STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	R 11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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 a follow-up survey on 11/13/24 and 11/14/24.	D 000		
D 083	10A NCAC 13F .0306(a)(9) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based observations and interviews, the facility failed to provide window blinds that were not damaged in 4 of 10 sampled resident rooms (A2, A3, A8, B22). The findings are: Observation of resident room A2 on 11/14/24 at 8:10am revealed: -Two residents resided in the room. -The room had one window that faced the facility's parking lot. -The window had vertical blinds that covered part of the window. -There were 9 slats missing from the vertical blinds. Interview with one of the residents that resided in room A2 on 11/14/24 at 8:15am revealed: -He would like his blinds to be fixed or replaced. -He was aware someone could see in his room from outside. -He did not feel like he had privacy.	D 083		

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D 083	Continued From page 1 Observation of resident room A3 on 11/14/24 at 8:43am revealed: -Two residents resided in the room. -The room had one large window that faced the facility's parking lot. -The window had vertical blinds that covered part of the window. -There were 4 slats missing from the vertical blinds. Interview with one of the residents that resided in room A3 on 11/14/24 at 8:50am revealed: -She would like to be able to close the blinds at night for privacy. -She knew people could see into the window from outside. -She had not mentioned the broken blinds to staff. Observation of resident room A8 on 11/14/24 at 9:10am revealed: -Two residents resided in the room. -The room had one window that faced the facility parking lot. -The window had vertical blinds that covered part of the window. -There were 4 slats missing from the vertical. Interview with one of the residents that resided in room A8 on 11/14/24 at 9:12am revealed: -He was aware someone could see in his room from outside. -He would like to be able to close his blinds for privacy. -He had not mentioned the broken blinds to staff. Interview with one of the residents that resided in room A8 on 11/14/24 at 9:22am revealed: -He was aware anyone could see into his window	D 083		

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D 083	Continued From page 2	D 083		

from outside.
-He would like to close his blinds for privacy.
-He never mentioned his broken blinds to staff because he did not think they would fix them.

Observation of resident room B-22 on 11/14/24 at 9:20am revealed:
-Two residents resided in the room.
-The room had one window that faced the back of a facility.
-The window had vertical blinds that covered part of the window.
-There were 4 slats missing from the vertical.

Interview with the Resident Care Coordinator (RCC) on 11/14/24 at 10:15am revealed:
-She was aware of the broken blinds in some resident rooms.
-The Administrator was responsible for replacing broken blinds.
-The Administrator had purchased blinds twice since the last survey in 2024.
-Some of the blinds were broken by residents when they opened their windows.

Interview with the Administrator on 11/14/24 at 10:40am revealed:
-She was aware of the broken blinds.
-She had replaced the tabs in the blinds, but they easily fell out.
-It was the staff's responsibility to notify her when they saw broken blinds.
-She was responsible for ensuring all resident rooms had blinds that fully closed.
-The facility did not currently have a maintenance staff in the facility.
-Her spouse currently made repairs when needed.

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D 091	Continued From page 3	D 091		
D 091	10A NCAC 13F .0306(b)(5)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for 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; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a comfortable chair for each resident in 3 out of 10 sampled resident's rooms (A2, A3 and A8). The findings are: Observation of resident room A2 on 11/14/24 at 8:12am revealed: -Two residents resided in the room. -One resident had a chair at the foot of the bed. -One resident had a wheelchair beside his bed. Interview with one of the residents in room A2 at 8:12am revealed: -He never had a chair beside his bed. -When he was not lying down, he sat on his bed or in his wheelchair. -He would like a chair in his room. -He had not requested a chair from staff. Observation of resident room A3 on 11/14/24 at 8:42am revealed:	D 091		

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D 091	Continued From page 4	D 091		

-Two residents resided in the room.
-There was one chair located beside one of the resident's bed.
-The other resident did not have a chair.

Interview with one of the residents who resided in room A3 on 11/14/24 at 8:45am revealed:
-The resident did not remember ever having a chair in her room.
-She sat in her wheelchair when not in bed.
-She would like to have a chair in her room.
-She did not recall asking staff for a chair.

Observation of resident room A8 on 11/14/24 at 9:00am revealed:
-Two residents resided in room A8.
-There was one wheelchair in the room.
-There were no other chairs in the room.

