

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 survey and complaint investigation on 11/13/14 with an exit conference via phone on 11/21/14. The complaint investigation was initiated on 11/14/14.	D 000		
D 113	<p>10A NCAC 13F .0311(d) Other Requirements</p> <p>10A NCAC 13F .0311 Other Requirements (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). This rule applies to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the staff failed to assure hot water temperatures for 5 of 5 sampled fixtures (sinks) in the assisted living residents' bathroom areas and 2 of 7 sampled fixtures in the Special Care Unit (SCU) were maintained between 100 degree Fahrenheit (F) and 116 degrees F.</p> <p>The findings are:</p> <p>A. Review of the current facility license revealed the facility was licensed for 24 beds.</p> <p>Review of the facility's current Resident Room Roster revealed there were 22 residents residing in the SCU with all 12 rooms occupied.</p>	D 113		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 1</p> <p>Observations made during the facility tour on 11/19/14 between 9:30 am and 10:30 am revealed:</p> <ul style="list-style-type: none"> -At 9:50 am, in room 401, the water temperature was measured in the bathroom sink faucet at 128 degrees F. with visible steam from the spout. -At 9:54 am, in room 402, the water temperature was measure in the bathroom sink faucet at 118 degrees F. without visible steam from the spout. <p>Calibration on 11/13/14 at 10:25 am of surveyors' thermometers revealed:</p> <ul style="list-style-type: none"> -Both thermometers were placed into a slurry of ice and cold water. -Both thermometers were calibrated at 32 degrees F. <p>Additional checks of water temperatures in the SCU on 11/13/14 between 10:35 am and 10:47 am revealed the following:</p> <ul style="list-style-type: none"> -Room 401, water temperature was 124 degrees F with visible steam. -Room 402, water temperature was 112 degrees F. -Room 412, water temperature was 116 degrees F. -Room 410, water temperature was 116 degrees F. -Room 405, water temperature was 116 degrees F. -Room 403, water temperature was 112 degrees F. <p>A second check of water temperatures in the SCU on 11/13/14 between 12:36 pm and 12:45 pm revealed:</p> <ul style="list-style-type: none"> -In room 401 at 12:36 pm, the water temperature in the bathroom sink measured 124 degrees F with visible steam. 	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 2</p> <p>-In room 402 at 12:37 pm, the water temperature in the bathroom sink measured 124 degrees F. with visible steam.</p> <p>Residents who resided in rooms 401 and 402 were determined not to be interviewable based on record review and observations.</p> <p>Interview with a medication/personal care aide on 11/13/14 at 4:20 pm revealed she had not known the water temperature to be too hot and had never seen steam from the faucet.</p> <p>Interview with a second medication/personal care aide on 11/14/14 at 9:05 am revealed: -She was aware the water yesterday was too hot but does not remember if there was visible steam from the faucet. -She stated the water pressure was down last week and the staff gave residents sponge baths instead of showers. -She stated she usually put her hand under the water to test the temperature before bathing and adjusted to the resident's wishes.</p> <p>Interview with a personal care aide on 11/13/14 at 4:32 pm revealed: -She usually bathed residents daily using the spa room. -She knew the water temperature was elevated at times during the last month. -She saw steam rising from a couple of faucets a few days ago and had mentioned it to the Memory Care Coordinator. -One day last week, the staff was told to give sponge baths; she does not recall the reason for the sponge baths and can not remember who told her.. -She always checks the water temperature with her hand before bathing residents.</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 3</p> <p>Refer to interview with Maintenance Technician on 11/13/14 at 11:10 am revealed:</p> <p>Refer to interview on 11/13/14 at 12:50 pm with the Administrator revealed:</p> <p>Refer to interview on 11/13/14 at 1:20 pm with the plumber revealed:</p> <p>Refer to interview on 11/14/14 at 8:05 am with the Health and Wellness Director revealed:</p> <p>Refer to interview continues on 11/14/14 at 10:18 am with Maintenance Technician revealed:</p> <p>Refer to interview on 11/14/14 at 10:35 am with the Administrator revealed:</p> <p>B. Observation on 11/13/14 between 9:30 am and 10:15 am in the assisted living rooms during the initial tour on the 100 and 300 halls revealed: -Each resident room had a sink and toilet fixture combination. -There was a shower/bath combination in each resident room.</p> <p>Water temperatures checked on 11/13/14 between 9:30 am and 10:15 am were as followed: -Room 108 bathroom sink 122 degrees F. -Room 107 bathroom sink 122 degrees F. -Common kitchenette area at end of 100 hall sink 118 degrees F. -Room 104 bathroom sink 126 degrees F with visible steam from the hot water. -Room 103 bathroom sink 126 degrees F with visible steam from the hot water. -Room 306 bathroom sink 124 degrees F with visible steam from the hot water.