

FEB - 4 2015

PRINTED: 01/15/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/22/2014
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NAME OF PROVIDER OR SUPPLIER

KANNON CREEK ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
1808 N CANNON BOULEVARD
KANNAPOLIS, NC 28083

County: Rowan

(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	D 000	Kannon Creek Assisted Living	
D 074	<p>The Adult Care Licensure Section conducted an Annual and Follow-up survey on 12/17/14 to 12/19/14, and 12/22/14.</p> <p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure ceilings, walls, and floors were clean and in good repair in 2 residents' rooms (Room 103 and 115.)</p> <p>The findings are:</p> <p>A. Observation of the facility during tour on 12/17/14 at 10:20 am and on 12/22/14 at 10:20 am revealed:</p> <ul style="list-style-type: none"> - Three residents resided in Room 103. - The wall on the west side of the room had 62 spots repaired with spackling compound. - The wall on the east side of the room had 23 pots repaired with spackling compound. - The ceiling on the side of room toward the window had 1 area 10 inches by 14 inches missing textured ceiling compound revealing brown sheet rock facing. - The ceiling on the side of room toward the window had another area 14 inches by 18 inches missing textured ceiling compound revealing brown sheet rock facing. - The ceiling in the middle of the room had a 	D 074	<p>acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Kannon Creek Assisted Living's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Kannon Creek Assisted Living reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>D 074 Housekeeping and Furnishings</p> <p>The facility will ensure walls, ceilings, and floors or floor coverings are kept clean and in good repair.</p> <p>The Director of Hillco Support Services completed an inspection of Room 103</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

*POC approved
2/16/15 per
Cathy Harrison
on pg. 3 of 500-*

April W Robert

TITLE

Administrator

(X6) DATE

2-3-15

If continuation sheet 1 of 100

Q3CX11

Division of Health Service Regulation

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D 074	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The paint was missing from an area near the door, approximately 2.5 foot by 2 foot from the bottom of the wall up toward the middle of wall. -The baseboard was missing from the bottom of the wall approximately 2.5 foot under where the paint was missing from the wall. <p>Interview on 12/17/14 at 9:50 am with a resident revealed:</p> <ul style="list-style-type: none"> -He had lived in the facility for 15 months. -He said the paint and the baseboard had been missing from the wall in his room the entire time he had lived at the facility. <p>Interview on 12/19/14 at 2:45 pm with the Maintenance Director revealed:</p> <ul style="list-style-type: none"> -He had been employed at the facility for a few months. -He was aware the wall was not painted and the baseboard was missing in room #115. -He said the residents run the wheelchairs into the wall which knocked the paint and the baseboard off. -He said he was planning to repair the wall and the baseboard as soon as possible. <p>Refer to review of the local environmental health report dated 12/02/14.</p> <p>Review of the local environmental health report dated 12/02/14 revealed:</p> <ul style="list-style-type: none"> -A facility sanitation grade of 95.5. -One demerit was deducted under Floors, Walls and Ceilings. -Under additional comments included documentation to paint walls that have been repaired so the wall was smooth easily cleanable and nonabsorbent. 	D 074	<p>Addendum: Per tele phone conversation with April Roberts on 2/6/15 @ 4:03 pm The date of correction for the facility to be in compliance will be 3/15/15, with the exception of house keeping & Furnishings Citations which will be in the process of being completed and corrected with a Date of Correction of 4/1/15. (James Kroeve discussed an extension of Date of Correction with Western Regional Branch Manager on 1/28/15)</p> <p>Carolyn Harrison</p>	