Interview with one resident who resided in room A8 on 11/14/24 at 9:05am revealed.
-He sat in his wheelchair when he was tired of being in bed.
-He had never had a chair in his room.
-He had not requested a chair from staff.
-He would like a chair in his room.

Interview with the Resident Care Coordinator (RCC) on 11/14/24 at 10:20am revealed:
-She was not aware residents did not have chairs in their rooms until the last survey.
-After the last survey she and the Administrator asked all residents if they wanted a chair and side table.
-Some residents did not want a chair.
-She was not sure if residents in rooms A2, A3 and A8 declined chairs.

Interview with the Administrator on 11/14/24 at 10:35am revealed:

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D 091	Continued From page 5 -She was aware that all residents should have a chair in their rooms. -It was her responsibility to ensure that each resident had a chair in their room. -After the last survey she ordered chairs and side tables for residents' rooms. -All residents were offered a chair and side table for their room. -Some residents may have removed chairs from their rooms. -She was not sure if residents in rooms A2, A3 and A8 declined chairs.	D 091		
D 194	10A NCAC 13F .0608 (a)(b) Staffing for Facilities With A Census Of 21 10A NCAC 13F .0608 Staffing for Facilities With A Census Of 21 Or More Residents (a) Each facility with a census of 21 or more residents shall have staff on duty to meet the needs of the residents. (b) In addition to the requirement in Paragraph (a) of this Rule, each facility with a census of 21 or more residents shall comply with the following staffing requirements: (1) On first shift and second shift, the total aide duty hours shall be at least: (A) 16 hours of aide duty for facilities with a census of 21 to 40 residents. (B) 20 hours of aide duty for facilities with a census of 41 to 50 residents. (C) 24 hours of aide duty for facilities with a census of 51 to 60 residents. (D) 28 hours of aide duty for facilities with a census of 61 to 70 residents. (E) 32 hours of aide duty for facilities with a census of 71 to 80 residents. (F) 36 hours of aide duty for facilities with a	D 194		

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census of 81 to 90 residents.
(G) 40 hours of aide duty for facilities with a census of 91 to 100 residents.
(H) 44 hours of aide duty for facilities with a census of 101 to 110 residents.
(I) 48 hours of aide duty for facilities with a census of 111 to 120 residents.
(J) 52 hours of aide duty for facilities with a census of 121 to 130 residents.
(K) 56 hours of aide duty for facilities with a census of 131 to 140 residents.
(L) 60 hours of aide duty for facilities with a census of 141 to 150 residents.
(M) 64 hours of aide duty for facilities with a census of 151 to 160 residents.
(N) 68 hours of aide duty for facilities with a census of 161 to 170 residents.
(O) 72 hours of aide duty for facilities with a census of 171 to 180 residents.
(P) 76 hours of aide duty for facilities with a census of 181 to 190 residents.
(Q) 80 hours of aide duty for facilities with a census of 191 to 200 residents.
(R) 84 hours of aide duty for facilities with a census of 201 to 210 residents.
(S) 88 hours of aide duty for facilities with a census of 211 to 220 residents.
(T) 92 hours of aide duty for facilities with a census of 221 to 230 residents.
(U) 96 hours of aide duty for facilities with a census of 231 to 240 residents.
(2) On third shift, the total aide duty hours shall be at least:
(A) 8 hours of aide duty for facilities with a census of 21 to 30 residents.
(B) 16 hours of aide duty for facilities with a census of 31 to 60 residents.
(C) 24 hours of aide duty for facilities with a census of 61 to 90 residents.

