STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041080	A. BUILDING: _____ B. WING _____	R 07/02/2024

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CINNAMON RIDGE	3211 GROOMETOWN ROAD GREENSBORO, NC 27407

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on July 2, 2024.	C 000		
C 073	10A NCAC 13G .0314 (c) Floors 10A NCAC 13G .0314 Floors (c) All floors shall be kept in good repair This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the floors in the dining room, threshold from dining room to kitchen, and kitchen floor were maintained in good repair. The findings are: Review of the facility's North Carolina Department of Environment and Natural Resources Division of Environmental Health Inspection of Residential Care Facility dated 01/19/24 revealed documentation the floors were peeling along the edge of the kitchen with the facility receiving 1 demerit point on the inspection. Observation on 07/02/24 at 11:42am of the vinyl floor covering in the kitchen area revealed: -The vinyl floor covering was raised and curled inward along the entire length of the lower kitchen counter cabinet base (10-12 feet). -The vinyl floor covering had a 5-inch tear at the corner of the kitchen counter cabinet base and kitchen bar junction. Observation on 07/02/24 at 11:43am of the facility's floor coverings revealed the vinyl flooring at the threshold transition from the kitchen to the dining area threshold had a 12 inch long by 3-inch-wide section that was torn and peeling	C 073		

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C 073	Continued From page 1 exposing the bare sub-flooring. Observation on 07/02/24 at 11:44am of the vinyl floor covering in the lower dining room area, adjourning the kitchen revealed there were 2 torn and peeling sections exposing the underlying floor under the table and along the area where dining room table chairs were located. Interview with a resident on 07/02/24 at 3:38pm revealed: -He did not pay attention to the kitchen floors -He had no problem moving about the floor. -He never complained to staff or the Administrator about the torn and peeling floor covering in the kitchen/dining area. Interview with the Administrator on 07/02/24 at 4:05pm revealed: -She did not own the facility. -She knew the kitchen flooring was cited in the facility's January 2024 environmental health report and the vinyl floor covering in the kitchen area was worn and needed replacing. -She had contacted the owner of the building after the January 2024 environmental health report and a few times since then requesting the floor be replaced. -The owner had not arranged for replacing the vinyl floor covering to her knowledge.	C 073		
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family	C 102		

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C 102	Continued From page 2 care home shall be maintained in a safe and operating condition This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure fire safety equipment was maintained in a safe operating condition related to two fire extinguishers with expired maintenance service tags. The findings are: Observation on 07/02/24 at 8:53am revealed: -There were two dry chemical fire extinguishers in the facility. -One fire extinguisher was in the kitchen area and one was in the hallway near the residents' bedrooms. -The fire extinguisher in the kitchen area was serviced for maintenance in May 2023 as indicated on the service tag. -The fire extinguisher in the hallway near the residents' bedrooms was serviced for maintenance in May 2023 as indicated on the service tag. -Both dry chemical fire extinguishers had the indicator for charge status in the green (normal) charge status indicating the fire extinguisher had not been discharged. -The monthly inspection logs located on the back of the service tags were not completed. Review of the facility's Fire Department inspection report revealed the facility was inspected on 04/24/24. There was no information regarding fire extinguishers should serviced in May 2024.	C 102		

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C 102	Continued From page 3 Interview with the Administrator on 07/02/24 at 9:05am revealed: -She was aware the fire extinguishers were required to be serviced yearly. -The fire extinguisher service company was behind on services due to staffing issues. Second interview with the Administrator on 07/02/24 at 9:35am revealed the fire extinguisher service company was scheduled to service the facility's fire extinguishers on July 9, 2024. Telephone interview with a representative at the facility's fire extinguisher service company on 07/02/24 at 4:00pm revealed: -The company routinely serviced fire extinguishers prior to the expiration on the service tag attached to the fire extinguisher. -Facilities were required to be current on payment for services in order to have routine fire extinguisher servicing. -The company did not service fire extinguishers at the facility by 05/31/24 due to unpaid services charges.	C 102		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by:	C 105		