</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 4</p> <p>Interview on 11/13/14 at 9:35 am with the resident in room 108 revealed: -She was unaware of the elevated hot water temperature being high. -She mixed cold and hot water together to the appropriate temperature to wash hands. -She relies on the staff to assist and provide her with personal care.</p> <p>Interview on 11/13/14 at 9:45 am with the resident in room 107 revealed: -She was aware of the hot water being warmer than usual. -She mixed cold and hot water together to the appropriate temperature to wash hands. -She relied on the staff to assist her with bathing on Wednesdays and Saturdays.</p> <p>Calibration on 11/13/14 at 10:25 am of surveyors' thermometers revealed: -Both thermometers were placed into a slurry of ice and cold water. -Both thermometers were calibrated at 32 degrees F.</p> <p>A second check of hot water temperatures on 11/13/14 between 10:55 am and 11:10 am with the facility Maintenance Technician revealed: -Room 306 bathroom sink 124 degrees F with visible steam, using the surveyor's thermometer and 120 degrees F obtained with the maintenance technician facility digital thermometer. -Room 103 bathroom sink 126 degrees F with visible steam, using the surveyor's thermometer and 121.5 degrees F obtained by the maintenance technician using the facility digital thermometer. -Room 104 bathroom sink 126 degrees F with visible steam using the surveyor's thermometer</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 5</p> <p>and 121.5 degrees F obtained by the maintenance technician using the facility digital thermometer.</p> <p>Interview on 11/13/14 at 11:30 am with the resident in room 306 revealed: -She was aware the water at the bathroom sink in her room would be hotter that she preferred. -She said the staff assisted her with her personal care and bathing. -She said the staff mixed the cold and hot water together before she took her shower.</p> <p>Observation on 11/13/14 at 1:15 pm revealed the facility staff posted signs in each resident's room regarding the hot water temperature elevated and to ask staff for assistance when using hot water .</p> <p>Observation on 11/13/14 at 1:18 pm of the boiler room with the Maintenance Technician present revealed: -The boiler room was located beside the kitchen. -Two large hot water storage tanks with a thermometer on top which was set at 115 degrees F. -A thermometer on the front of both tanks displayed a temperature of 145 degree F, which was explained as hot water that the tanks were holding.</p> <p>Review of the facility water temperature log for September, October, and November 2104 revealed: -Three random rooms were checked weekly for water temperatures during each month. -The range of water temperature for the month of September, 2014 were 104-112 degree F. -The range on water temperature for the month of October, 2014 were 109-115 degree F. -The range of water temperature for the month of</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 6</p> <p>November, 2014 were 107-115 degree F.</p> <p>Interview on 11/13/14 at 3:15 pm with the resident in room 103 revealed: -She was not aware of the hot water temperature being elevated. -She relied on the staff to assist her with bathing and personal care. -She said she had taken sponge baths for the last few weeks.</p> <p>Interview on 11/13/14 at 3:30 with resident in room 104 revealed: -She was not aware of the elevated hot water temperature. -She had no issues with the hot water and could take her own bath. -She mixed the cold and hot water when she washed her hands.</p> <p>Observation on 11/14/14 between 7:30 am and 8:00 am revealed: -Room 103 bathroom sink 112 degrees F. -Room 104 bathroom sink 110 degrees F. -Room 107 bathroom sink 110 degrees F. -Room 108 bathroom sink 110 degrees F. -Room 306 bathroom sink 116 degrees F.</p> <p>Interview on 11/14/14 at 9:00 am with a Personal Care Assistant (PCA) revealed: -She was employed 17 years at the facility. -She was aware of the elevated hot water for about 6 months. -She said some residents refused a shower due to the elevated hot water temperature. -She said she adjusted the water by mixing hot and cold together, but it changes to hot very fast. -She lets the resident test the water by touching the water with their hand before placing them in the shower.</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 7</p> <p>-She was aware the plumber was out several times to work on the elevated hot water.</p> <p>-She said management had several stand-up meeting to discuss safety with the elevated water temperatures.</p> <p>-She was unaware of any injury to the residents due to the elevated hot water temperatures.