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	HAL047014	A. BUILDING: _____ B. WING _____	R 10/18/2023

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D 000	Initial Comments The Adult Care Licensure Section and the Hoke County Department of Social Services of conducted a follow up survey on 10/17/23 to 10/18/23.	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: Based on observations, interviews, and record reviews, the facility failed to maintain an environment free of hazards including razors, body wash, personal hygiene products, throat spray, hand sanitizer, floor cleaner and other cleaning products on the special care unit (SCU). The findings are: Review of the facility's census report dated 10/17/23 revealed there were 20 residents on the special care unit (SCU). Observation of the SCU on 10/17/23 at 9:00am - 9:30am revealed: -There were razors, bodywash and other personal care items in an unlocked cabinet in the shower room. -There was floor and toilet cleaner in the unlocked soiled linen room. -There was throat spray and other personal care	D 079	A special care unit safety Checklist has been created to address the area within SCU and possible areas of concern. Safety checklist will be completed, signed and date on a Monthly basis to identify problems and make corrections. (See enclosure) Checklist will be completed by SCU-C, Maintenance and/or administrator.	12/1/23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Judy Capps Clark
TITLE: Administrator
(X6) DATE: 11/30/23

Received and Acknowledged 11/30/23 by NURSE CONSULTANT Tina B Nielsen

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D 079	Continued From page 1 items on the dresser in room # 41. -There were 2 bottles of hand sanitizer at the nursing station accessible to residents. Interview with personal care assistant (PCA) on 10/17/23 at 9:05am revealed: -The shower room door was open at all times. -The cabinet in the shower room containing personal care items and razors was usually locked. Interview with the Housekeeper on 10/17/23 at 9:10am revealed: -The lock on the soiled linen closet was broken. -The door to the soiled linen closet was always open. -The soiled linen closet was not supposed to have chemicals in it. Interview with another PCA on 10/17/23 at 9:20am revealed: -The shower room door was always open. -All residents on the SCU had baskets in the shower room labeled with their names on them and this was where all personal care items were kept. -The cabinet in the shower room which contained razors and personal care items was usually locked. -She was not sure why the personal care items were in bedroom #41. -The soiled linen closet should have been locked but the lock was broken. Interview with Business Office Manager on 10/17/23 at 9:30am revealed: -The cabinet in the shower room containing razors and personal care items should have been locked when not in use. -PCA's should have locked the cabinet in the	D 079	Training held with housekeeping staff, maintenance man and floor tech concerning correct storage and handling of cleaning products and tools. This was held on 11/28/2023. Chemical Safety was reviewed to show housekeeping, maint, and floor tech the MSDS sheets on cleaning agents and the hazard they could produce.	11/28/23

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D 079	Continued From page 2 shower room. -Chemicals should not have been stored in the soiled linen closet. -It was the responsibility of the Special Care Unit Director to ensure the SCU is free of hazards. Interview with the Special Care Unit Coordinator (SCUC) on 10/17/2023 at 3:21pm revealed: -There should not have been any personal care items, hand sanitizer or sore throat spray in bedroom #41. -No residents on the Special Care Unit (SCU) had self-administration orders. -There should never be chemicals in the soiled linen closet. -The cabinet containing razors and personal care items should be locked when not in use. -She was not sure why the personal care items, hand sanitizer and the sore throat spray were in bedroom. #41. -She was not sure why the cabinet containing all the personal care items in the shower room was left unlocked.	D 079		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to notify the resident's primary care physician for 1 of 5 sampled residents (#4) related to the care of a blister and open wound. The findings are:	D 273		

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D 273	Continued From page 3 Review of Resident #4's current FL-2 dated 09/14/23 revealed: -Diagnoses included Parkinson's disease, encephalopathy, aphasia following unspecified cerebrovascular disease, chronic kidney disease, and history of transient ischemic attack (TIA). -The resident was intermittently disoriented. -The resident was semi-ambulatory. Review of Resident #4's Resident Register revealed that he was admitted to the facility on 08/30/23. Review of Resident #4's facility progress notes revealed: -On 09/28/23 at 11:15pm, the medication aide (MA) documented that the resident had a blister on his right heel with some drainage and basic first aid was performed. -On 10/03/23 at 10:08am, the MA documented that the resident's right heel was cleaned and wrapped and that the skin was attached with some drainage. On 10/04/23 at 10:15am, the MA documented that the resident's heel was cleaned and wrapped. -On 10/10/23 at 12:02pm, the MA documented that the resident's heel was cleaned and wrapped. -On 10/11/23 at 9:40am, the MA documented that the resident's heel was cleaned and wrapped. Observation of Resident #4 on 10/17/23 at 9:05am revealed that he was sitting in a recliner with the footrest elevated, with a pillow under his lower legs, and a bandage on his right foot. An interview with Resident #4's family member on 10/17/23 at 9:06am revealed:	D 273	Established procedures were reviewed with Supervisors as to their responsibility to address accidents, incidents, illness and other issues that may arise. Criteria was reviewed to reiterate sending residents out to emergency department for any medical concern to be looked at and to see if medical care is necessary. Staff to continue to follow established procedures for follow up appointments and referrals.	

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D 273	Continued From page 4 -Resident #4 had a wound on his right foot that started as a blister around three weeks ago. -She lived out of state and wanted to be informed of any changes in Resident #4's condition. -She was informed by one of the staff members at the facility on 09/29/23 that Resident #4 had a small blister on his right foot. -Resident #4 had visitors at the facility on 10/08/23 and they notified her that he had a bandage on his right foot and that the bandage was soiled with drainage. -She had spoken with a nurse at the facility on 10/10/23 and the nurse told her that she was not aware of a wound on Resident #4's right foot. -Other than the phone call on 09/29/23, no one at the facility informed her that the wound on his foot was not improving. -She was concerned about the delay in medical attention regarding the wound on his foot and lack of communication from facility staff. -On 10/11/23, she requested that the facility send Resident #4 to the hospital, and he was referred to the wound clinic by the hospital. -The blister on Resident #4's heel had progressed to a pressure ulcer and was being treated by home health and he was going to the wound clinic weekly. -Resident #4 was ambulatory with a walker but now had to use a wheelchair since he could not put weight on his right foot due to the pressure ulcer. -She had photos of the wound on Resident #4's right heel. Review of photos shared by Resident #4's family member on 10/17/23 at 9:15am revealed: -Resident #4's right heel had a wound that extended the entire width and length of the right heel. -The wound bed was pink with no visible	D 273	Meeting held November 28th Review procedures. 11/28/23	

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D 273	Continued From page 5	D 273		

drainage.
-There was a thick layer of skin with approximately a one-centimeter cracked area exposing the wound bed.

Review of Resident #4's after visit summary from a local hospital dated 10/11/23 revealed:
-Resident #4 was treated in the emergency room (ER) at a local hospital on 10/11/23.
-Resident #4's diagnosis was pressure ulcer of heel.
-Resident #4 received a prescription at the ER on 10/11/23 for Bactrim DS (an antibiotic used to treat or prevent infections) with the instructions: Take two tablets by mouth in the morning and two tablets by mouth before bedtime. Do all this for seven days.
-There was a referral to a wound care clinic and an appointment scheduled for 10/13/23.