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C 105	Continued From page 4 Based on observations, interviews and record reviews, the facility failed to ensure the hot water temperatures at 2 of 2 fixtures (common sink and tub/shower) accessible to and used by residents were maintained between 100 and 116 degrees Fahrenheit (F) The findings are: Review of the facility's current license effective 01/01/24 revealed the facility was licensed for a capacity of up to 6 ambulatory residents. Review of the facility's current resident list provided on 07/02/24 revealed the facility's current census was 6 residents. Observation during the initial tour of the facility on 07/02/24 at 8:24am and 8:28am revealed: -The hot water temperature at the common bathroom sink was 124 degrees F. -The hot water temperature at the common bathroom tub/shower was 128 degrees F with steam visible. Interview with the Supervisor-In-Charge (SIC) on 07/02/24 at 8:30am revealed: -He was not aware hot water temperatures were required to range between 100 and 116 degrees F. -Five residents bathed themselves independently and one resident required assistance with bathing. -He was responsible for assisting the one resident with bathing. -No resident had complained or reported to him hot water temperatures were elevated. -He notified the Administrator during the interview about the elevated hot water temperatures.	C 105		

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C 105	Continued From page 5 Observation on 07/02/24 at 8:30am revealed the SIC posted a sign in the bathroom over the common sink, to warn residents when using the faucet and bathtub to seek staff supervision. Interview with one resident on 07/02/24 at 8:35am revealed: -He bathed himself without assistance. -He had not had a problem with the water in the bathroom being too hot. -He knew how to adjust the hot water temperature in the sink and the shower. -If the water was too hot, he knew how to turn on the cold water to cool the temperature. Interview with a second resident on 07/02/24 at 8:40am revealed: -He bathed himself without assistance and knew how to adjust the hot water temperature to prevent getting burned. -He had never been burned by hot water in the bathroom. Interview with a maintenance staff on 07/02/24 at 9:00am revealed: -The Administrator called him this morning regarding elevated hot water temperatures. -He was not aware hot water temperatures were required to range between 100 and 116 degrees F. -He checked the hot water with his thermometer to verify the reading was above the required range. -He turned the hot water temperature down on the hot water heater to adjust it below 116 degrees F. Interview with the Administrator on 07/02/24 at 9:05am revealed: -She was not aware the hot water from the	C 105		

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C 105	Continued From page 6 fixtures in the common bathroom sink and tub were too high. -She was aware hot water temperatures were required to range between 100 and 116 degrees F. -She kept a log that recorded monthly water temperatures. -She was responsible for checking the water temperatures between the 1st and 5th of each month. -She had not checked the water temperature for the month of July 2024. Review of the facility's hot water temperature log revealed: -Hot water temperatures were recorded within range between 100 degrees F and 116 degrees F from January 2024 through June 2024. -The highest hot water temperature was 112 degrees F and and lowest hot water temperature was 102 degrees F. Observation 07/02/24 at 11:30am revealed the hot water temperature at the common bathroom sink and tub/shower fixtures were 106 degrees F.	C 105		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.	C 202		

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C 202	Continued From page 7 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#2) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #2's current FL-2 dated 07/17/23 revealed diagnoses included hypertension, developmental delay, and chronic obstructive pulmonary disease. Review of Resident #2's Resident Register revealed an admission date of 06/30/21. Review of Resident #2's vaccination record revealed: -There was documentation for a TB skin test was blank for date applied with documented negative result on 06/16/21. -There was no documentation for a second TB skin test completed upon admission for Resident #2. Interview with the Administrator on 07/02/24 at 2:20pm revealed: -She was aware all residents should have 2 TB skin tests on file in the resident's record. -She was responsible for admitting residents to the facility and ensuring residents had 2 TB skin tests completed upon admission. -She thought Resident #2 had a second TB test, but she could not locate documentation for the second TB test.	C 202		

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C 202	Continued From page 8 Interview with Resident #2 on 07/02/24 at 3:20pm revealed he could not remember if he had 2 TB skin tests in the past.	C 202		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records (MAR) were accurate for 2 of 3 sampled residents (#2, and #3) related to medications to treat hyperlipidemia, memory loss, hypothyroidism, vitamin deficiency, elevated eye pressure, and dementia (#3), hypertension, vitamin deficiency (#2 and #3), and	C 342		

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gastro-esophageal reflux disease (#2).

The findings are:

1. Review of Resident #3's current FL-2 dated 12/11/23 revealed diagnoses included mild mental retardation (MR), hypertension, hyperlipidemia, memory loss, hypothyroidism, and dementia.

