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	HAL023045	A. BUILDING: _____ B. WING _____	R 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND HOUSE	950 HARDIN DRIVE SHELBY, NC 28150

(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 completed an annual and follow-up survey on February 4 through February 5, 2025	D 000	"Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State"	
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure walls, ceilings and floors were kept clean and in good repair as evidenced by four of the residents' shared bathrooms that were not clean, one bathroom with a damaged wall, and two residents' room that were cluttered with clothing, boxes and food/ snacks.. The findings are: Review of the facility's sanitation inspection report dated 03/21/24 revealed: -The facility received 5.5 demerit deductions for issues that included damaged walls around the shower edge and peeling paint to the inside of the shower floor in resident room 38. -The bathroom was no longer in good repair or easily cleanable and needed to be repaired or painted.	D 074		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joetta Madsen | TITLE: Executive Director | (X6) DATE: 03/14/2025

Reviewed and acknowledged Faheemah Jones 3/18/25

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D 074	Continued From page 1 Review of the facility's sanitation inspection report dated 11/04/24 revealed: -The facility received 5.5 demerit deductions for issues that included toilet facilities needed to be accessible, clean and in good repair. -There was documentation on the last page of the report stating there were bathrooms and resident rooms that required cleaning and repairs. Observations of shared resident bathrooms on 02/04/25 from 9:20am to 10:10am revealed: -In the shared bathroom between rooms 22 and 23, there were brown stains around the basin of the toilet. -In the shared bathroom between rooms 24 and 25, there were brown stains on the raised toilet seat as well as the commode underneath. -In the shared resident bathrooms between rooms 32 and 33, there were dried brown stains around the basin of the toilet. -In the bathroom of room 38, there were dried brown stains around the basin of the toilet. -In the shared bathroom between rooms 24 and 25, there was a damaged half wall separating the shower and the toilet. -The damage to the wall included peeling paint, brown water stains and part of the bottom of the wall was missing. Observations of two shared resident bedrooms (rooms 28 and 32) on 02/04/25 revealed they were cluttered with clothing, boxes and food/ snacks. Observations of shared resident bathrooms on 02/05/25 at 12:40pm revealed: -In the shared bathroom between rooms 22 and 23, brown stains remained around the basin of the toilet. -In the shared bathroom between rooms 24 and	D 074	Facility Executive Director will review maintenance needs to begin repairs found during annual survey observations as well as recent facility sanitation inspection report completed on 11/4/2024. To include but not limited to the following areas found to be non compliant: 1. Rooms 22/23 shared bathroom. 2. Rooms 24/25 shared bathroom 3. Rooms 32/33 shared bathroom Facility Executive Director will review housekeeping needs found during annual survey requiring immediate attention to include the following areas: 1. Rooms 28 and 32- Removal of clutter 2. Bathrooms in Room 22/23, 24/25, 32/33 Executive Director will conduct a staff training to review housekeeping tasks shared by all present staff working throughout shifts. Execuitve Director will work with housekeeping staff on a daily schedule for maintaining the cleanliness of the community as well as a deep cleaning schedule to help organize and maintain a cllean and in good repair community throughout. Executive Director and or department manager designee will be responsible for rounding the community to monitor any continued areas found to be non compliant and needing attention and support.	Facility expected compliance 04/15/25

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D 074	Continued From page 2	D 074		

25, brown stains remained on the raised toilet seat as well as the commode underneath.
-In the shared resident bathrooms between rooms 32 and 33, dried brown stains remained around the basin of the toilet.
-In the bathroom of room 38, dried brown stains remained around the basin of the toilet.
-In the shared bathroom between rooms 24 and 25, the damaged half wall separating the shower and the toilet remained unrepaired.

Interview with a resident who shared the bathroom between rooms 32 and 33 revealed:
-He complained to staff that the toilet had not being cleaned for days.
-He had to use another toilet in the facility, when the resident in the next room used the shared bathroom and left lots of toilet paper in the toilet.

Interview with the resident who occupied room 38 revealed the facility could do better with cleaning the rooms and his bathroom.

