Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081008	A. BUILDING: _____ B. WING _____	R-C 02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN MANOR REST HOME	390 HARDIN ROAD FOREST CITY, NC 28043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey and complaint investigation on 02/13/24 to 02/14/24 with an exit conference via telephone on 02/15/24. The complaint investigation was initiated by the Rutherford County Department of Social Services on 01/25/24.	D 000	All rooms will be free from all clutter and clean on a daily basis. RCC will check all rooms weekly to ensure rooms all kept clean and free from distraction/hazards Director will check every 2 week to ensure room are kept up	3/31/24
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 resident room #10 uncluttered, clean, and in an orderly manner. The findings are: Observations during the initial tour of resident room #10 on 02/13/24 at 9:20am revealed: -The white floor tiles of the entire room were heavily soiled and discolored reddish brown. -There was an approximate 5 ft. mound of unfolded clothes piled in a chair behind the entrance door to the room. -There was a 6 in. by 24 in box on the bottom of the resident's bed lying on top of a mound of unfolded clothing, a large portable stereo system, and a bag of loose tobacco.	D 079		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Crystal Arda TITLE Direct 3/31/24 DATE

Reviewed and Acknowledged
Date: 03/19/24 CS

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D 079	Continued From page 1 -Two pillowcases on the bed were heavily soiled causing discoloration of the material of the pillowcases. -There was a piece of 2 ft. by 2 ft. cardboard leaned over the head of the bed. -There were blankets folded and stacked on top of each other at the head of the bed. -There was a large cardboard box in the right corner of the room overflowing with blankets and linens. -There was a chair in the right corner of the room beside the chest of drawers with a gray discoloration of grime on the seat material of the chair. -There was a five drawer chest with a drawer front missing from one of the drawers. -The top of the chest was cluttered with coffee cans, a coffee brewing machine, and a heavy overcoat. -There was a rubber storage tub with a lid in front of the bed which was cluttered with 2 coffee cans, a box of cigarette tubes, a box of loose tobacco, a box of sweetener, a brown plastic cup half filled with a dark liquid inside, and a small plastic cup with a used paper towel inside used as a spit cup. -There was one shirt and one hoodie hanging over the window curtain on the left side of the room. -Upon entry to the room, on the immediate left there was a microwave which was heavily soiled with drips and splatters down it's sides and coated with a thick layer of dust on it's outside cabinet. -There were two cakes stored in plastic containers on top of the microwave. -There was an approximate 12 in. by 12 in. area of thick, brown substance on the floor under the bottom of the residents bed. -There was a soiled sleeping bag hung up as a curtain on the window over the resident's bed.	D 079		

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D 079	Continued From page 2 -There was a television antenna hung from one side of a curtain rod to a wire clothes hanger attached and hanging down from a vent in the ceiling. Interview with a Housekeeper on 02/13/24 at 2:50pm revealed: -She worked as a housekeeper in the facility Monday through Friday 7am to 4pm. -The other housekeeper worked in housekeeping and as a personal care aide (PCA) Monday through Friday 7am to 7pm. Interview with a second Housekeeper on 02/13/24 at 3:26 pm revealed: -The resident who lived in room #10 did not like the staff to come in his room and clean. -He allowed staff in his room to clean every other day. -Cleaning included taking out the trash, sweeping, and mopping the floor. -The resident did not like the staff to touch or clean other items in his room. Interview with the Resident Care Coordinator (RCC) on 02/13/24 at 3:45pm revealed: -Room #10 should be cleaned daily. -The resident refused to let staff into the room to clean it daily. -She had spoken with the resident who lived in room #10 about allowing the staff to enter the room and clean the room. -She had spoken with the resident on multiple occasions about the clothing piled in the room. -She offered to give him storage bins and to store the bins in the storage building behind the facility, but the resident refused. -The resident's guardian had also spoken with the resident about the condition of the room, but it had not improved the situation.	D 079		

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D 079	Continued From page 3 Interview with the Facility Director on 02/13/24 at 4:00pm revealed: -Room #10 was cleaned on 02/11/24. -The resident tracked in more dirt when it rained and it rained on 02/11/24. -They spoken with the resident's guardian and it had been addressed with the resident. -The resident would still only let staff clean the room 2-3 times per week. -He would only let staff do certain cleaning tasks when they were allowed into his room. Telephone interview with the guardian of the resident residing in room #10 on 02/14/24 at 8:35am revealed: -The facility was doing everything possible to keep room #10 clean. -She knew the room was "bad." -She hated the resident did not want to clean his room. -She felt every staff at the facility had done everything they could do for the resident to convince him to allow them to clean the room. Telephone interview with the Administrator on 02/15/24 at 8:28am revealed: -"Some" residents were difficult with allowing staff to clean their rooms. -Residents had the right to refuse services. -The resident who lived in room #10 routinely refused to allow staff to clean his room. -He had housekeeping staff in the building everyday. -He nor the staff wanted to violate the resident's rights. Based on observations, interviews, and record reviews it was determined the resident who resided in room #10 was not interviewable.	D 079		