Review of Resident #3's current FL-2 dated 12/11/23 revealed medications ordered included:
-There was an order for aspirin 81mg (used to thin the blood) one tablet daily.
-There was an order for amlodipine 5mg (used to lower high blood pressure) daily.
-There was an order for pain reliever 500mg (used to treat mild pain) twice daily.
-There was as order for lisinopril/hydrochlorothiazide 20/25 (used to treat hypertension) one tablet daily.
-There was an order for lovastatin 20mg (used to treat hyperlipidemia) one tablet daily.
-There was an order for Lumigan 0.01% (used to reduce pressure in the eye) drops one drop in affected eye(s) every evening.
-There was an order for Vitamin B12 500mcg (a vitamin supplement) one tablet daily.
-There was an order for levothyroxine 75mcg (used to treat hypothyroidism) once daily at 7:00am on empty stomach.
-There was an order for donepezil 10mg (used to treat dementia) one tablet nightly.

Review of Resident #3's May 2024 MAR on 07/02/24 at 10:00am revealed:
-There was an entry for aspirin 81mg enteric coated take one tablet daily, scheduled for administration daily at 8:00am.
-There was an entry for amlodipine 5mg take one

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tablet daily, scheduled for administration daily at 8:00pm.
-There was an entry for pain relief 500mg take one tablet twice daily, scheduled for administration daily at 8:00am and 8:00pm daily.
-There was as entry for lisinopril/hydrochlorothiazide 20/25 daily, scheduled for administration daily at 8:00pm.
-There was an entry for lovastatin 20mg (used to treat hyperlipidemia) daily, scheduled for administration daily at 8:00am.
-There was an order for Lumigan 0.01% (used to reduce pressure in the eye) drops one drop in affected eye(s) every evening.
-There was an order for Vitamin B12 500mcg (a vitamin supplement) daily, scheduled for administration daily at 8:00am.
-There was an order for levothyroxine 75mcg (used to treat hypothyroidism) once daily at 7:00am on empty stomach, scheduled for administration daily at 7:00am.
-There was an order for donepezil 10mg (used to treat dementia) one tablet nightly, scheduled for administration daily at 8:00pm.

Continued review of Resident #3's May 2024 MAR revealed:
-Aspirin 81mg, amlodipine 5mg, pain relive 500mg, lisinopril/hydrochlorothiazide 20/25, lovastatin 20mg, Lumigan 0.01%, Vitamin B12 500mcg, levothyroxine 75mcg, and donepezil 10mg was documented as administered from 05/01/24 to 05/09/24.
-Aspirin 81mg, amlodipine 5mg, pain relive 500mg, lisinopril/hydrochlorothiazide 20/25, lovastatin 20mg, Lumigan 0.01%, Vitamin B12 500mcg, levothyroxine 75mcg, and donepezil 10mg were not documented (MAR was blank) as administered from 5/10/24 to 05/31/24.

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C 342	Continued From page 11 Telephone interview with the pharmacist at the facility's contracted pharmacy on 07/02/23 at 2:00pm. -Resident #3's medications were cycle-filled in May 2024 with a dispense date of 05/02/24. -There were no medications for Resident #3 returned to the pharmacy for May 2024. Observations of Resident #3's medications on hand for administration on 07/02/24 at 11:00am revealed: -There was a bingo card of Aspirin 81mg, labeled one tablet daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of amlodipine 5mg, labeled one tablet daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of pain relief 500mg, labeled one tablet twice daily dispensed on 06/02/24 for 60 tablets, with 20 tablets remaining. -There was a bingo card of lisinopril/hydrochlorothiazide 20/25mg, labeled one tablet once daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of lovastatin 20mg, tabled one tablet once daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bottle of Lumigan 0.01%, drops, tabled one drop in affected eye(s) once daily dispensed on 06/02/24, with one full bottle remaining. -There was a bingo card of Vitamin B12 500mcg, tabled one tablet once daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of levothyroxine 75mcg, labeled one tablet once daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card donepezil 10mg, labeled one tablet nightly dispensed on 06/02/24 for 30 tablets, with 11 tablets remaining.	C 342		