</p> <p>Refer to interview with Maintenance Technician on 11/13/14 at 11:10 am revealed:</p> <p>Refer to interview on 11/13/14 at 12:50 pm with the Administrator revealed:</p> <p>Refer to interview on 11/13/14 at 1:20 pm with the plumber revealed:</p> <p>Refer to interview on 11/14/14 at 8:05 am with the Health and Wellness Director revealed:</p> <p>Refer to interview continues on 11/14/14 at 10:18 am with Maintenance Technician revealed:</p> <p>Refer to interview on 11/14/14 at 10:35 am with the Administrator revealed:</p> <p>_____</p> <p>Interview with Maintenance Technician on 11/13/14 at 11:10 am revealed:</p> <p>-He stated he checked water temperatures in 2 rooms per day most of the time.</p> <p>-He noticed a problem with the water temperatures approximately two weeks ago and called a plumber to check on the problem.</p> <p>-He stated he checked an empty room this morning (11/13/14) and the water temperature was 124 degrees F and called the plumber again this morning.</p> <p>Interview on 11/13/14 at 12:50 pm with the</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 8</p> <p>Administrator revealed:</p> <ul style="list-style-type: none"> -She had been employed at the facility for less than 6 months. -She was aware of the fluctuation of the hot water in the facility for about 2 months. -She was aware hot water temperatures in the facility were to be maintained between 100 degrees F and 116 degrees F. -She said the Health Department had informed her the hot water was elevated on their last visit in October, 2104. -She said the facility maintenance technician called the plumber to check the hot water tanks after the Health Department reported the elevated hot water temperatures. -She said the plumber had been to the facility 3 times due to the elevated hot water temperatures. -The administrator said the mixing valve was the issue and the plumber had worked on it. <p>Interview on 11/13/14 at 1:15 pm with the facility Maintenance Technician revealed:</p> <ul style="list-style-type: none"> -He was employed at the facility since June 2014. -He was aware of the elevated hot water temperature for several months. -He kept a monthly log for water temperatures for September, October and November 2014. -He was aware the plumber made 3 visits to the facility to adjust the hot water temperatures. -He said he called the plumber today after he saw the surveyors obtaining water temperatures in the resident ' s room. <p>Interview on 11/13/14 at 1:20 pm with the plumber revealed:</p> <ul style="list-style-type: none"> -He received a call on 11/13/14 from the facility stating the hot water temperatures were elevated. -He made 3 visits to the facility due to elevated hot water temperatures since October 2014, -On the first visit the facility water tanks had 	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 9</p> <p>flooded and backed up causing the elevated hot water temperatures.</p> <p>-On that first visit he cleaned and put a new seal in the mixing valve.</p> <p>-He said he had adjusted the water temperature to 103 degrees F, but guessed it moved causing the elevation of the hot water today.</p> <p>-He said he would order a rebuild gasket kit to have on hand for the facility.</p> <p>-He said the facility called him 2 days after the first visit stating the water was too cold in the residents' rooms.</p> <p>-He adjusted the water temperature on the second visit and the maintenance technician measured with a digital thermometer a temperature of 112 degrees F.</p> <p>Interview on 11/14/14 at 8:05 am with the Health and Wellness Director revealed:</p> <p>-She had been employed at the facility for 1 month.</p> <p>-She was aware of the fluctuant hot water temperatures for 1 month.</p> <p>-She reported to the administrator on 1 occasion, while she was washing her hands the water had become " very hot."</p> <p>-She said the administrator called the plumber to check the hot water after she reported the water being very hot.</p> <p>-She stated the standup meetings were daily with the staff and management discussed the elevated hot water temperature.</p> <p>-She said at the standup meetings the staff were told to mix the cold and hot water together and check the water first before giving personal care to the residents' .</p> <p>-She said the caregiver staff were involved in the standup meetings and the supervisor in charge (SIC) would inform the other shifts of the meeting agenda.</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 10</p> <p>Interview continues on 11/14/14 at 10:18 am with Maintenance Technician revealed: -He said the staff was informed by management to be careful with the hot water. -He said the PCA's told him when the water temperature were elevated. -He was aware the residents were refusing their showers due to elevated hot water temperatures. -He said the PCA's were told to take the residents to the common spa area to give them their showers or to give them a sponge bath. -He was unaware of any injury to residents due to the elevated hot water temperatures.