

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011344	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2015
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE ASSISTED LIVING # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 45 MELODY ROSE LANE ASHEVILLE, NC 28804
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(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
C 000	Initial Comments	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain clean floors in 5 of 5 residents' bedrooms and living room; failed to maintain clean walls in one bathroom and kitchen; and failed to maintain clean ceilings in the kitchen and one resident's room.</p> <p>The findings are:</p> <p>Observations on 08/12/15 beginning at 8:30am through 9:00am revealed:</p> <ul style="list-style-type: none"> - The carpet in all five residents' bedrooms and the living room had a heavy build-up of dirt, debris, and stains. - The walls above the kitchen cabinets and the kitchen ceiling had a heavy build-up of thick, dark colored dust. - The wall beside the mirror in the first bathroom on the right was smeared with a dark circular pattern approximately 14 inches in diameter. - The ceiling in Resident #2's bedroom had a heavy build-up of thick, dark colored dust, expanding out from the ceiling fan approximately 	C 074		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 074	<p>Continued From page 1</p> <p>4 feet in diameter.</p> <p>Confidential interviews with residents revealed:</p> <ul style="list-style-type: none"> - Staff would vacuum the floor at the residents request. - No one knew when the floor was last vacuumed. - No concerns voiced about any environmental services. - It had been a month since anyone had vacuumed. <p>Review of the local Health Department's environmental inspection dated 04/15/15 revealed Status Code "A" and no demerits for floors, walls or ceilings.</p> <p>Interview with the SIC (Supervisor in Charge) on 08/12/15 at 9:30am revealed:</p> <ul style="list-style-type: none"> - He did not live at the facility. - "Yesterday" was his first day back after being off 4 days. - There was no specific cleaning schedule. - He had no "real" answers for why the home was not clean. <p>Interview with the Administrator on 08/12/15 at 9:00am and 9:45am, respectively, revealed:</p> <ul style="list-style-type: none"> - She had put faith in staff to keep the home clean. - She monitored the home about once a month. - There was no cleaning schedule. 	C 074		
C 078	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings</p> <p>(a) Each family care home shall:</p> <p>(5) be maintained in an uncluttered, clean and</p>	C 078		

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C 078	<p>Continued From page 2</p> <p>orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observations, record review, and interviews the facility failed to maintain the home in a clean and orderly manner in 5 of 5 residents' rooms, the living room and both resident bathrooms.</p> <p>The findings are:</p> <p>Observations on 08/12/15 beginning at 8:30am through 9:00am revealed:</p> <ul style="list-style-type: none"> - The furniture, which included night stands, televisions, dressers, and shelves in all five residents' bedrooms had a heavy accumulation of dust. - The furniture in the living room which included the center table, television and stand and shelves had a heavy accumulation of dust. - The ceiling fan blades in the dining room and one resident bedroom was covered with a thick accumulation of dark gray dust. - All five residents' bedroom doors and both resident bathroom doors had a heavy build-up of smeared, dark smudges above and below the door handles all along the edges. - The bathroom on the left had: a heavy build-up of debris in the tub and sink with small pieces of soap, grime and grit; a shower curtain barely hanging by only a few hooks; a dark ring around the inside of the toilet bowl. - The bathroom on the right had: missing lights above the sink; no light in the shower stall; a heavy build-up of soap scum on the shower door and walls; a dark black substance all along the 	C 078		

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C 078	<p>Continued From page 3</p> <p>edges of the tile grout in the shower floor and a heavy build-up of thick dust that occluded the ceiling exhaust fan vent.</p> <p>Review of the local Health Department's environmental inspection, dated 04/15/15 revealed Status Code "A" and (2) demerits for missing light bulbs in the bathroom and dirty fans.</p> <p>Interview with the SIC (Supervisor in Charge) on 08/12/15 at 9:30am revealed:</p> <ul style="list-style-type: none"> - He did not live at the facility. - "Yesterday" was his first day back after being off 4 days. - There was no specific cleaning schedule. - He had no "real" answers for why the home was not clean. <p>Interview with the Administrator on 08/12/15 at 9:00am and 9:45am, respectively, revealed:</p> <ul style="list-style-type: none"> - She had put faith in staff to keep the home clean. - She monitored the home about once a month. - There was no cleaning schedule. 	C 078		
C 086	<p>10A NCAC 13G .0315(b)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed is to have</p>	C 086		