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D 194	Continued From page 7 (D) 32 hours of aide duty for facilities with a census of 91 to 120 residents. (E) 40 hours of aide duty for facilities with a census of 121 to 150 residents. (F) 48 hours of aide duty for facilities with a census of 151 to 180 residents. (G) 56 hours of aide duty for facilities with a census of 181 to 210 residents. (H) 64 hours of aide duty for facilities with a census of 211 to 240 residents. (3) If the Department determines the needs of the residents at a facility are not being met by staffing requirements of Paragraph (b) of this Rule, the Department shall require the facility to employ staff to meet the needs of the residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure aide hours met the minimum requirements for the Assisted Living (AL) facility for 21 of 42 sampled shifts from 10/20/24 to 11/02/24. The findings are: Review of the facility's current license effective 01/01/24 revealed the assisted living facility was licensed for a capacity of 53 beds. Review of the Daily Census Report for 10/20/24 revealed the AL had a census of 31, which	D 194		

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D 194	Continued From page 8 required 16 aide hours on first and third shift. Review of staff timecards dated 10/20/24 revealed: -There was a total of 15 aide hours provided on first shift leaving a shortage of 1 hour. -There was a total of 10.25 aide hours provided on third shift leaving a shortage of 5.75 hours. Review of the Daily Census Report for 10/21/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 10/21/24 revealed there was a total of 13 aide hours provided on third shift leaving a shortage of 3 hours. Review of the Daily Census Report for 10/22/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 10/22/24 revealed there was a total of 9.75 aide hours provided on third shift leaving a shortage of 6.25 hours. Review of the Daily Census Report for 10/23/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 10/23/24 revealed there was a total of 13.25 aide hours provided on third shift leaving a shortage of 2.75 hours. Review of the Daily Census Report for 10/24/24 revealed the AL had a census of 31, which required 16 aide hours on second and third shift.	D 194		

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D 194	Continued From page 9 Review of staff timecards dated 10/24/24 revealed: -There was a total of 14 aide hours provided on second shift leaving a shortage of 2 hours. -There was a total of 9 aide hours provided on third shift leaving a shortage of 7 hours. Review of the Daily Census Report for 10/25/24 revealed the AL had a census of 32, which required 16 aide hours on third shift. Review of staff timecards dated 10/25/24 revealed there was a total of 9.5 aide hours provided on third shift leaving a shortage of 6.5 hours. Review of the Daily Census Report for 10/26/24 revealed the AL had a census of 31, which required 16 aide hours on first, second and third shift. Review of staff timecards dated 10/26/24 revealed: -There was a total of 9.75 aide hours provided on first shift leaving a shortage of 6.25 hours. -There was a total of 15 aide hours provided on second shift leaving a shortage of 1 hour. -There was a total of 10.75 aide hours provided on third shift leaving a shortage of 5.25 hours. Review of the Daily Census Report for 10/27/24 revealed the AL had a census of 31, which required 16 aide hours on first and third shift. Review of staff timecards dated 10/27/24 revealed: -There was a total of 15 aide hours provided on first shift leaving a shortage of 1 hour. -There was a total of 8.75 aide hours provided on third shift leaving a shortage of 7.25 hours.	D 194		

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D 194	Continued From page 10 Review of the Daily Census Report for 10/28/24 revealed the AL had a census of 31, which required 16 aide hours on second and third shift. Review of staff timecards dated 10/28/24 revealed: -There was a total of 13.75 aide hours provided on second shift leaving a shortage of 2.75 hours. -There was a total of 9.75 aide hours provided on third shift leaving a shortage of 6.25 hours. Review of the Daily Census Report for 10/29/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 10/29/24 revealed there was a total of 8.75 aide hours provided on third shift leaving a shortage of 7.25 hours. Review of the Daily Census Report for 10/30/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 10/30/24 revealed there was a total of 9.5 aide hours provided on third shift leaving a shortage of 6.5 hours. Review of the Daily Census Report for 10/31/24 revealed the AL had a census of 31, which required 16 aide hours on second and third shift. Review of staff timecards dated 10/31/24 revealed: -There was a total of 15.25 aide hours provided on first shift leaving a shortage of 0.75 hours. -There was a total of 9.5 aide hours provided on third shift leaving a shortage of 6.5 hours.	D 194		