</p> <p>Interview on 11/14/14 at 10:35 am with the Administrator revealed: -She informed staff to post signs in each resident room and common bath areas on 11/13/14 regarding the hot water temperature. -She verbally told staff at the daily stand up meetings to mix the hot and cold water together. -She had verbally told staff to test the water before giving personal care to the residents. -She was aware that one staff worker told her the water was extremely hot while she was washing her hands. -She was not aware of any resident or family member complaining of the elevated hot water temperatures. -She was not aware of any residents' refusing their bath or shower. -It was her expectation the PCAs would tell her if residents were refusing baths and showers daily.</p> <p>_____</p> <p>The facility provided a Plan of Protection on October 14, 2014 as follows:</p>	D 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 113	<p>Continued From page 11</p> <ul style="list-style-type: none"> -All associates will be made aware that precautions need to be taken with a sign posting in appropriate places of high water temperatures. -Plumber contacted and in community addressing needed adjustments regarding water temperatures. -Once temperatures of 100-116 degrees F are achieved will recheck every hour times 3 the remainder of the day to ensure proper temperatures are maintained. -Designated thermometer will be replaced. -The above items will be reviewed daily by the Executive director. -For the next two weeks maintenance will check water temperatures twice daily. -If temperatures are found to be lower than 100 degrees F or higher than 116 degrees F appropriate steps will be taken to address this issue. -Thereafter over the next two weeks maintenance will check daily the water temperatures. -Above items will be reviewed by the Executive director weekly. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 5, 2015.</p>	D 113		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by</p>	D 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 131	<p>Continued From page 12</p> <p>contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: Based upon interview and record review, the facility failed to assure 3 of 6 staff (B, E, F) sampled were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Staff B's personnel file revealed: -Hire date of 02/03/14 as a medication aide -Documentation of a TB skin test placed on 01/21/14 and read as negative on 01/23/14 -No documentation of a second TB skin test</p> <p>Staff B was not available for interview.</p> <p>Review of documentation provided by the Administrator on 11/17/14 revealed Staff B had a second TB test placed on 11/17/14.</p> <p>Refer to interview with the Administrator on 11/14/14.</p> <p>Refer to interview with the new Health and Wellness Coordinator (HWC) on 11/14/14.</p> <p>Refer to interview with the Business Office Manager on 11/14/14.</p> <p>2. Review of Staff E's personnel file revealed: -Hire date of 08/25/14 as a resident assistant -Documentation of a TB skin test placed on 08/14/14 and read as negative on 08/16/14 -No documentation of a second TB skin test</p>	D 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 131	<p>Continued From page 13</p> <p>Staff E was not available for interview.</p> <p>Review of documentation provided by the Administrator on 11/17/14 revealed Staff E had a second TB test placed on 11/17/14.</p> <p>Refer to interview with the Administrator on 11/14/14.</p> <p>Refer to interview with the new Health and Wellness Coordinator (HWC) on 11/14/14.</p> <p>Refer to interview with the Business Office Manager on 11/14/14.</p> <p>3. Review of Staff F's personnel file revealed: -Hire date of 07/28/14 as a medication aide -Documentation of a TB skin test placed on 07/24/14 and read as negative on 07/27/14 -No documentation of a second TB skin test</p> <p>Interview with Staff F on 11/14/14 at 3:15 pm revealed she had only had one TB skin test since starting at the facility.</p> <p>Review of documentation provided by the Administrator on 11/17/14 revealed Staff F had a second TB test placed on 11/17/14.</p> <p>Refer to interview with the Administrator on 11/14/2014.</p> <p>Refer to interview with the new Health and Wellness Coordinator (HWC) on 11/14/2014.</p> <p>Refer to interview with the Business Office Manager on 11/14/14.</p>	D 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 131	<p>Continued From page 14</p> <p>Interview with the Administrator on 11/14/2014 at 2:45 pm revealed the Health and Wellness Coordinator (HWC) left in August 2014 and she was responsible for ensuring TB tests were completed. The current HWC has only been employed two weeks.</p> <p>Interview with the new HWC on 11/14/2014 at 3:05 pm revealed the Business Office Manager was responsible for sending staff to urgent care for TB testing.</p> <p>Interview with the Business Office Manager on 11/14/2014 at 4:40 pm revealed: -She sends staff to the urgent care for a TB test to be placed and read before they start working. -The former HWC was completing the 2nd TB test for staff.</p>	D 131		