Review of Resident #4's discharge instructions from the wound clinic dated 10/13/23 revealed:
-Resident #4 received instructions for no weight bearing to right heel, transfer with assistance, and float heels when sitting or lying.
-Resident #4 received wound care orders for treatment three times weekly, with instructions to clean the wound with normal saline, pat dry, and apply thin layer of MediHoney Gel (MediHoney Gel is a gel used for the treatment of wounds).
-Dressing supplies ordered included sterile woven gauze sponges, ABD pads (a dressing used to absorb drainage), sterile gauze bandage roll, and Medipore H Soft Cloth Surgical Tape.
-Resident #4 had an appointment to return to the wound center in one week.

Review of Resident #4's Home Health Care Skilled Nursing Evaluation Visit notes dated 10/14/23 revealed:

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D 273	Continued From page 6 -The home health nurse documented that skilled nursing services were indicated for wound care management based on physician's orders due to the complexity of the wound. -The wound on Resident #4's right heel was documented as a stage two pressure ulcer. -The wound measurements on for Resident #4's right heel wound measured 3.5 centimeters in length, six centimeters in width, and zero centimeters in depth. -There was moderate watery, thin, pale red/pink drainage. -The home health nurse documented on 10/14/23 that the wound was cleaned with normal saline, patted dry, MediHoney applied, and covered with sterile gauze, ABD pad, and covered with rolled gauze and secured with Medipore tape. Interview with the medication aide (MA) on 10/17/23 at 3:30pm revealed: -She was the admissions director, but she participated in the on-call rotation and sometimes worked as a MA. -The second shift supervisor informed her on 09/28/23 that Resident #4 had a blister on his right foot. -She instructed the supervisor to contact Resident #4's family and inform them of the blister on his foot. -Each time she sawnthe wound between 09/28/23-10/11/23, the wound looked the same with the skin intact and was a blister the size of a golf ball. -There were no orders for wound care on Resident #4's right heel, but she performed basic first aid on the days she worked on the medication cart, which consisted of cleaning the wound with saline and wrapping it with gauze. -Resident #4 was ambulatory and used a walker. -Resident #4 did not talk much but could inform	D 273		

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D 273	Continued From page 7 staff if he had pain. -Resident #4 did not complain of pain in his right foot any of the days that she worked on the medication cart. -Resident #4's family member requested for him to be sent to the hospital on 10/11/23 for the wound on his right foot. A second interview with the MA on 10/18/23 at 9:30am revealed: -She did not notify Resident #4's primary care provider (PCP) about the wound on his right heel. -She was not aware of anyone from the facility contacting Resident #4's PCP to inform them of the wound on his right heel. -She participated in the on-call rotation for the facility but did not always work on the medication cart since her main responsibility was admissions. -Since she did not work on the medication cart every day, she was not always aware of changes in residents' condition. Interview with the Registered Nurse (RN) consultant on 10/18/23 at 10:10am revealed: -The facility did not have a Resident Care Coordinator (RCC) at this time, and the Administrator was currently in the process of hiring someone for that position. -She became aware of the wound on Resident #4's foot after speaking with his family member on the phone on 10/10/23. -On 10/10/23, she removed the bandage on Resident #4's right foot and she observed the wound on his right heel and the skin appeared wrinkled, white in color, and moist. -There was no drainage, redness, or odor coming from the wound on his right heel and Resident #4 did not complain of pain in his right foot. -She did not reapply the bandage to Resident	D 273		

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D 273	Continued From page 8 #4's right foot because the area appeared moist. -She instructed the staff to keep pressure off Resident #4's right foot. -She did not contact Resident #4's family member after she assessed the wound on his right foot. -She informed the person responsible for transporting residents to appointments that Resident #4 should be seen by a physician and thought the transportation person would call Resident #4's family member to follow up and arrange transportation to a physician's appointment. -She reported the wound on Resident #4's right foot to the facility's Administrator immediately after leaving the resident's room. -The staff at the facility did not normally report skin issues or other changes in the residents' condition to her. -She was primarily responsible for staff training and usually worked at the facility two days a week. -The supervisor on each shift was responsible for communicating changes in resident condition to the resident's primary care provider (PCP). A review of additional photos taken 10/17/23 of Resident #4's right heel shared by his family member on 10/18/23 revealed: -The wound covered the entire width and length of the right heel. -There was no skin covering the wound bed. -The skin surrounding the wound bed was darkened and peeling away from the wound bed. -The wound bed was pink with areas of red and purple discoloration. Based on interviews, record reviews, and observations, Resident #4 was not interviewable. An attempted interview with Resident #4's PCP	D 273		

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D 273	Continued From page 9 on 10/18/23 at 11:57am was unsuccessful. An attempted interview with the second shift supervisor on 10/18/23 at 9:10am was unsuccessful. The Administrator was unavailable for interview on 10/17/23-10/18/23.	D 273		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION. The Type A2 Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 2 residents (#6) observed during the medication pass including errors with a decongestant, fiber powder and blood thinner (#6); and for 1 of 5 residents (#1) sampled for record review which included pain patch not being administered as ordered (#1). The findings are:	D 358	Training was held on 11/28/23 to review Medication Refusals and the proper distruction if offered and refused. 11/28/23 Pharmacist to hold Medication Administration review class on December 12 @ 2pm. 12/12/23 Medications prescribed that are a "start/stop" med for (7, 14, 21 days etc) will be consedered a narcotic in Quickmar and a corent completed	

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D 358	Continued From page 10 1.The medication error rate was 11% as evidenced by 3 errors out of 27 opportunities during the 8:00am medication pass on 10/18/23. a. Review of Resident #6's FL2 dated 11/30/22 revealed: -Diagnoses included hypertension, history of trans ischemic attacks, and cerebral infarction, Epilepsy, vascular dementia, hyperlipidemia, vitamin D deficiency, iron deficiency, and anemia. -There was an order for aspirin 81mg tablet (used as a blood thinner) CHEW one tablet and swallow. Observation of the 8:00am medication pass on the Special Care Unit (SCU) on 10/18/23 revealed: -At 7:42am, the medication aide (MA) prepared Resident #6's medication from the medication cart outside the dining room door. -There was an entry on the electronic medication administration record (eMAR) computer screen indicating aspirin 81mg tablet CHEW 1 tablet and swallow was due to be administered at 8:00am for Resident #6. -There was an entry on the electronic medication administration record (eMAR) computer screen indicating Mucinex ER 600mg take one tablet twice a day was due to be administered at 8:00am for Resident #6. -There was an entry on the electronic medication administration record (eMAR) computer screen indicating Benefiber powder 248G mix 1 scoop with 4-8 ounces of liquid and take once daily. was due to be administered at 8:00am for Resident #6. -The MA took a cup of water and the paper soufflé cup with Resident #6's medications (which included his aspirin 81 mg but did not include	D 358	at the change of shifts. This will call extra attention to these drugs given on short term periods. Control sheets will be made and kept in count book on cart. 12/1/23 Cart audits to be completed randomly to include counts to see if medications are being administered as prescribed. RCC, SCUC, RN Consultant and administrator will complete these tasks.	