Interview with the facility housekeeper on 02/05/25 at 12:45pm revealed:
-She did not work yesterday (Tuesday) 02/04/25 and resident rooms/ bathrooms were not cleaned since last Friday 01/31/25 when she worked.
-She normally worked 7:30am-3:00pm Monday-Friday.
-She did not know if anyone does her housekeeping tasks when she was not there.
-Her cleaning tasks included sweeping/mopping all resident rooms and bathrooms, cleaning bathroom toilets and showers while residents were at breakfast or lunch.
-She agreed to observe the shared bathrooms in between rooms 22 and 23, 24 and 25, 32 and 33, and 38.
-She agreed the bathroom toilets in the identified

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D 074	Continued From page 3 resident rooms needed to be cleaned. Interview with the Administrator on 02/05/25 at 2:56pm revealed: -There was one housekeeper for the entire facility. -Personal care aides were responsible for keeping resident rooms and bathrooms clean during the evenings and weekends. -She was aware the facility needed environmental repairs. -The facility plans to remodel resident bathrooms. -She provided some residents with storage tote containers a few months ago to minimize clutter in their bedrooms. -She expected the facility environment to be clean and in good repair.	D 074	Facility Executive Director will inservice Care Coordinator on the rule area found to be non compliant 10A NCAC 13F .1004(j) Medication Administration	
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .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	D 367	Facility Clincal Nurse Consultant, Executive Director and Care Manager will host an inservice for Medication Aides on the following policies and procedures: 1. Verification of Existing Orders 2. Wound care parameters and abilities within assited living 3. Medication Administration Facility Care Coordinator will be responsible for ensuring medication administration records shall be accurate through daily reports and regular weekly cart audits and reviews of physician orders Facility Executive Director will be responsible for auditing and reviewing medication administration records for compliance on a weekly basis.	Facility expected compliance 04/15/25

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D 367	Continued From page 4	D 367		

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, record review and interviews, the facility failed to ensure the electronic medication administration records (eMAR) were accurate for 1 of 5 sampled residents (#3) related to documentation of wound care.

The findings are:

Review of Resident #3's current FL2 dated 07/17/24 revealed diagnoses that included hypertension, chronic kidney disease, and chronic obstructive pulmonary disease.

Review of Resident #3's physician's order dated 01/20/25 revealed a referral for a skilled nurse to assess/ perform wound care to ruptured blister to lower left leg, cleanse with wound cleanser, apply xeroform or Vaseline gauze, cover with bordered foam, skin prep to periwound using clean technique, change dressing twice weekly and as needed due to soiling/ dislodgement. May use equivalent products.

Review of Resident #3's LHPS dated 01/13/25 revealed there was a task for foam dressing in place, front lower left leg and ted hose to be applied in the morning then removed before bedtime.

Review of Resident #3's Home Health plan of

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D 367	Continued From page 5 care for certification period 01/30/25 to 03/30/25 revealed: -A skilled nurse to assess/ perform wound care to ruptured blister to lower left leg, cleanse with wound cleanser, apply xeroform or vaseline gauze, cover with bordered foam, skin prep to peri wound using clean technique, change dressing twice weekly and as needed due to soiling/ dislodgement; may use equivalent products. -Once taught, patient/care giver to perform on days skilled nurse does not visit. -Resident #3 requires wound care twice weekly to two open wounds to left lower extremity. -Assisted living staff are unable to perform wound care due to assisted living policy. Review of Resident #3's December 2024 eMAR revealed: -There was an order entry to clean with wound cleanser and bandage skin tear on left leg once daily until healed and notify the physician if there are signs of infection. -There was documentation wound care was performed once daily from 12/01/24 to 12/31/24. Review of Resident #3's January 2025 eMAR revealed: -There was an order entry to clean with wound cleanser and bandage skin tear on left leg once daily until healed and notify the physician if there are signs of infection. -There was documentation wound care was performed once daily from 01/01/25 to 01/31/25. Review of Resident #3's February 2025 eMAR revealed: -There was an order entry to clean with wound cleanser and bandage skin tear on left leg once daily until healed. Notify the physician if there are	D 367		

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signs of infection.
-There was documentation wound care was performed once daily from 02/01/25 to 02/04/25.