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D 194	Continued From page 11 Review of the Daily Census Report for 11/01/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 11/01/24 revealed there was a total of 12.25 aide hours provided on third shift leaving a shortage of 3.75 hours. Review of the Daily Census Report for 11/02/24 revealed the AL had a census of 31, which required 16 aide hours on third shift. Review of staff timecards dated 11/02/24 revealed there was a total of 8.75 aide hours provided on third shift leaving a shortage of 7.25 hours. Attempted telephone interview with a medication aide/personal care aide (MA/PCA) on 11/14/24 at 3:45pm was unsuccessful. Interview with a Supervisor/medication aide (S/MA) on 11/14/24 at 3:34pm revealed: -She had made the staff schedule twice. -The facility recently switched to a new clock-in system for employees, and it was a challenge adjusting to the new clock-in system. Interview with the Resident Care Coordinator (RCC) on 11/14/24 at 3:30pm revealed: -She made the staff schedule most of the time and sometimes the Administrator made the staff schedule. -A S/MA made the schedule for 10/20/24 to 11/02/24. -She did not know 16 aide hours were required on third shift based on a census of 31 residents.	D 194		

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D 194	Continued From page 12 Interview with the Administrator on 11/14/24 at 2:50pm revealed: -The RCC was responsible for completing the staff schedule. -The facility used 3 shifts, 7:00am to 3:00pm, 3:00pm to 11:00pm, and 11:00pm to 7:00am, for aide shifts. -She did not know the facility was short of aide hours on first shift on 10/20/24, 10/26/24 and 10/27/24. -She did not know the facility was short of aide hours on second shift on 10/24/24, 10/26/24, 10/28/24, and 10/31/24. -She knew there were 16 aide hours required on third shift for a census of 31 residents. -The census increased to 31, which increased the required number of aide hours from eight to 16 on third shift, but she was unable to get staff coverage. -She and the RCC were responsible to ensure the facility had enough staff based on the resident census each shift.	D 194		
D 613	10A NCAC 13F .1801 (d) Infection Prevention & Control Policies & Pro 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES (d) In accordance with Rule .1211 of this Subchapter and G.S. 131D-4.4A(b)(4), the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (b)(2) of this Rule.	D 613		

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This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure the mandatory annual state approved infection control training was completed for 2 of 3 sampled staff (Staff B and C).

The findings are:

1. Review of Staff C's, medication aide (MA) personnel record revealed:
-Staff C was hired on 03/21/19.
-There was documentation of state approved infection control training on 11/08/21.
-There was documentation of state approved infection control training on 11/14/24.

Attempted telephone interview with Staff C on 11/14/24 at 3:45pm was unsuccessful.

Interview with the Resident Care Coordinator (RCC) on 11/14/24 at 3:30pm revealed:
-The facility had changed pharmacies and were unable to schedule infection control training before 11/14/24.
-She and the Administrator were responsible for making sure staff completed infection control training annually.

Interview with the Administrator on 11/14/24 at 2:50pm revealed:
-The facility changed contracted pharmacies on 10/14/24, and the pharmacy provided the state approved infection control training to facility staff.
-She was unable to schedule the state approved infection control training until 11/14/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	R 11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	139 APEX LANE MOUNT AIRY, NC 27030

(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 613	Continued From page 14	D 613		

-She knew staff must complete the state approved infection control training annually.
-Staff C completed the annual state approved infection control training on 11/14/24.

2. Review of Staff B's, medication aide (MA) personnel record revealed:
-Staff B was hired on 12/05/19.
-There was documentation of state approved infection control training on 08/02/23.
-There was documentation of state approved infection control training on 11/14/24.

Interview with Staff B on 11/14/24 at 3:34pm revealed:
-She did not know her annual state approved infection control training was expired from 08/03/23 until 11/14/24.
-She completed the state approved infection control training on 11/14/24.
-She did not remember being told her annual infection control training was due prior to 11/14/24.

Interview with the Resident Care Coordinator (RCC) on 11/14/24 at 3:30pm revealed:
-The facility had changed pharmacies and were unable to schedule infection control training before 11/14/24.
-She and the Administrator were responsible for making sure staff completed infection control training annually.
-She did not know Staff B's annual infection control training was expired from 08/03/24 to 11/14/24.

Interview with the Administrator on 11/14/24 at 2:50pm revealed:
-The facility changed contracted pharmacies on 10/14/24, and the pharmacy provided the state

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: _____ B. WING _____	R 11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 613	Continued From page 15 approved infection control training to facility staff. -She was unable to schedule the state approved infection control training until 11/14/24. -She knew staff must complete the state approved infection control training annually. -Staff B completed the annual state approved infection control training on 11/14/24.	D 613		