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D 358	Continued From page 11 Mucinex ER 600mg and no Benefiber was mixed) due at 8:00am into the SCU dining room. -Resident #6 was seated at the dining room table with his breakfast. -The MA proceeded to administer Resident #6's medications. -Resident #6 took his medications with the water provided and continued to eat his breakfast once he had swallowed his medications. -The aspirin 81mg was not chewed as directed on the eMAR and on the medication card. -The MA documented aspirin 81mg was administered during the 8:00am medication pass -The MA documented that the Mucinex ER 600mg and Benefiber were not on the cart and not available for administration during the 8:00am medication pass. Review of physician's orders dated 10/11/23 revealed there was an order for Mucinex ER 600mg take one twice a day for seven days. Review of Resident #6's October 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry for aspirin 81mg tablet CHEW 1 tablet and swallow with administration at 8:00am. -Aspirin 81mg was documented as administered on 10/01/23 - 10/18/23 at 8:00am. Observation of Resident #6's medications on hand on 10/18/23 at 7:42am revealed there were 9 of 30 aspirin tablets available for administration dispensed on 09/27/23. Interview with a medication aide (MA) on 10/18/23 at 11:30am revealed: -She was aware there were residents who had medication that required them to be administered	D 358		

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D 358	Continued From page 12 in other ways other than just swallowing them. -The order directions were on the medication cards for any "special" things that needed to be followed. -She was not sure how any of the MAs would have administered Resident #6's a without seeing the aspirin instructions of CHEW then swallow since it was on the medication card and on the computer for the electronic medication administration record (eMAR). -The MAs were all supposed to do their 3 checks when they pulled the medication from the cart. -The three checks included making sure the medication on the card matched the medication on the computer screen and what was on the screen matched the medication card and then again when they documented the medication as administered. -Resident #6's medications were given within the correct time except the aspirin should not have been swallowed without first chewing as directed by the instructions on the medication card and on the computer screen. Telephone interview with the Pharmacist from the facility's contracted pharmacy on 10/18/23 at 9:33am revealed: -Resident #6's aspirin 81mg chewable was dispensed on 09/27/23. -Since the aspirin dispensed was chewable and ordered to be chewed then swallowed, the MA should not have administered it with the other medications that the resident would swallow whole. -It should have been administered in a separate cup for the resident to chew then swallow as directed on the order. -Resident #6 would not get the full desired effects but just swallowing the chewable aspirin.	D 358		

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D 358	Continued From page 13 Based on observations, interviews, and record review, it was determined that Resident #6 was not interviewable. The Executive Director was not available for interview on 10/17/23 and 10/18/23. b. Review of Resident #6's FL2 dated 11/30/22 revealed: -Diagnoses included hypertension, history of trans ischemic attacks, and cerebral infarction, Epilepsy, vascular dementia, hyperlipidemia, vitamin D deficiency, iron deficiency, and anemia. -There was an order for 248G of Benefiber powder mix 1 to scoop with 4-8 ounces of liquid and take once daily. Observation of Resident #6's medications on hand on 10/18/23 at 7:42am revealed there was no Benefiber powder available for administration. Review of Resident #6's October 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Benefiber powder 248G mix 1 scoop with 4-8 ounces of liquid and take daily with administration at 8:00am. -Benefiber powder 248G was documented as administered on 10/01/23 - 10/17/23 at 8:00am. -Benefiber powder 248G was documented as not on cart on 10/17/23 at 8:00am. Review of Resident #6's eMAR dated September 2023 revealed: -There was an entry for Benefiber powder 248G mix 1 scoop with 4-8 ounces of liquid and take daily with administration at 8:00am. -Benefiber powder 248G was documented as administered on 09/01/23-09/31/23 at 8:00am.	D 358		

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 358	Continued From page 14 Review of Resident #6's eMAR dated August 2023 revealed: -There was an entry for Benefiber powder 248G mix 1 scoop with 4-8 ounces of liquid and take daily with administration at 8:00am. -Benefiber powder 248G was documented as administered on 08/01/23-08/18/23 and 08/20/23-08/31/23 at 8:00am. -Benefiber powder 248G was documented as not administered on 08/19/23 at 8:00am. Interview with a medication aide (MA) on 10/18/23 at 11:30am revealed: -She could not find his Benefiber powder this morning during the medication pass. -She did not remember if she had given it to him the last time, she worked on the Special Care Unit (SCU) medication cart. -The MAs reordered medications when they were "getting low." -She was not sure if anyone had reordered his Benefiber powder, but she ordered it this morning. Telephone interview with the Pharmacist from the facility's contracted pharmacy on 10/18/23 at 9:33am revealed: -Resident #6's Benefiber 248G bottle was dispensed on 02/03/23. -There were no other dispense dates for Benefiber since 02/03/23 through today (10/18/23). -A 248G bottle would normally last about 3 months or "a little longer" if given daily as ordered. Based on observations, interviews, and record review, it was determined that Resident #6 was not interviewable.	D 358		

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 358	Continued From page 15 The Executive Director was not available for interview on 10/17/23 and 10/18/23. c. Review of Resident #6's FL2 dated 11/30/22 revealed: -Diagnoses included hypertension, history of trans ischemic attacks, and cerebral infarction, Epilepsy, vascular dementia, hyperlipidemia, vitamin D deficiency, iron deficiency, and anemia. -There was no order for Mucinex ER 600mg. Review of physician orders dated 10/11/23 there was an order for Mucinex ER 600mg take one tablet twice a day for seven days. Observation of Resident #6's medications on hand on 10/18/23 at 7:42am revealed there was no Mucinex ER available for administration. Review of Resident #6's October 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Mucinex ER 600mg take one tablet twice a day for seven days was to be administered at 8:00am and 8:00pm. -Mucinex ER 600mg was documented as administered on 10/12/23 - 10/17/23 at 8:00am and at 8:00pm. -Mucinex ER 600mg was documented as not on cart on 10/17/23 at 8:00am. -Mucinex ER 600mg should have had two tablets available for administration on 10/18/23 at 8:00am and at 8:00pm. Interview with a medication aide (MA) on 10/18/23 at 11:30am revealed: -She was not sure why the last two Mucinex ER 600mg tablets were not in the cart for administration. -She worked on 10/12/23 and administered the	D 358		

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D 358	Continued From page 16	D 358		

first tablet out of the medication card.
-She had not worked on the Special Care Unit (SCU) medication cart since 10/15/23 until today 10/18/23 so she was not sure what had happened to make Resident #6 short two tablets of Mucinex.

Telephone interview with the Pharmacist from the facility's contracted pharmacy on 10/18/23 at 9:33am revealed:
-Resident #6's Mucinex ER 600 was dispensed on 10/11/23.
-It would have arrived the evening of 10/11/23 but may not have been before the administration time of 8:00pm.
-There should have been 2 doses remaining for administration on 10/18/23.
-Resident #6 would need to complete the order as written for his congestion.
-The PCP could order another 2 tablets if the resident's congestion had not improved.

Based on observations, interviews, and record review, it was determined that Resident #6 was not interviewable.

The Executive Director was not available for interview on 10/17/23 and 10/18/23.

2. Review of Resident #1's current FI-2 dated 12/28/22 revealed:
-Diagnoses included anemia, Type II diabetes, Vitamin D deficiency, hyperlipidemia, unspecified dementia, cerebral infraction, essential hypertension, benign prostatic hyperplasia, and gastro-esophageal reflux disease.
-Resident #1 was intermittently disoriented.