Interview with a Medication Aide (MA) on 02/15/25 at 2:22pm revealed:
-She documented Resident #3 received wound care on the shifts she worked, if the bandage was soiled or if she was checking for bandage placement.
-The Home Health provider visited twice weekly and was responsible for providing wound care for Resident #3.
-She did not know why the eMAR indicated Resident #3's wound care was to be completed daily if the Home Health provider visited twice weekly to provide wound care.

Telephone interview with a Home Health Clinical Supervisor on 02/05/25 at 9:40am revealed:
-Home Health began wound care for Resident #3 on 12/01/24.
-Wound care was provided by Home Health twice weekly according to a current physician's order.
-Resident #3's skin tear had decreased fifteen percent as of one week ago.
-She was not aware the facility's MAs were providing any wound care between Home Health visits.

Interview with the Resident Care Coordinator (RCC) on 02/05/25 at 2:39pm revealed:
-She expected wound care to be provided daily if there was documentation that it was being done.
-She did not know Resident #3 had a separate wound order from the Home Health provider.
-MAs were responsible for auditing the eMARS.
-She was ultimately responsible for clarifying orders and eMARs.

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D 367	Continued From page 7 Interview with the Administrator on 02/05/25 at 2:56pm revealed: -She was aware Home Health was providing wound care for Resident #3 but was not aware MAs were documenting daily that they were providing wound care. -The RCC was ultimately responsible for auditing eMARs and clarifying physician orders. -She expected physician orders to be clarified and followed.	D 367	Facility Executive Director will inservice Care Coordinator on the rule area found to be non compliant 10A NCAC 13F .1006(b) Medication Storage	
D 378	10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications were maintained in a safe and secure manner under the direct supervision of a medication aide observed during the facility tour where a medication was found in a resident room. The findings are: Observation of a resident room on 02/04/25 at 9:51am revealed: -The room was occupied by two residents. -Both residents were in their room along with another resident who resided next door. -A medication cup with one blue tablet was	D 378	Facility Clincal Nurse Consultant, Executive Director and Care Manager will host an inservice for Medication Aides on the following policies and procedures: 1. Medication Storage 2. Medication Handling 3. Medication labels 4. Self Administrartion Medcation Orders Facility Care Coordinator will be responsible for ensuring medication storage maintains compliance through daily walk throughs. Facility Supervisors in Charge will also be responsible for daily walk throughs and monitoring resident rooms and common spaces found to be non compliant with medication storage Facility Executive Director will be responsible for assuring compliance and understanding to the rule area listed above to be non compliant and providing additional training upon observation and or reports of inadequate medication storage practices	Facility expected compliance 04/15/25

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observed on top of a resident's refrigerator.
-The medication cup did not have a label on it.

Interview with the three residents in the room on 02/04/25 at 9:51am revealed:
-The residents did not know the medication cup was in the room.
-The residents did not know who had brought the medication cup into the room.
-The residents did not know whose medication was in the medication cup.

Interview with a medication aide (MA) on 02/05/25 at 12:50pm revealed:
-Morning medications were supposed to be administered by the 3rd shift MA since medications were due to be administered between 6:00am to 7:00am.
-She thought the medication was left in the resident's room by the 3rd shift MA.
-She worked 1st shift on 02/04/25 and did not see the medication sitting on top of the resident's refrigerator.
-Medications should never be left in a resident's room and should be destroyed by the facility when found.
-MAs should always observe residents taking their medications before leaving a resident's room.

Interview with the Resident Care Coordinator (RCC) on 02/05/25 at 2:39pm revealed:
-Medications should never be left in a resident's room.
-MAs should always observe residents taking their medications before leaving a resident's room.
-Medications should always be secured for residents' safety.
-If a medication was found not administered, the

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D 378	Continued From page 9 MA should report to her and the medication should be destroyed by the facility. Interview with the Administrator on 02/05/25 at 2:55pm revealed: -Medications should never be left in a resident's room or left in an unsecured location. -MAs should always observe residents taking their medications before leaving a resident's room. -All medications must be kept in locked storage for the safety of all residents residing in the facility. -Any doses of medication prepared for administration and not administered should be destroyed at the facility. Attempted telephone interview with a 3rd shift MA on 02/05/24 at 2:01pm was unsuccessful.	D 378		