

REG-100
ALP-100
TAG

REGULATORY OR LICENSING AGENCY

PRINTED: 07/12/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL000072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2023
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NAME OF PROVIDER OR SUPPLIER COMFORT LIVING FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7364 NC HWY 211 W BLADENBORO, NC 28320
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(24) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on July 7, 2023.	C 000	In accordance with the findings on July 7, 2023 Comfort Living FCH is going to replace the 3 shower walls in the residents bathroom. The walls will be replaced with easily cleaned more bathroom appropriate wall sheeting. Along with the wall replacement Comfort Living will recaulk the tub with bathroom grade caulk.	Aug 10, 2023
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair. This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure walls and bathtub were kept clean and in good repair for the residents' common bathroom. The findings are: Review of the facility's current health department sanitation inspection report dated 07/15/22 revealed: -The facility received 15 demerit points. -Inside tub in the restroom needed additional cleaning and must be in good repair. -Walls and ceiling needed additional cleaning. Observations of the residents' common bathroom on 07/07/23 at 12:10pm revealed: -There were brown stains on the bathtub floor. -There was sand and grit on the bathtub floor. -There were numerous black spotted stains on the shower wall of the bathroom. -There were brown stains on the shower wall of the bathroom. -There was chipped paint on the shower wall of the bathroom.	C 074	To stay more aware of the cleanliness of the bathroom floor, walls and ceilings the staff will be required to check - July 17, 2023 and clean the bathroom and tub 3 times per day as needed at 8am, 1pm, and 6pm daily.	July 17, 2023

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

DATE
7-18-23

STATE FORM

NG22X 11

If continuation sheet 1 of 4

Reviewed and acknowledged MW 7-23-23

Division of Health Service Regulation

PRINTED: 07/12/2023
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COMFORT LIVING FAMILY CARE HOME

7364 NC HWY 211 W
BLADENBORO, NC 28320

(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
C 074	Continued From page 1 -There was a buildup of a black substance on the caulk between the shower wall and the bathtub. -The caulk was cracked at the shower wall and bathtub. -There was a thick buildup of a black substance in both tub to wall corners. Interview with a resident on 07/07/23 at 2:36pm revealed: -The Administrator cleaned the bathroom and shower daily. -One of the other residents also helped clean the bathroom and shower daily. -The bathtub had always looked like this. -He said the bathtub was usually cleaner. -He was comfortable using the shower when it was cleaned. Interview with a 2nd resident on 07/07/23 at 2:42pm revealed: -The Administrator and one of the other residents cleaned the bathroom and bathtub daily. -The bathtub had always looked that way. -The resident felt the Administrator did a good job of cleaning the bathroom and bathtub. Interview with a 3rd resident on 07/07/23 at 2:45pm revealed: -He was not sure who cleaned the bathroom and shower. -He was not sure how long the shower had looked this way. Interview with a 4th resident on 07/07/23 at 2:57pm revealed he helped the Administrator by cleaning the residents' bathroom and bathtub daily. Observation of the residents' common bathroom on 07/07/23 revealed a resident was cleaning the	C 074		

Division of Health Service Regulation
STATE FORM

NC2X11

If continuation sheet 3 of 4

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/07/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COMFORT LIVING FAMILY CARE HOME

7264 NC HWY 211 W
BLADENBORO, NC 28320

(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
C 074	Continued From page 2 bathub floor with a liquid bathroom cleanser and a sponge. Interview with the Medication Aide on 07/07/23 at 2:49pm revealed: -The Administrator and another resident cleaned the bathroom and bathtub daily. -There was no set cleaning schedule. -The Administrator knew about the black substance on the bathtub and shower wall. -The Administrator did use a mold cleanser in the bathroom and tub. -The Administrator planned to replace the bathtub but had not had a chance to do it yet. -The Administrator had discussed replacing the bathtub for about a month. Interview with the Administrator on 07/07/23 at 3:14pm revealed: -He cleaned the residents' bathroom and bathtub daily. -He deep cleaned the residents' bathroom and shower weekly. -He was aware of the black residue build up and brown stains in the residents' bathtub and shower wall. -He had used various types of cleansers on the bathtub and shower wall but was unable to remove the stains. -He said there was a previous resident there about a year ago that used black hair dye monthly and would make a mess with it and that caused some of the black stains. -He had painted the shower wall about 6 months ago, but it did not cover the black and brown stains. -He planned to replace the bathtub and wall board of the shower but had not had a chance to do so yet. -He was aware the residents should have a clean	C 074		

Division of Health Service Regulation
STATE FORM

NG2X11

If continuation sheet 3 of 4

7-17-23 M. [Signature]

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL609022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2023
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NAME OF PROVIDER OR SUPPLIER
COMFORT LIVING FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**7264 NC HWY 211 W
BLADENBORO, NC 28320**

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C 074	Continued From page 3 bathtub in good repair.	C 074		

7-17-23

Sent from my iPhone