D 482	<p>10A NCAC 13F .1501(a) Use Of Physical Restraints And Alternatives</p> <p>10A NCAC 13F .1501Use Of Physical Restraints And Alternatives (a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and which restricts freedom of movement or normal access to one's body, shall be: (1) used only in those circumstances in which the resident has medical symptoms that warrant the use of restraints and not for discipline or convenience purposes; (2) used only with a written order from a physician except in emergencies, according to Paragraph (e) of this Rule; (3) the least restrictive restraint that would provide safety;</p>	D 482		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 482	<p>Continued From page 15</p> <p>(4) used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record.</p> <p>(5) used only after an assessment and care planning process has been completed, except in emergencies, according to Paragraph (d) of this Rule;</p> <p>(6) applied correctly according to the manufacturer's instructions and the physician's order; and</p> <p>(7) used in conjunction with alternatives in an effort to reduce restraint use.</p> <p>Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure a physical restraint (PVC Ambulatory Walker) was used only with a written order from a physician for the least restrictive restraint and failed to have an assessment and care planning completed for 1 of 1 sampled residents (Resident #2) restrained with a PVC Ambulatory Walker.</p>	D 482		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 482	<p>Continued From page 16</p> <p>The findings are:</p> <p>Observations made in the Special Care Unit (SCU) on 11/13/14 between 9:45 am and 10:30 am revealed:</p> <ul style="list-style-type: none"> -Resident #2 was standing enclosed in the PVC Ambulatory Walker in the hall at the entrance to the living room -Resident #2 was enclosed in a PVC Ambulatory Walker consisting of PVC frame, padded seat within the frame and a side to side locking cross bar type gate in front of the seat which can be used as grab bar and hand hold bar when ambulating. -The resident was currently standing within the frame, holding on to the cross bar and shaking the bar while ambulating in the hall with her legs on either side of the safety strap. -The resident alternately stood and held on to the front or sat and held on to the sides. -A safety seat strap was fastened at mid-seat, separating the resident's legs and fastened to the cross bar gate. <p>Review of Resident #2's current FL-2 dated 2/17/14 revealed</p> <ul style="list-style-type: none"> -Diagnoses included Alzheimer's Dementia, mood disorder, anxiety and depression. -Documentation the resident was assessed as disoriented, incontinent of bowel and bladder and required total care. -Documentation the resident was non-verbal and ambulatory with a history of frequent falls. <p>Review of Resident #2's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 5/11/11. -No order for the use of the PVC Ambulatory Walker. -No order for any type of restraint or assessment for the use of restraints. 	D 482		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 482	<p>Continued From page 17</p> <ul style="list-style-type: none"> -The current care plan documented the use of "merry walker" (a type of ambulatory walker) for mobility aide. -The current LHPS identified the use of "Merry Walker" for mobility. <p>Interview with a Resident Assistant on 11/14/14 at 9:05 am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had used the PVC Ambulatory Walker for approximately 2 years. -The resident required one or two person assistance for personal care tasks. -Some times Resident #2 would willingly walk and sometimes she would not. -She was not aware of any falls for Resident #2 while in the enclosed walker, but has seen the resident stumble upon occasion. -She always fastened the safety strap and made sure the gate was locked. -The resident is always taken out of the enclosed walker at meals and for toileting. <p>Continuous observation of Resident #2 on 11/14/14 between 9:30 am and 11:30 am revealed the following:</p> <ul style="list-style-type: none"> -The resident was in the living room/activity room seated, enclosed in the PVC Ambulatory Walker with the safety strap fastened between the legs. -The resident appeared drowsy and had her head down on chest with arms crossed over chest. -The resident continually repositioned her feet and legs by crossing left leg over right knee, crossing right leg over left knee, crossing feet at the ankles and placing feet flat down on the floor throughout the 2 hour observation. -The safety strap remained in place during leg crossings and sometimes she attempted to cross her leg and the strap got taunt and prevented leg crossing and she crossed her ankles instead. -At 10:09 am, residents in the living room were 	D 482		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 482	<p>Continued From page 18</p> <p>offered snacks of muffins and juice, but Resident #2 was not offered either.</p> <p>-At 10:30 am, Resident #2 fussed with clothing, shuffled feet back and forth, repositioned herself on the seat by pushing up with arms, rubbed hands together and began muttering non-meaningful words.