Review of Resident #1's physicians orders dated 07/26/23 revealed:

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D 358	Continued From page 17 -On 06/02/23 Resident #1 was ordered a pain patch (4%) to be applied topically to the lower back, 12 hours on and 12 hours off. -The pain patch was to be applied at 8:00am and taken off at 8:00pm. Interview with Resident #1 on 10/17/23 at 2:33pm revealed: -He did not have the pain patch on today; but wanted it -He needed the patch for the pain in his back -He did not refuse the pain patch; he just "doesn't have anyone to put the pain patch on for him." -He had not had the pain patch on since last week. Review of Resident #1's pain patch medication on hand on 10/17/2023 revealed: -There were 6 boxes of pain patches with 5 patches in each box; the date on the pain patch boxes was 09/26/23. -Of the 6 boxes of pain patches, only 1 box was opened with 1 patch removed from the box. Review of Resident #1's TAR dated 09/01-09/30/23 revealed: -It was documented Resident #1 refused the pain patch on 09/03/23 at 9:45am. -It was documented Resident #1 refused the pain patch on 09/06/23 at 8:41am. -It was documented Resident #1 refused the pain patch on 09/14/23 at 11:16am. -It was documented Resident #1 was not wearing his pain patch on 09/16/23 at 8:26pm. -It was documented Resident #1 refused the pain patch on 09/21/23 at 10:05am. -It was documented Resident #1 refused the pain patch on 09/22/23 at 9:41am. -It was documented Resident #1 refused the pain patch on 09/25/23 at 8:41am.	D 358		

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D 358	Continued From page 18 -It was documented Resident #1 refused the pain patch on 09/27/23 at 8:17am. -It was documented Resident #1 refused the pain patch on 09/28/2023 at 8:37am. -It was documented Resident #1 refused the pain patch on 09/29/23 at 8:47am. -It was documented Resident #1 refused the pain patch on 09/30/23 at 8:25am. Review of Resident #1's TAR dated 10/01/23-10/31/23 revealed: -It was documented Resident #1 refused the pain patch on 10/01/23 at 8:34am. -It was documented Resident #1 refused the pain patch on 10/02/23 at 9:59am. -It was documented Resident #1 refused the pain patch on 10/06/23 at 8:31am. -It was documented Resident #1 refused the pain patch on 10/07/23 at 7:17am. -It was documented Resident #1 was not wearing his pain patch on 10/09/23 at 8:19pm. -It was documented Resident #1 refused the pain patch on 10/10/23 at 9:11am. -It was documented Resident #1 was not wearing his pain patch on 10/10/23 at 8:36pm. -It was documented Resident #1 was not wearing his pain patch on 10/11/23 at 8:20pm. -It was documented Resident #1 refused the pain patch on 10/12/23 at 9:21am. -It was documented Resident #1 refused the pain patch on 10/13/23 at 9:13am. -It was documented Resident #1 refused the pain patch on 10/14/23 at 9:04am. -It was documented Resident #1 refused the pain patch on 10/15/23 at 8:20am. -It was documented Resident #1 refused the pain patch on 10/16/23 at 8:45am. -It was documented Resident #1 refused the pain patch on 10/17/23 at 9:34am.	D 358		

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D 358	Continued From page 19 Interview with a medication aide (MA) on 10/17/23 at 2:43pm revealed: -She worked as an MA on second shift. -Most of the time the treatment authorization record (TAR) was blank and did not say anything related to Resident #1 refusing the pain patch. -When she went to remove the pain patch at 8:00pm if the patch was not on Resident #1, she would document on the TAR "not wearing". -The pain patch was to be applied to Resident #1's lower back at 8:00am and removed at 8:00pm. -Resident #1 would tell the MA if he did not have the pain patch on. Interview with the Special Care Unit Coordinator (SCUC) on 10/17/23 at 3:00pm revealed she was not aware that the staff had documented Resident #1 had refused the pain patch as documented on the TAR for 09/23 and 10/23. Interviews with a second MA on 10/18/23 at 8:41am and at 9:35am revealed: -If Resident #1 refused the pain patch three days in a row, she was to notify his primary care provider (PCP). -She had not informed Resident #1's PCP after he refused the pain patch for three consecutive days. -When the MA asked Resident #1 if he wanted the pain patch applied today; he answered he wanted the pain patch "everyday" (he said he did not refuse it). Review of Resident #1's facility record on 10/18/23 revealed there was no documentation that Resident #1's PCP had been notified that he had refused the pain patch for three consecutive days.	D 358		

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D 358	Continued From page 20 Telephone interview with Resident #1's PCP on 10/18/23 at 10:01am revealed she had no notifications or documentation from the facility staff that Resident #1 had refused the pain patch for three consecutive days. The Executive Director was not available for interview on 10/17/23 and 10/18/23.	D 358		

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: OPEN ARMS RET. CENTER Department: HOUSEKEEPING

Date: 11/28/2023 Time: 14:00 AM PM To: 16:00 AM PM

Meeting area: Dining room -

Number employees present: 8 Number absent: (1) Kelia (fired) (2) Tanya (sick)

Summary of subject(s) covered: Housekeeping, Maintenance, Floor Tech Chemical info., Safety measures to be observed Regulations Governing Housekeeping / Furniture, Safety within SCU, Discuss of state survey of 10/18/2023, Health department inspections, What is deep cleaning?

Problems, comments, suggestions:

Conducted by: Signature Judy Epps Clark Title Administrator

	SIGNATURE OF PERSONNEL ATTENDING	TITLE	SIGNATURE OF PERSONNEL ATTENDING	TITLE
1	Shania Jacobs	HSK		
2	Summer LaRear	HSK		
3	Zelma Bueche	HSK		
4	Ester Scriven	HSK		
5	Willene Davis	Mnt		
6	Dwight Baldwin	HSK		
7	Kimberly Herring			
8	Janice Thompson	SCUC		

Printed in USA

10A NCAC 13F .0904 NUTRITION AND FOOD SERVICE

(a) Food Procurement and Safety in Adult Care Homes:

(1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions.

(2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions.

(3) Only meat processed at a USDA-approved processing plant shall be served.

(4) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days.

(b) Food Preparation and Service in Adult Care Homes:

(1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.

(2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) for facilities with a licensed capacity of 7 to 12 residents and as set forth in Rule 15A NCAC 18A .1323 Food Protection in Activity Kitchens, Rehabilitation Kitchens, and Nourishment Stations for facilities with a licensed capacity of 13 or more residents, which are hereby incorporated by reference, including subsequent amendments.

(3) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.

(c) Menus in Adult Care Homes:

(1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the daily food requirements in Paragraph (d) of this Rule.

(2) Menus shall be maintained in the kitchen and identified as to the current menu day for guidance of food service staff.

(3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen to indicate the foods actually served to residents.

(4) Menus shall be planned to take into account the food preferences of the residents as documented on the Resident Register.

(5) Menus as served, invoices, and other receipts for food or beverage purchases shall be maintained in the facility for 30 days.

(6) Menus for all therapeutic diets shall be planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.

(7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.

(d) Food Requirements in Adult Care Homes:

(1) Each resident shall be served a minimum of three nutritionally adequate meals based on the requirements in Subparagraph (d)(3) of this Rule. Meals shall be served at regular times comparable to normal meal times in the community. There shall be at least 10 hours between the breakfast and evening meals.