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C 342	Continued From page 12 Refer to the telephone interview with the pharmacist at the facility's contracted pharmacy on 07/02/23 at 2:00pm. Refer to the interview with the Administrator on 07/02/24 at 3:15pm. Refer to the interview with the Supervisor-in-Charge (SIC) on 07/02/24 at 4:10pm. 2. Review of Resident #2's current FL-2 dated 07/17/23 revealed: -Diagnoses included hypertension, hyperlipidemia, and gastro-esophageal reflux disease (GERD). -There was an order for pantoprazole (used to treat indigestion) once daily. -There was an order for multi-vitamin (used for vitamin supplement) once daily. -There was an order for amlodipine 5mg (used to treat high blood pressure) daily. -There was an order for atorvastatin 20mg (used to treat hyperlipidemia) daily. Review of Resident #2's May 2024 MAR on 07/02/24 at 10:00am revealed: -There was an entry for amlodipine 5mg one tablet daily, scheduled for administration daily at 8:00am. -There was an entry for atorvastatin 20mg daily, scheduled for administration daily at 8:00am. -There was an entry for pantoprazole once daily, scheduled for administration daily at 8:00am. -There was an entry for multi-vitamin once daily, scheduled for administration daily at 8:00am. Continued review of Resident #2's May 2024 MAR revealed:	C 342		

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C 342	Continued From page 13 -Amlodipine 5mg, atorvastatin 20mg, pantoprazole 40mg and multi-vitamin were documented as administered from 05/01/24 to 05/09/24. -Amlodipine 5mg, atorvastatin 20mg, pantoprazole 40mg and multi-vitamin were not documented (MAR was blank) as administered from 5/10/24 to 05/31/24. Observations of Resident #2's medications on hand for administration on 07/02/24 at 11:00am revealed: -There was a bingo card of amlodipine 5mg labeled one tablet daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of atorvastatin 20mg labeled one tablet daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of pantoprazole labeled one tablet once daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. -There was a bingo card of multi-vitamin labeled one tablet once daily dispensed on 06/02/24 for 30 tablets, with 10 tablets remaining. Telephone interview with the pharmacist at the facility's contracted pharmacy on 07/02/23 at 2:00pm. -Resident #2's medications were cycle-filled in May 2024 with a dispense date of 05/02/24. -There were no medications for Resident #2 returned to the pharmacy for May 2024. Interview with Resident #2 on 07/02/24 revealed he did not recall missing any of his medications recently. Refer to the telephone interview with the pharmacist at the facility's contracted pharmacy on 07/02/23 at 2:00pm.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041080	A. BUILDING: _____ B. WING _____	R 07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CINNAMON RIDGE	3211 GROOMETOWN ROAD GREENSBORO, NC 27407

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C 342	Continued From page 14 Refer to the interview with the Administrator on 07/02/24 at 3:15pm. Refer to the interview with the Supervisor-in-Charge (SIC) on 07/02/24 at 4:10pm. _____ Telephone interview with the pharmacist at the facility's contracted pharmacy on 07/02/23 at 2:00pm. -Cycle-filled medications were packaged in individual bingo cards with a 30 days supply. -The cycle fill medications were sent the first week of each month (by the the 8th of the month) for administration beginning the second week of the month. -The facility could return unused medications to the pharmacy after the next month's cycle-filled medications were started at the facility. Interview with the Administrator on 07/02/24 at 3:15pm revealed: -She was not aware residents' medications were not documented as administered from 5/10/24 to 05/31/24. -The Administer and the SIC were responsible for administering medications and documenting administration on the resident's MAR at the time of administration. -She did not know why the medications were not signed as administered from 05/10/24 to 05/10/24. -She was sure the residents received the medications on those dates because the residents cycle-filled bingo cards were empty when she placed the June 2024 cycle-filled medications on the medication carts. -She audited the residents' MARs periodically, but had not checked residents' MAR for May 2024.	C 342		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041080	A. BUILDING: _____ B. WING _____	R 07/02/2024

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CINNAMON RIDGE	3211 GROOMETOWN ROAD GREENSBORO, NC 27407

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C 342	Continued From page 15 Interview with the SIC on 07/02/24 at 4:10pm revealed: -He routinely administered medications and documented administration on the residents' MARs as he gave the medications. -He did not know why there were residents' May 2024 MAR incomplete for documentation of medication administration from 05/10/24 to 05/31/24.	C 342		