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C 086	<p>Continued From page 4</p> <p>the following: This rule apply to new and existing homes. (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed;</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide sheets for 4 of 6 residents' beds. (Residents #2, #3, #5, and #6).</p> <p>The findings are:</p> <p>Observations and interviews on 08/12/15 beginning at 8:30am through 9:00am revealed: - Resident #2's bed had no top or bottom sheets, just a comforter/spread; the resident voiced no concerns at this time regarding the missing sheets. - Resident #3's bed had no top sheet; the resident voiced no concerns at this time regarding the missing top sheet. - Resident #5's bed had a torn bottom sheet but no top sheet (the resident was out of the facility at this time, not available for interview.) - Resident #6's bed had a top sheet only (the resident was out of the facility at this time, not available for interview.)</p> <p>Observation of the linen closet on 08/12/15 at 10:00am revealed: - Some sheets were wadded up and stuffed into the shelves. - There were (4) bottom sheets, no top sheets, and (1) full set of sheets available.</p> <p>Interview with the Supervisor in Charge (SIC) on</p>	C 086		

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C 086	Continued From page 5 08/12/15 at 9:30am revealed: - He did not live at the facility. - "Yesterday" was his first day back after being off 4 days. - He changed linen at least weekly and up to three times a week as needed for some residents. - He did not know why there were no sheets on/for the beds. Inteviu with the Administrator on 08/12/15 at 10:00am revealed: - Some residents did not want sheets on their bed and had not documented this anywhere. - The sheets on hand were not enough for all six beds.	C 086		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to maintain the kitchen and food storage areas clean and protected from contamination in two refrigerators, the cabinets, oven and microwave. The findings are: Observations in the kitchen and food pantry storage room on 08/12/15 at 9:30am revealed:	C 256		

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C 256	<p>Continued From page 6</p> <ul style="list-style-type: none"> - The refrigerator in the food storage pantry had: a missing bottom bin and no working drawers/bins and the shelves were dirty with food spills and debris; a large bowl of dried spaghetti; an aluminum pan with three pieces of frosted cake; a medium bowl of yellow chunky substance (all uncovered, unlabeled, and undated); one large green, slimy cucumber; and two cartons of eggs stored on the top shelf. - The refrigerator in the kitchen had a missing bottom shelf and one missing bottom bin and the shelves and bins were dirty with food spills and debris. - The grooves in the tops of the cabinet doors had a heavy build-up of dried, sticky debris. - The cabinet door under the sink would not close and the top of one cabinet door was missing a large chunk/piece of wood, broken off. - A moderate amount of a white granular substance had accumulated deep into one cabinet corner shelf. - The plastic flour and meal containers had a build-up of debris, smudges and sticky substance on the lids and exteriors. - The interior of the microwave was covered with dried spattered food debris and spills. - The interior oven door and oven floor was completely covered with blackened and baked on food debris. <p>Review of the local Health Department's environmental inspection dated 04/15/15 revealed Status Code "A" and (4) demerits for cabinets in poor repair and dirty microwave.</p> <p>Interview with the Supervisor in Charge (SIC) on 08/12/15 at 10:00am revealed:</p> <ul style="list-style-type: none"> - The bowl of yellow chunky substance in the refrigerator was egg salad that had been made "yesterday". 	C 256		

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C 256	Continued From page 7 - The spaghetti had been in the refrigerator "a couple of days". - He knew eggs should be stored on the bottom shelf. - There was no specific cleaning schedule and he was not the only SIC who worked in the home. - He had cleaned the microwave "4 days ago".	C 256		

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NAME OF PROVIDER OR SUPPLIER PIONEER HEALTHCARE #2	STREET ADDRESS, CITY, STATE, ZIP CODE 113 JUSTICE STREET LOUISBURG, NC 27549
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C 000	Initial Comments The Adult Care Licensure Section completed an Annual and Follow-up Survey on 8/07/15.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 sampled residents (#1) was tested for tuberculosis disease (TB) in compliance with the control measures adopted by the Commission for Health Service. The findings are:</p> <p>Review of the current FL-2 dated 10/13/14 for Resident #1 revealed the resident was admitted to the facility on 7/16/13.</p> <p>Review of Resident #1's Resident Register listed an admission date of 7/16/13 but it was for another facility.</p> <p>Review of the record for Resident #1 revealed: - There was documentation of a TB skin test placed on 7/16/13 and read as negative on 7/19/13.</p>	C 202		

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C 202	<p>Continued From page 1</p> <ul style="list-style-type: none"> - There was no other documentation of TB testing in the record. <p>Interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> - Resident #1's TB testing should be in the record. - This facility opened about a year or so ago and this resident was in this facility before the current owner took over. - The Administrator / Owner was not available to ask about the TB test at this time. - The SIC would look for the other TB test in the records. <p>Resident # 1 was not available for interview.</p> <p>No further TB testing was provided by the end of the survey.</p>	C 202		
C 230	<p>10A NCAC 13G .0801(a) Resident Assessment</p> <p>10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure initial assessments of 3 of 3 sampled residents (#1, #2, #3) were completed within 72 hours of admission to the facility using the Resident Register. The findings are:</p> <ol style="list-style-type: none"> 1. Review of the current FL-2 dated 10/13/14 revealed an admission date of 7/16/13 for Resident #1. 	C 230		

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C 230	<p>Continued From page 2</p> <p>Review of the record for Resident #1 revealed: - A Resident Register Assessment dated 7/16/13 in the record identified it was for a different facility. - There was no 72 hour Resident Register Assessment in the record from the facility.</p> <p>Refer to the interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC).</p> <p>2. Review of the current FL-2 dated 4/28/15 revealed an admission date of 10/08/10 for Resident #2.</p> <p>Review of the record for Resident #2 revealed: - A Resident Register Assessment dated 10/08/10 in the record identified it was for two different facilities. - The Resident Register had the original facility name on it and it had been crossed out and a new name was written in but it was not the current facility name. - There was no Resident Register Assessment in the record from the facility.</p> <p>Refer to the interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC).</p> <p>3. Review of the current FL-2 dated 04/27/15 revealed an admission date of 9/15/09 for Resident #3.</p> <p>Review of the record for Resident #3 revealed: - A Resident Register Assessment dated 9/14/09 in the record identified it was for a different facility. - There was no Resident Register Assessment in the record from the facility.</p>	C 230		

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C 230	Continued From page 3 Refer to the interview on 8/07/15 at 11:32 a.m. with the Supervisor-In-Charge (SIC). _____ Interview on 8/07/15 at 11:32 a.m. with the SIC revealed: - This facility opened just over a year ago. - Residents in the facility were here before the current Administrator / Owner took over. - He did not know why there were no Resident Register Assessments within 72 hours completed for the new Administrator / Owner's facility. - The SIC would look in the facility for the the assessments. - The Administrator / Owner was not available to ask about the Resident Registers at this time.	C 230		
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qulaifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure records of staff qualifications required by the rules in Section	C 443		

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C 443	<p>Continued From page 4</p> <p>.0400 of this Subchapter for 1 of 1 staff (A) were maintained in the facility. The findings are:</p> <p>Interview on 8/07/15 at 10:15 a.m. with the Supervisor-In-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> - The SIC had started working in the facility on 7/01/15 as a live-in medication aide/personal care aide. - His job duties included cooking, cleaning and passing medications. - He said he had care of the diabetic training and had 15 hours of medication administration training and was scheduled to take the written medication exam on 9/11/15. - The SIC had some documentation of his qualifications. - He had a current cardio-pulmonary resuscitation card (CPR) and Tuberculosis (TB) screening. - His other staff qualifications were not in the facility, but were in the office of the Administrator / Owner in another location. - He did not have access to the documentation of facility staff qualifications records in the office. - There were no other staff working in this facility except the Administrator / Owner who was a registered nurse. - The Administrator / Owner was not available to obtain the staff records at this time. <p>Review of the SIC's personal staff qualification record revealed:</p> <ul style="list-style-type: none"> - CPR dated 9/15/13 - 9/15/15. - Tuberculosis (TB) skin testing dated 10/14/14 - 10/16/14 read as negative and another TB skin test dated 7/10/15 as negative. - There was no documentation of a criminal history background check; no North Carolina Health Care Personnel Registry check; no screening for controlled substances; and no documentation of 	C 443		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2015
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NAME OF PROVIDER OR SUPPLIER PIONEER HEALTHCARE #2	STREET ADDRESS, CITY, STATE, ZIP CODE 113 JUSTICE STREET LOUISBURG, NC 27549
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(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
C 443	Continued From page 5 his nursing assistant training ; no documentation of 15 hour medication administration training	C 443		