(2) Foods and beverages shall be offered in accordance with each residents' prescribed diet or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.

(3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary guidelines for Americans 2020-2025, which are hereby incorporated by reference including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf for no cost.

(4) Water shall be served to each resident at each meal, in addition to other beverages.

(e) Therapeutic Diets in Adult Care Homes:

(1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram, or consistency, such as for calorie-controlled ADA diets, low sodium diets, or thickened liquids, unless there are written orders that include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a licensed dietitian/nutritionist. For the purpose of this Rule "therapeutic diet" is a diet ordered by a physician, physician assistant, nurse practitioner, or a licensed dietician/nutritionist as delegated by the physician that is part of the treatment for a disease or clinical condition, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium or potassium), or to provide mechanically altered food when indicated.

(2) Physician orders for nutritional supplements shall be in writing from the resident's physician and be brand-specific, unless the facility has defined a house supplement in its communication to the physician, and shall specify quantity and frequency.

(3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.

(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.

(f) Individual Feeding Assistance in Adult Care Homes:

(1) The facility shall provide staff for individual feeding assistance in accordance to residents' needs.

(2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.

(g) Variations from the required three meals or time intervals between meals to meet individualized needs or preferences of residents shall be documented in the resident's record. Each resident shall receive three meals in accordance with resident preferences as documented in the resident's record.

History Note: *Authority G.S. 131D-2.1(4); 131D-2.16; 131D-4.4; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1984;
Temporary Amendment Eff. July 1, 2003;
Amended Eff. June 1, 2004;
Readopted Eff. March 1, 2023.

10A NCAC 13F .1304 SPECIAL CARE UNIT BUILDING REQUIREMENTS

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

(1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.

(2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.

(3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.

(4) Where exit doors are not locked, a system of security monitoring shall be provided.

(5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.

(6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.

(7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.

(8) Direct access from the facility to a secured outside area shall be provided.

(9) A toilet and hand lavatory shall be provided within the unit for every five residents.

(10) A tub and shower for bathing of residents shall be provided within the unit.

(11) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;*
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13F .1305 SPECIAL CARE UNIT POLICIES AND PROCEDURES

The facility shall assure that special care unit policies and procedures are established, implemented by staff and available for review within the facility. In addition to all applicable policies and procedures for adult care homes, there shall be policies and procedures that address the following:

(1) the philosophy of the special care unit which includes a statement of mission and objectives regarding the specific population to be served by the unit which shall address, but not be limited to, the following:

(a) safe, secure, familiar and consistent environment that promotes mobility and minimal use of physical restraints or psychotropic medications;

(b) a structured but flexible lifestyle through a well developed program of care which includes activities appropriate for each resident's abilities;

(c) individualized care plans that stress the maintenance of residents' abilities and promote the highest possible level of physical and mental functioning; and

(d) methods of behavior management which preserve dignity through design of the physical environment, physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance;

(2) the process and criteria for admission to and discharge from the unit;

(3) a description of the special care services offered in the unit;

(4) resident assessment and care planning, including opportunity for family involvement in care planning, and the implementation of the care plan, including responding to changes in the resident's condition;

(5) safety measures addressing dementia specific dangers such as wandering, ingestion, falls and aggressive behavior;

(6) staffing in the unit;

(7) staff training based on the special care needs of the residents;

(8) physical environment and design features that address the needs of the residents;

(9) activity plans based on personal preferences and needs of the residents;

(10) opportunity for involvement of families in resident care and the availability of family support programs; and

(11) additional costs and fees for the special care provided.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143-165;*
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018.

10A NCAC 13F .1304 SPECIAL CARE UNIT BUILDING REQUIREMENTS

In addition to meeting all applicable building codes and licensure regulations for adult care homes, the special care unit shall meet the following building requirements:

(1) Plans for new or renovated construction or conversion of existing building areas shall be submitted to the Construction Section of the Division of Health Service Regulation for review and approval.

(2) If the special care unit is a portion of a facility, it shall be separated from the rest of the building by closed doors.

(3) Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.

(4) Where exit doors are not locked, a system of security monitoring shall be provided.

(5) The unit shall be located so that other residents, staff and visitors do not have to routinely pass through the unit to reach other areas of the building.

(6) At a minimum the following service and storage areas shall be provided within the special care unit: staff work area, nourishment station for the preparation and provision of snacks, lockable space for medication storage, and storage area for the residents' records.

(7) Living and dining space shall be provided within the unit at a total rate of 30 square feet per resident and may be used as an activity area.

(8) Direct access from the facility to a secured outside area shall be provided.

(9) A toilet and hand lavatory shall be provided within the unit for every five residents.

(10) A tub and shower for bathing of residents shall be provided within the unit.

(11) Use of potentially distracting mechanical noises such as loud ice machines, window air conditioners, intercoms and alarm systems shall be minimized or avoided.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143B-165;*
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000.

10A NCAC 13F .1305 SPECIAL CARE UNIT POLICIES AND PROCEDURES

The facility shall assure that special care unit policies and procedures are established, implemented by staff and available for review within the facility. In addition to all applicable policies and procedures for adult care homes, there shall be policies and procedures that address the following:

(1) the philosophy of the special care unit which includes a statement of mission and objectives regarding the specific population to be served by the unit which shall address, but not be limited to, the following:

(a) safe, secure, familiar and consistent environment that promotes mobility and minimal use of physical restraints or psychotropic medications;

(b) a structured but flexible lifestyle through a well developed program of care which includes activities appropriate for each resident's abilities;

(c) individualized care plans that stress the maintenance of residents' abilities and promote the highest possible level of physical and mental functioning; and

(d) methods of behavior management which preserve dignity through design of the physical environment, physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance;

(2) the process and criteria for admission to and discharge from the unit;

(3) a description of the special care services offered in the unit;

(4) resident assessment and care planning, including opportunity for family involvement in care planning, and the implementation of the care plan, including responding to changes in the resident's condition;

(5) safety measures addressing dementia specific dangers such as wandering, ingestion, falls and aggressive behavior;

(6) staffing in the unit;

(7) staff training based on the special care needs of the residents;

(8) physical environment and design features that address the needs of the residents;

(9) activity plans based on personal preferences and needs of the residents;

(10) opportunity for involvement of families in resident care and the availability of family support programs; and

(11) additional costs and fees for the special care provided.

History Note: *Authority G.S. 131D-2.16; 131D-4.5; 131D-4.6; 131D-8; 143-165;*
Temporary Adoption Eff. December 1, 1999;
Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018.

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(a) An adult care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons.

(b) The requirements for each living room and recreational area are:

(1) Each living room and recreational area shall be located off a lobby or corridor. At least 50 percent of required living and recreational areas shall be enclosed with walls and doors;

(2) In buildings with a licensed capacity of 15 or less, there shall be a minimum area of 250 square feet;

(3) In buildings with a licensed capacity of 16 or more, there shall be a minimum of 16 square feet per resident; and

(4) Each living room and recreational area shall have windows.

(c) The requirements for the dining room are:

(1) The dining room shall be located off a lobby or corridor and enclosed with walls and doors;

(2) In buildings with a licensed capacity of 15 or less, there shall be a minimum of 200 square feet;

(3) In building with a licensed capacity of 16 or more, there shall be a minimum of 14 square feet per resident; and

(4) The dining room shall have windows.

