symptoms of COVID-19. -There was no facility staff monitoring the facility entrance for visitors. -There were no materials available to check temperatures or complete a questionnaire related to screening for symptoms of COVID-19 at the facility entrance. Telephone interview with a Registered Nurse (RN) from a local home health agency on 10/22/21 at 11:01am revealed: -She visited the facility at least weekly. -She was screened upon entrance to the facility several weeks or months ago. -She did not remember when the facility had stopped screening visitors. Interview with the Administrator on 12/21/21 at 10:25am revealed: -The facility was only screening visitors "who were strangers" upon entrance into the facility. -The residents or staff knew most of the visitors to the facility. -The staff was not being screened before they started their shift. -She was confused about the COVID-19 guidelines for screening visitors and staff. -She did not think it was currently a requirement to screen visitors and staff. The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) for infection prevention and transmission during the COVID-19 pandemic related to screening of staff and visitors. The	D 611		

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D 611	Continued From page 16 facility's failure to follow the guidance related to infection prevention for COVID-19 was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility did not provide a plan of protection in accordance with G.S. 131D-34 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 5, 2022.	D 611		
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. This Rule is not met as evidenced by: Based on observations, 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 stat laws and regulations as related to infection prevention and control program, housekeeping and furnishings, and hot water temperatures. The findings are: 1. Based on observations, record reviews, and interviews, the facility failed to ensure the hot water temperatures were maintained between 100 to 116 degrees Fahrenheit (F) in 2 of 2 common bathrooms [Refer to Tag D0079, 10A	D912		

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D912	Continued From page 17 NCAC 13F .0306(a)5 Housekeeping and Furnishings (Type B Violation)]. 2. Based on observation, interviews and record review the facility failed to ensure the environment was free of hazards as evidenced by active and dead roaches in the facility kitchen, and urine and feces on the toilet, floor and tub in the common bathroom [Refer to Tag D0113, 10A NCAC 13F .0311d Other Requirements (Type B Violation)]. 3. Based on observations and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of visitors and staff [Refer to Tag 0611, 10A NCAC 13F .1801b Infection Prevention & Control Program (Type B Violation)].	D912		