</p> <p>-At 11:15 am, Resident #2 laughed loudly and swung left ankle up over onto right knee.</p> <p>Interview with the Divisional Health and Wellness Director/Protem RN at the facility on 11/14/14 at 1:20 pm revealed:</p> <p>-She had been at the facility since mid September 2014.</p> <p>-She had completed the last Licensed Health Professional Support assessment for Resident #2.</p> <p>-She stated the resident used the PVC Ambulatory Walker as a mobility device and she did not consider it a restraint.</p> <p>-She believed the resident could not release the safety strap nor open the gate by herself.</p> <p>-The RN stated the resident walked a lot in the walker and had not seen her fall.</p> <p>Another observation made of Resident #2 on 11/14/14 at 1:45 pm revealed the following:</p> <p>-The resident was still enclosed in the PVC Ambulatory Walker.</p> <p>-The Resident Assistant (RA) moved Resident #2 to the door of her room.</p> <p>-The RA released safety strap and the locking cross bar gate.</p> <p>-Resident #2 was resistive to standing with the RA and required the assistance of two staff.</p> <p>-The resident stood up finally and was assisted into her room to the bathroom with one staff assistance walking approximately 6 feet into the bathroom.</p>	D 482		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 482	<p>Continued From page 19</p> <p>-When the resident stood, there was a large 10" diameter wet spot on her pants.</p> <p>Interview with a RA on 11/14/14 at 1:55 pm revealed:</p> <p>-Resident #2 was always in the PVC Ambulatory Walker until she went to bed.</p> <p>-The RA stated Resident #2 usually stood up for staff to assist to the bathroom.</p> <p>-The RA stated Resident #2 walked a lot in the PVC Ambulatory Walker, usually after lunch.</p> <p>-The RA stated the resident did not try to get out of the Walker.</p> <p>Interview with a Medication Aide on 11/14/14 at 2:00 pm revealed:</p> <p>-Resident #2 had used the PVC Ambulatory Walker for approximately 2 years.</p> <p>-The Resident used to try to get out of it, but not so much recently.</p> <p>-She stated she knew of one time when the resident had fallen inside of the PVC Ambulatory Walker and landed on the safety strap; there was no injury and she did not recall when the fall happened.</p> <p>Interview with the Memory Care Coordinator on 11/14/14 at 2:35 pm revealed:</p> <p>-Resident #2 had used the PVC Ambulatory Walker for at least two years.</p> <p>-The resident first used a PVC Ambulatory Walker that was at the facility, but that one broke and the family bought another one for the resident to use and brought it to the facility.</p> <p>-The MCC had never seen the resident fall while in the walker.</p> <p>-The resident was usually placed in the walker except for toileting, sleeping and meals.</p> <p>-The safety strap was always used and the gate was always locked in place.</p>	D 482		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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 482	<p>Continued From page 20</p> <ul style="list-style-type: none"> -She did not believe the resident could release the safety strap or unlock the gate. -She stated the facility was restraint free and did not consider the PVC Ambulatory Walker to be a restraint. -The MCC stated the resident could walk by her self but staff always assisted because the resident had a history of falls. <p>Interview with the Resident Care Director (RCD) on 11/14/14 at 3:50 pm revealed:</p> <ul style="list-style-type: none"> -She was aware Resident #2 used the PVC Ambulatory Walker daily for "a good year or two." -The resident had used a facility PVC Ambulatory Walker but after it broke the family of Resident #2 bought another one and brought it to the facility for the resident. -The RCD stated management was involved in the decision to use the PVC Ambulatory Walker and the consensus was the walker was not considered a restraint. -She stated the resident always had the safety strap in place and the resident could not open the gate. -She was not aware of any fall by the resident while using the enclosed walker. 	D 482		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and</p>	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE OF LEXINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 161 YOUNG DRIVE LEXINGTON, NC 27292
--	---

(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
D912	<p>Continued From page 21</p> <p>interviews, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with the relevant federal and state laws and rules and regulations related to hot water temperatures.</p> <p>The findings are:</p> <p>Based on observations, record reviews and interviews, the staff failed to assure hot water temperatures for 5 of 5 sampled fixtures (sinks) in the assisted living residents' bathroom areas and 2 of 7 sampled fixtures in the Special Care Unit (SCU) were maintained between 100 degree Fahrenheit (F) and 116 degrees F. [Refer to Tag D 0311, 10A NCAC 13F. 0311(d) Other Requirements (Type B Violation).]</p>	D912		