(d) The requirements for the bedroom are:

(1) The number of resident beds set up shall not exceed the licensed capacity of the facility;

(2) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live-in staff and other persons living in the home. Residents shall not share bedrooms with staff or other live-in non-residents;

(3) Only rooms authorized as bedrooms shall be used for residents' bedrooms;

(4) Bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom;

(5) There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people;

(6) The total number of residents assigned to a bedroom shall not exceed the number authorized for that particular bedroom;

(7) A bedroom may not be occupied by more than two residents.

(8) Resident bedrooms shall be designed to accommodate all required furnishings;

(9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and

(10) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar.

(e) The requirements for bathrooms and toilet rooms are:

(1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof;

(2) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom;

(3) Toilets and baths for staff and visitors shall be in accordance with the North Carolina State Building Code, Plumbing Code;

(4) Bathrooms and toilets accessible to the physically handicapped shall be provided as required by Volume I-C, North Carolina State Building Code, Accessibility Code;

(5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;

(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;

(7) Each home shall have at least one bathroom opening off the corridor with:

(A) a door of three feet minimum width;
(B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet;
(C) a bathtub accessible on at least two sides;
(D) a lavatory; and
(E) a toilet.

(8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet;

(9) Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms;

(10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule;

(11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation;

(12) Nonskid surfacing or strips shall be installed in showers and bath areas; and

(13) The floors of the bathrooms and toilet rooms shall have water-resistant covering.

(f) The requirements for storage rooms and closets are:

(1) General Storage for the Home. A minimum area of five square feet (40 cubic feet) per licensed capacity shall be provided. This storage space shall be either in the facility or within 500 feet of the facility on the same site;

(2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;

(3) Food Storage. Space shall be provided for dry, refrigerated and frozen food items to comply with sanitation rules;

(4) Housekeeping storage requirements are:

(A) A housekeeping closet, with mop sink or mop floor receptor, shall be provided at the rate of one per 60 residents or portion thereof; and

(B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;

(5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area;

(6) Storage for Resident's Articles. Some means for residents to lock personal articles within the home shall be provided; and

(7) Staff Facilities. Some means for staff to lock personal articles within the home shall be provided.

(g) The requirements for corridors are:

(1) Doors to spaces other than reach-in closets shall not swing into the corridor;

(2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;

(3) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and

(4) Corridors shall be free of all equipment and other obstructions.

(h) The requirements for outside entrances and exits are:

(1) Service entrances shall not be through resident use areas;

(2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;

(3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and

(4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.

(i) The requirements for floors are:

(1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;

(2) Scatter or throw rugs shall not be used; and

(3) All floors shall be kept in good repair.

(j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities.

(k) Office. There shall be an area within the home large enough to accommodate normal administrative functions.

(l) The requirements for laundry facilities are:

(1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables;

(2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and

(3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted.

(m) The requirements for outside premises are:

(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;

(2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and

(3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.

(n) Alternate methods, procedures, design criteria and functional variations from the physical environment requirements, because of extraordinary circumstances, new programs or unusual conditions, shall be approved by the Division when the facility can effectively demonstrate to the Division's satisfaction that the intent of the physical environment requirements are met and the variation does not reduce the safety or operational effectiveness of the facility.

History Note: *Authority G.S. 131D-2.16; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; July 1, 1984; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from Rule .0303 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

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;

(2) have no chronic unpleasant odors;

(3) have furniture clean and in good repair;

(4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more;

(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;

(6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times;

(7) make available the following items as needed through any means other than charge to the personal funds of recipients of State-County Special Assistance:

(A) protective sheets and clean, absorbent, soft and smooth pads;

(B) bedpans, urinals, hot water bottles, and ice caps; and

(C) bedside commodes, walkers, and wheelchairs;

(8) have television and radio, each in good working order;

(9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy;

(10) have recreational equipment, supplies for games, books, magazines and a current newspaper available for residents;

(11) have a clock that has numbers at least 1½ inches tall in an area commonly used by the residents; and

(12) have at least one telephone that does not depend on electricity or cellular service to operate.

(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:

(1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following:

(A) at least one pillow with clean pillow case;

(B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and

(C) clean bedspread and other clean coverings as needed;

(2) a bedside type table;

(3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents;

(4) a wall or dresser mirror that can be used by each resident;

(5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising;

(6) additional chairs available, as needed, for use by visitors;

(7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and

(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.

(c) The living room shall have functional living room furnishings for the comfort of aged and disabled persons, with coverings that are easily cleanable.

(d) The dining room shall have the following furnishings:

(1) small tables serving from two to eight persons and chairs to seat all residents eating in the dining room; tables and chairs equal to the resident capacity of the home shall be on the premises; and

(2) chairs that are sturdy, without rollers unless retractable or on front legs only, non-folding and designed to minimize tilting.

(e) This Rule shall apply to new and existing facilities.

History Note: *Authority G.S. 131D-2.16; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. April 1, 1987; April 1, 1984;
Temporary Amendment Eff. September 1, 2003.
Amended Eff. June 1, 2004;
Recodified from Rule .0304 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

10A NCAC 13F .0311 OTHER REQUIREMENTS

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.

(1) Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings.

(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.

(3) Fireplaces, fireplace inserts and wood stoves shall be designed or installed so as to avoid a burn hazard to residents. Fireplace inserts and wood stoves shall be U.L. listed.

(4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.

(5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.

(c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).
(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).
(e) All multi-story facilities shall be equipped with elevators.
(f) In addition to the required emergency lighting, minimum lighting shall be as follows:
(1) 30 foot-candle power for reading;
(2) 10 foot-candle power for general lighting; and
(3) 1 foot-candle power at the floor for corridors at night.
(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces.
(1) soiled linen storage;
(2) soil utility room;
(3) bathrooms and toilet rooms;
(4) housekeeping closets; and
(5) laundry area.
(h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.
(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.
(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.
(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

History Note: *Authority G.S. 131D-2.16; 143B-165;*
Eff. January 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; April 1, 1987; April 1, 1984;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2000;
Recodified from Rule .0309 Eff. July 1, 2004;
Temporary Amendment Eff. July 1, 2004;
Amended Eff. July 1, 2005.

MONOGRAM®
CLEANING with DISPOSABLES
CLEAN FORCE®

SAFETY DATA SHEET

MONOGRAM CLEAN FORCE EZ NEUTRAL PH FLOOR CLEANER

SECTION 1. PRODUCT AND COMPANY IDENTIFICATION

Product name	:	MONOGRAM CLEAN FORCE EZ NEUTRAL PH FLOOR CLEANER
Other means of identification	:	Not applicable
Recommended use	:	Floor Cleaner
Restrictions on use	:	Reserved for industrial and professional use.
Product dilution information	:	0.4 % - 3.19 %

Company	:	Ecolab Inc. 1 Ecolab Place St. Paul, Minnesota USA 55102 1-866-444-7450
Emergency health information	:	1-800-328-0026 (US/Canada), 1-651-222-5352 (outside US)
Issuing date	:	04/22/2021

SECTION 2. HAZARDS IDENTIFICATION

GHS Classification

Product AS SOLD
Eye irritation : Category 2B

Product AT USE DILUTION
Not a hazardous substance or mixture.