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D 105	10A NCAC 13F .0311(a) Other Requirements 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure the buildings electrical equipment was maintained in a safe condition related to a surge protector plugged into a power strip which was connected to one wall receptacle which provided electricity to a mini-refrigerator and multiple electronic devices. The findings are: Observation during the initial facility tour in resident room #11 on 02/13/24 at 9:15am revealed: -There was a 6 outlet power strip located on the floor in front of a chest of drawers in the left corner of the resident's room. -There were 3 devices plugged into the power strip including a mini-refrigerator, a space heater, and an 8 outlet surge protector. -The space heater was powered on. -There were 6 electronic devices plugged into the 8 available outlets on the surge protector. -None of the electronic devices were powered on. -The electronic devices plugged into the surge protector included a large screen television, a speaker, and a gaming system console. Interview with the Facility Director on 02/13/24 at	D 105	3/31/24 Staff will check daily in all rooms to ensure the power surges are safely and place safely RCC will also check behind staff daily as well	

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D 105	Continued From page 5 9:36am revealed: -The resident who lived in the room told her he purchased the space heater at a local discount store "yesterday" (02/12/24). -The fire marshal had told them they could use surge protectors. Interview with the Resident Care Coordinator (RCC) on 02/13/24 at 1:58pm revealed: -There were limited electrical outlets available in resident rooms. -The fire marshal told her they could use power strips and surge protectors to increase the number of electrical outlets available in the resident rooms. Interview with the RCC on 02/13/24 at 3:45pm revealed: -She thought the resident who lived in room #1 just had one surge protector with the television connected to it. -She thought the surge protector was connected to an electrical outlet on the wall. -She did not "pay attention" to the power strip the refrigerator was connected to. Interview with the Facility Director on 02/13/24 at 4:00pm revealed the fire marshal told the RCC "last year" during an inspection that they could use surge protectors to increase electrical outlets in the rooms. Telephone interview with the Administrator on 02/15/24 at 8:28am revealed he did not know about the power strip and surge protector being connected together in resident room #11 until the facility staff informed him on 02/13/24. Telephone interview with the Division of Health Service Regulation (DHSR) Construction	D 105		

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D 105	Continued From page 6 representative on 02/15/24 at 8:42am revealed: -An electrical outlet can be "overloaded" when a surge protector and a power strip were used to provide electricity to multiple devices. -The mini-refrigerator should always be connected directly to a wall outlet. -When the compressor on the refrigerator came on it would pull more electricity and a power strip and surge protector were not designed to handle those types of electrical surges. -Connecting appliances to power strips and surge protectors increased the risk of fire and damage to any other devices connected to the power strip and surge protector. Telephone interview with the local fire marshal on 02/15/24 at 12:44pm revealed: -Connecting a power strip and surge protector together and only one of them connected to a wall receptacle was "not allowed" due to risk of overload. -The mini-refrigerator should have been connected directly to a wall receptacle because of the amount of power they use. -The mini-refrigerator should not be connected into power strips or surge protectors as it increases the risk of overload. -When the compressor on the mini-refrigerator first comes on it uses a lot of electricity and if it pulls too much electricity through the adapter it could overload and cause a fire. The failure of the facility to directly connect the mini-refrigerator in resident room #11 to the wall outlet and to not allow the resident in room #11 to connect a surge protector and power strip together and then connect to one electrical outlet increased the risk of electrical overload and fire. This failure was detrimental to the safety of the residents and constitutes a Type B Violation.	D 105		

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D 105	Continued From page 7 The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/13/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 31, 2024.	D 105	3/31/24 ~~R~~ Staff will check daily to ensure residents dont have any space heaters in rooms, RCC will check daily as well	
D 108	10A NCAC 13F .0311(b)(2) Other Requirements 10A NCAC 13F .0311Other Requirements (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. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. This rule apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure a portable electric heater was not used in a resident room (#11). The findings are: Observation during the initial facility tour on 02/13/24 at 9:15am revealed there was an electric space heater operating in resident room #11. Interview with the Housekeeper on 02/13/24 at 9:20am revealed: -She was aware space heaters were not allowed	D 108		

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D 108	Continued From page 8 in resident rooms. -She last cleaned room #11 on 02/09/24. -She did not see a space heater in resident room #11 on 02/09/24. Interview with the Facility Director on 02/13/24 at 9:36am revealed: -She did not know the resident in room #11 had purchased a space heater. -The staff did not know there was a space heater in resident room #11. -The resident who lived in the room told her he purchased the space heater at a local discount store "yesterday" (02/12/24). Interview with the Resident Care Coordinator (RCC) on 02/13/24 at 3:45pm revealed she nor the staff knew the resident who lived in room #11 had bought a space heater and was operating it in his room. Telephone interview with the Administrator on 02/15/24 at 8:28am revealed: -He had never found any space heaters in resident rooms in the facility. -The staff were aware space heaters were not allowed in the facility. Telephone interview with the Division of Health Service Regulation (DHSR) Construction representative on 02/15/24 at 8:42am revealed: -A space heater could easily start a fire if they were not in constantly supervised while in use. -This was why the state regulations did not allow use of space heaters in resident rooms. The failure of the facility to allow the resident residing in room #11 to operate a space heater in the room increased the risk of fire. This failure was detrimental to the safety of the residents and	D 108		

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D 108	Continued From page 9 constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/13/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 31, 2024.	D 108		