

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL036024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS ROAD CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021</b>
---	--

(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  The Adult Care Licensure Section conducted an annual and follow-up survey on September 17, 2015.	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 observation and interviews the facility failed to assure walls, ceilings, and floors were kept clean and in good repair in a common bathroom, the dining room and a private bathroom.</p> <p>The findings are:</p> <p>Observation on 9/17/15 at 9:30am of the carpet in the dining room revealed a worn area on the carpet of approximately 2 1/2 feet by 6 feet in size and dark brown in color.</p> <p>Observation on 9/17/15 at 9:45am of the facility's common bathroom revealed: -The walls had a large amount visible dust. -The ceiling light fixture had visible dust. -The light fixture above the mirror had visible dust and was heavily rusted. -The mirror had, what appeared to be, a large area of black mold in between the glass front and mirror back. -The clothes washer and dryer were located in</p>	C 074		

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:  <b>FCL036024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS ROAD CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021</b>
---	--

(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 074	<p>Continued From page 1</p> <p>the bathroom, and had a layer of dust on the sides and back approximately 1/2 inch in thickness.</p> <p>-There were several pieces of loose clothing in the floor behind the washer and dryer.</p> <p>Observation on 9/17/15 at 10:00am of the only private resident bathroom in the facility revealed a raised design floor heating vent located behind the toilet that was entirely covered with heavy rust.</p> <p>Interview on 9/17/15 at 10:05am with one of the residents who resided in the room with the private bathroom revealed:</p> <p>-They only had a concern about the heating vent in the bathroom being rusted.</p> <p>-"It just don't look good".</p> <p>-They helped to kept their room clean and neat.</p> <p>-They had never mentioned to anyone about the condition of the heating vent.</p> <p>A group interview on 9/17/15 with three residents who reside in the facility revealed:</p> <p>-The common bathroom was always dusty because of the clothes dryer being in there.</p> <p>-[Supervisor in Charge (SIC) name] tries to keep it clean, but it gets dusty after she cleans it.</p> <p>-"The house stays pretty clean".</p> <p>-They had no concern about the cleanliness of the building.</p> <p>Interview on 9/17/15 at 11:00am with the SIC revealed:</p> <p>-She could not pull out the washer and dryer in the bathroom to clean behind it.</p> <p>-She had never mentioned to the property manager about cleaning behind the washer and dryer.</p> <p>-She sweeps and mops the floors in the</p>	C 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL036024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS ROAD CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021</b>
---	--

(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 074	<p>Continued From page 2</p> <p>bathroom when they need them. -She does not always dust the walls when she cleans. -She vacuums the floors, but the dining room floor will not get clean because it is worn. -The dining room floor has been like that since the new owner had been in the building, about 9 years.</p> <p>Interview on 9/17/15 at 11:20am with the Administrator revealed: -"The facility needs a deep cleaning." -She will put together a cleaning schedule for the staff. -She would get the property manager to pull out the washer and dryer so they could be cleaned behind. -She would get the property manager to replace the rusty heating vent, and rusty light fixture over the mirror. -She would get the property manager to put a new mirror up. -She is going to check into replacing the carpet in the dining room with a laminate flooring.</p>	C 074		
C 256	<p>10A NCAC 13G .0904(a)(1) Nutrition and Food Service</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain the kitchen and food storage</p>	C 256		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL036024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS ROAD CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1230 ST MARK'S CHURCH ROAD CHERRYVILLE, NC 28021</b>
---	--

(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 256	<p>Continued From page 3</p> <p>areas were clean and protected from contamination in the refrigerator, cabinets, and oven.</p> <p>The findings are:</p> <p>Observations in the kitchen on 9/17/15 at 9:00am revealed:</p> <ul style="list-style-type: none"> <li>-The refrigerator in the kitchen had surface rust on the front of the door and inside the area where the freezer door shut.</li> <li>-The freezer and refrigerator door seals were dirty and had debris in them.</li> <li>-The top of the refrigerator had a heavy build-up of grease and dust that was tacky to the touch.</li> <li>-The cabinet shelves had a layer of dust and food particles that would adhere to the hand when rubbed across.</li> <li>-The cabinet doors had a greasy surface that was tacky to the touch.</li> <li>-The interior oven door and oven floor was completely covered with blackened and baked on food debris.</li> <li>-The ventilation hood over the oven range was rusted and had peeling paint.</li> <li>-The blades on the fan in the kitchen had a heavy buildup of dust and grease.</li> </ul> <p>Review of the local Health Department's environmental inspection dated September 24, 2014 revealed Status Code "A" and (6) demerits for food storage, and general cleanliness.</p> <p>Interview with the Supervisor in Charge (SIC) on 9/17/15 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>-She had tried to clean the fan and cabinet doors, but the grease would not come off.</li> <li>-She had not cleaned the inside of the oven because she had trouble getting down to get to it.</li> <li>-She occasionally did wipe out the seals on the</li> </ul>	C 256		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL036024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS ROAD CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1230 ST MARK'S CHURCH ROAD</b> <b>CHERRYVILLE, NC 28021</b>
---	--

(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 256	<p>Continued From page 4</p> <p>refrigerator and freezer doors. -She had tried to clean the top of the refrigerator but the grease would not come off.</p> <p>Interview with the Administrator on 9/17/15 at 11:00am revealed: -The kitchen needed a heavy cleaning and painting. -She was going to immediately replace the refrigerator with a new one. -She would have the staff clean the oven. -She was going to have the oven ventilation hood replaced. -She was going to have staff empty and clean all shelves in kitchen.</p>	C 256		