GHS label elements

Product AS SOLD

Signal Word	:	Warning
Hazard Statements	:	Causes eye irritation.
Precautionary Statements	:	**Prevention:** Wash skin thoroughly after handling. **Response:** IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/ attention.

Product AT USE DILUTION

Precautionary Statements	:	**Prevention:** Wash hands thoroughly after handling. **Response:** Get medical advice/ attention if you feel unwell. **Storage:** Store in accordance with local regulations.

Product AS SOLD
Other hazards : None known.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

Product AS SOLD

Pure substance/mixture : Mixture

Chemical name	CAS-No.	Concentration (%)
oxirane, methyl-, polymer with oxirane	9003-11-6	5 - 10
Sodium Xylenesulfonate	1300-72-7	1 - 5
Fattyalcohol ethoxylates > C15 and =/< 5EO	160875-66-1	1 - 5
Fragrance	Proprietary Ingredient	0 - 1

Product AT USE DILUTION

No hazardous ingredients

SECTION 4. FIRST AID MEASURES

Product AS SOLD

In case of eye contact : Rinse with plenty of water.

In case of skin contact : Rinse with plenty of water.

If swallowed : Rinse mouth. Get medical attention if symptoms occur.

If inhaled : Get medical attention if symptoms occur.

Protection of first-aiders : No special precautions are necessary for first aid responders.

Notes to physician : Treat symptomatically.

Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Product AT USE DILUTION

In case of eye contact : Rinse with plenty of water.

In case of skin contact : Rinse with plenty of water.

If swallowed : Rinse mouth. Get medical attention if symptoms occur.

If inhaled : Get medical attention if symptoms occur.

SECTION 5. FIRE-FIGHTING MEASURES

Product AS SOLD

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during fire fighting : Not flammable or combustible.

Hazardous combustion products : Decomposition products may include the following materials:
Carbon oxides
Sulfur oxides

Special protective equipment for fire-fighters	:	Use personal protective equipment.
Specific extinguishing methods	:	Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

SECTION 6. ACCIDENTAL RELEASE MEASURES

Product AS SOLD

Personal precautions, protective equipment and emergency procedures	:	Refer to protective measures listed in sections 7 and 8.
Environmental precautions	:	Do not allow contact with soil, surface or ground water.
Methods and materials for containment and cleaning up	:	Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Product AT USE DILUTION

Personal precautions, protective equipment and emergency procedures	:	Refer to protective measures listed in sections 7 and 8.
Environmental precautions	:	No special environmental precautions required.
Methods and materials for containment and cleaning up	:	Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

SECTION 7. HANDLING AND STORAGE

Product AS SOLD

Advice on safe handling	:	Wash hands thoroughly after handling. In case of mechanical malfunction, or if in contact with unknown dilution of product, wear full Personal Protective Equipment (PPE).
Conditions for safe storage	:	Keep out of reach of children. Store in suitable labeled containers.
Storage temperature	:	0 °C to 50 °C

Product AT USE DILUTION

Advice on safe handling	:	Wash hands after handling. In case of mechanical malfunction, or if in contact with unknown dilution of product, wear full Personal Protective Equipment (PPE). For personal protection see section 8.
Conditions for safe storage	:	Keep out of reach of children. Store in suitable labeled containers.

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Product AS SOLD

Ingredients with workplace control parameters

Contains no substances with occupational exposure limit values.

Engineering measures	:	Good general ventilation should be sufficient to control worker exposure to airborne contaminants.

Personal protective equipment

Eye protection	:	No special protective equipment required.
Hand protection	:	No special protective equipment required.
Skin protection	:	No special protective equipment required.
Respiratory protection	:	No personal respiratory protective equipment normally required.
Hygiene measures	:	Handle in accordance with good industrial hygiene and safety practice.

Product AT USE DILUTION

Engineering measures	:	Good general ventilation should be sufficient to control worker exposure to airborne contaminants.

Personal protective equipment

Eye protection	:	No special protective equipment required.
Hand protection	:	No special protective equipment required.
Skin protection	:	No special protective equipment required.
Respiratory protection	:	No personal respiratory protective equipment normally required.

SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES

		Product AS SOLD	Product AT USE DILUTION
Appearance	:	liquid	liquid
Color	:	clear, orange	light orange
Odor	:	sweet	sweet
pH	:	6.5 - 9.3, (100 %)	7.0 - 8.5
Flash point	:	Not applicable	
Odor Threshold	:	No data available	
Melting point/freezing point	:	No data available	
Initial boiling point and boiling range	:	> 100 °C	
Evaporation rate	:	No data available	
Flammability (solid, gas)	:	Not applicable	
Upper explosion limit	:	No data available	
Lower explosion limit	:	No data available	
Vapor pressure	:	No data available	
Relative vapor density	:	No data available	

MONOGRAM®
CLEANING DISPOSABLES

CLEAN FORCE®

SAFETY DATA SHEET

CLEAN FORCE TOILET BOWL CLEANER

SECTION 1. PRODUCT AND COMPANY IDENTIFICATION

Product name	:	CLEAN FORCE TOILET BOWL CLEANER
Other means of identification	:	Not applicable
Recommended use	:	Toilet Bowl Cleaner
Restrictions on use	:	Reserved for industrial and professional use.
Product dilution information	:	16.7 % - 25.0 %
Company	:	Ecolab Inc. 1 Ecolab Place St. Paul, Minnesota USA 55102 1-866-444-7450
Emergency health information	:	1-800-328-0026 (US/Canada), 1-651-222-5352 (outside US)
Issuing date	:	08/13/2019

SECTION 2. HAZARDS IDENTIFICATION

GHS Classification

Product AS SOLD

Skin corrosion	:	Category 1A
Eye irritation	:	Category 1

Product AT USE DILUTION

Skin corrosion	:	Category 1A
Serious eye damage	:	Category 1

GHS label elements

Product AS SOLD

Hazard pictograms :

Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements :

Prevention:
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.

Response:
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER/doctor. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER/doctor. Wash contaminated clothing before reuse.

Storage:
Store locked up.
Disposal:
Dispose of contents/ container to an approved waste disposal plant.

Product AT USE DILUTION

Hazard pictograms :

Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements :

Prevention:
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER/doctor. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER/doctor. Wash contaminated clothing before reuse.
Storage:
Store locked up.
Disposal:
Dispose of contents/ container to an approved waste disposal plant.

Product AS SOLD

Other hazards : Do not mix with bleach or other chlorinated products – will cause chlorine gas.

Product AT USE DILUTION

Other hazards : Do not mix with bleach or other chlorinated products – will cause chlorine gas.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

Product AS SOLD

Pure substance/mixture : Mixture

Chemical name	CAS-No.	Concentration (%)
hydrochloric acid	7647-01-0	5 - 10

Product AT USE DILUTION

Chemical name	CAS-No.	Concentration (%)
hydrochloric acid	7647-01-0	1 - 5

SECTION 4. FIRST AID MEASURES

Product AS SOLD

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact	:	Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
If swallowed	:	Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
If inhaled	:	Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
Protection of first-aiders	:	If potential for exposure exists refer to Section 8 for specific personal protective equipment.
Notes to physician	:	Treat symptomatically.
Most important symptoms and effects, both acute and delayed	:	See Section 11 for more detailed information on health effects and symptoms.

Product AT USE DILUTION

In case of eye contact	:	Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
In case of skin contact	:	Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
If swallowed	:	Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
If inhaled	:	Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

SECTION 5. FIRE-FIGHTING MEASURES

Product AS SOLD

Suitable extinguishing media	:	Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
Unsuitable extinguishing media	:	None known.
Specific hazards during fire fighting	:	Not flammable or combustible.
Hazardous combustion products	:	Decomposition products may include the following materials: Carbon oxides Nitrogen oxides (NOx)
Special protective equipment for fire-fighters	:	Use personal protective equipment.
Specific extinguishing methods	:	Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire

and/or explosion do not breathe fumes.

SECTION 6. ACCIDENTAL RELEASE MEASURES

Product AS SOLD

Personal precautions, protective equipment and emergency procedures	:	Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
Environmental precautions	:	Do not allow contact with soil, surface or ground water.
Methods and materials for containment and cleaning up	:	Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Product AT USE DILUTION

Personal precautions, protective equipment and emergency procedures	:	Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
Environmental precautions	:	Do not allow contact with soil, surface or ground water.
Methods and materials for containment and cleaning up	:	Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

SECTION 7. HANDLING AND STORAGE

Product AS SOLD

Advice on safe handling	:	Do not ingest. Do not get in eyes, on skin, or on clothing. Do not breathe dust/ fume/ gas/ mist/ vapors/ spray. Use only with adequate ventilation. Wash hands thoroughly after handling. Do not mix with bleach or other chlorinated products – will cause chlorine gas.
Conditions for safe storage	:	Keep away from strong bases. Keep out of reach of children. Store in suitable labeled containers.
Storage temperature	:	10 °C to 30 °C

Product AT USE DILUTION

Advice on safe handling	:	Do not ingest. Do not get in eyes, on skin, or on clothing. Do not breathe dust/ fume/ gas/ mist/ vapors/ spray. Use only with adequate ventilation. Wash hands thoroughly after handling. Do not mix with bleach or other chlorinated products – will cause chlorine gas. In case of mechanical malfunction, or if in contact with unknown dilution of product, wear full Personal Protective Equipment (PPE).

Special Care Unit Safety Checklist

Week Starting: _____

Items to be checked	**Date of Check (indicate in the block below the date completed)**					**Problems Found**	**Yes or No**
	Indicate by Yes or No in each block						
Door alarms are working, mag locks working, central alert at nurse's station working. Staff has door alarm key on their person.							
Hallway is free of equipment, funriture and other hazards. Carts are stored properly.							
All lights are burning in the hallway. Fans operating.							
In the dayroom nothing has been stored that is a danger to the residents within the unit. Furntiure in proper place throughout room.							
Activity supplies are stored correctly and do not pose a risk. Floor clean around tables.							
Activity supplies do not pose a swallowing risk. No small pieces etc.							
Screened in porch is clean. No trash present. No trip hazards. No items stored that could cause a hazard to residents.							
In shower room, the cabinet for personal hygiene items is locked when not in use. Staff has access to key.							
The clean linen room is void of all equitment and hazards. Linens and supplies are stored off floor and on the correct side of closet.							
The dirty linen room is void of all equipment, chemicals and other hazards. Lids are on all trash cans. Sink free for use.							
The floor tech equipment room is locked. No equipment left in hallway.							
Door entering Courtyard, small alarm sounding.							
Doors at each end of hall windows clean. Signage readable. Posted properly.							
Floor through unit is clean and free of trip hazards.							
Items on walls are properly secure.							
Signature of person completing checklist:							

Special Care Unit Safety Checklist

Week Starting: _____

Items to be checked	Date of Check (indicate in the block below the date completed)					Problems Found	Corrected Yes or No
	Indicate by Yes or No in each block						
Walk through each resident room to ensure free of items that could be ingested.							
All lights and lamps are burning in the residents' rooms and bathrooms.							
In resident's rooms furniture is in good repair. Drawers working properly. Handles in place.							
The residents' rooms are free of throw rugs and other trip hazards. If room size rug used it is taped securely to floor.							
If the resident is using durable medical equipment it is free of safety hazards and stored proper.							
Door alarm/maglock/wanderguard annoucers working							
If oxygen used by resident the equipment is not posing a trip hazard, the piping is clean, and working properly?							
Medicine carts when approached are locked.							
Chemicals used on medicine cart are locked in cart drawer when not in use.							
Med Room lights working. Counter clean of clutter. Refrigerator locked. Floor clean. Soap in dispenser. Paper towels in dispenser. Dispensers working.							
Eye wash adaptors in place.							
Dining room clean. Furniture in good repair. Tables not rocking. Furntiure properly arranged in room.							
Door to dining room and kitchen closed when approached.							
Items on walls are properly secure.							
Signature of person completing checklist:							

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Facility: OPEN ARMS REH. CENTER Department: SICs, MTs, THOMPSON, TAYLO

Date: 11/28/23 Time: 16800 AM PM To: AM PM

Meeting area: Dining Room

Number employees present: Number absent:

Summary of subject(s) covered: How to administer medication, Refusal procedures, destruction procedures, Errors found by State, Pharmacy, facility Administration.

~~Problems, comments, suggestions:~~

Conducted by: Signature Title

SIGNATURE OF PERSONNEL ATTENDING	TITLE	SIGNATURE OF PERSONNEL ATTENDING	TITLE
Alice McRae	M/T		
Lillian Jones	MT/S		
[illegible]	MT/S.		
[illegible]	SAD SIC/MT		
Kimberly Bang	MT/S		
[illegible]	SIC		

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NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Electronic Mail

November 14, 2023

Jonathan Short, CIO
Integrity-Open Arms, L.L.C., Licensee
Open Arms Retirement Center
4900 Koger Blvd, Suite 150
Greensboro, NC 27407

email address: financial@integrityspillc.com

Re: Follow-up Survey completed October 18, 2023 (RDIL11)

Facility: **Open Arms Retirement Center**
Licensure Number: **HAL-047-014**
County: **Hoke**

Dear Mr. Short:

Thank you for the cooperation and courtesy extended during the survey completed October 18, 2023 by staff with the Adult Care Licensure Section.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to dispute cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **December 1, 2023**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **December 1, 2023**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at 828-707-3522. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Tina B Nielsen

Tina B. Nielsen, Nurse Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies
Revisit Report

cc: Judy Click, Administrator w/Enclosures (included in certified mail #7022 3330 001 9355 4588)
Tammy Chaney, Supervisor, Hoke County Department of Social Services
Heather Bingham, Branch Manager, East Region, Adult Care Licensure Section
Victor Orija, State LTC Ombudsman, Division of Aging and Adult Services
Star Rating, Adult Care Licensure Section
Quality and Compliance Unit, Adult Care Licensure Section
Facility File

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
HAL047014 Y1	A. Building B. Wing Y2	10/18/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS RETIREMENT CENTER	612 HEALTH DRIVE RAEFORD, NC 28376

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix D0270	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 10A NCAC 13F .0501(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/31/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Tina B Nielsen	DATE 11/08/23
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE NURSE CONSULTANT	DATE 11/08/23
FOLLOWUP TO SURVEY COMPLETED ON 8/25/2023		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO