

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 and the Buncombe County Department of Social Services conducted an annual survey on December 17 - 18, 2015.	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings</p> <p>(a) Each family care home shall:</p> <p>(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 keep clean or repaired walls, floors and ceiling or fixtures attached to them in the living room, dining room, hallway, 2 of 2 common bathrooms and 4 of 5 resident rooms.</p> <p>The findings are:</p> <p>Observation of the living room on 12/17/15 at 9:00AM revealed:</p> <ul style="list-style-type: none"> -A missing globe for the light fixture in the ceiling fan resulting in a bare incandescent light bulb. -Ceiling fan blades were covered in a heavy coating of dust. -A coating of dust on the upper portion of the walls. <p>Observation of the resident hallway on 12/17/15 at 9:00AM revealed:</p> <ul style="list-style-type: none"> -A missing globe for a ceiling light fixture resulting in a bare incandescent light bulb. -An approximately 12 inch long curving crack in 	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: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 drywall over and around the door to the first resident room on the left upon entering the hallway.</p> <p>Observation of the dining room on 12/17/15 at 9:00AM revealed a ceiling light fixture globe containing debris and a blown lightbulb with only one light bulb illuminated.</p> <p>Observation of the last resident room, at the end of the hallway and immediately to the left of hallway exit door, on 12/17/15 at 9:00AM revealed:</p> <ul style="list-style-type: none"> - A ceiling light fixture globe containing debris and a blown lightbulb with only one light bulb illuminated. -Broken and loose vinyl floor tiles over an approximately 2 square foot area in the vicinity of the baseboard heater. <p>Interview with the resident occupying the last room, at the end of the hallway and immediately to the left of hallway exit door, on 12/17/15 at 9:00AM revealed he was not bothered by the ceiling light fixture and he had no complaints.</p> <p>Observation of the second resident room, to the left of the hallway exit door and adjacent to a common bathroom, on 12/17/15 at 9:15AM revealed:</p> <ul style="list-style-type: none"> - A ceiling light fixture globe containing debris and a blown lightbulb with only one light bulb illuminated. -Loose vinyl floor tiles over an approximately 2 square foot area in the vicinity of the baseboard heater. <p>Interview with the resident occupying the second resident room to the left of the hallway exit door on 12/17/15 at 9:15AM revealed the ceiling light</p>	C 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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>fixture as "it's okay."</p> <p>Observation of the last resident room, at the end of the hallway and immediately to the right of the hallway exit door, on 12/17/15 at 9:20Am revealed:</p> <ul style="list-style-type: none"> -A ceiling light fixture with a missing globe. -A dusty plastic grill on a window air conditioning unit. -Dust on the floor and baseboards. -Ceiling fan blades were covered in a heavy coating of dust. <p>Observation of the first resident room on the left of the hallway exit door on 12/17/15 at 9:30AM revealed:</p> <ul style="list-style-type: none"> -A dirty box fan on the floor. -The baseboard heater cover frame was loose (a drywall screw had movement when the frame was pulled) and the front cover was missing, exposing the metal fins of the heater. -Broken and loose vinyl floor tiles over an approximately 2 square foot area in the vicinity of the bed. -A ceiling light fixture with a missing globe (the globe was on a nearby shelf in the room). -A broken towel bar on the door to the closet for an unoccupied bed. -An unpainted patch on the side of the door, measuring approximately 8 inches by 6 inches, facing the hallway. -Old hangers and debris on the floor of the closet for the unoccupied bed. -Television cable lying loose on the floor in the vicinity of the unoccupied bed (between the bed and the window) and stretched over to a television sitting on a chest of drawers. <p>(The resident occupying this room was out of the facility at the time of the observation)</p>	C 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 3</p> <p>Observation of the resident common bathroom on the left side of the hallway (when facing the exit door) on 12/17/15 at 9:40Am revealed:</p> <ul style="list-style-type: none"> -Cobwebs hanging from the ceiling. -Drywall tape peeling away from the wall and ceiling, above the doorway. -Protruding drywall nails along the top of the wall with rusting nail heads. -Loose arm supports attached to the toilet seat bolts. -A loose toilet seat. -An area of wall at the foot of the tub with peeling paint, over an area measuring approximately 4 inches wide by 3 feet long.. -The baseboard heater cover was rusted. -The mirror over the sink had numerous areas where the silver backing was missing, resulting in dark spots over the mirror. -A missing towel bar, the ceramic towel bar brackets remaining on the wall. <p>Observation of the resident common bathroom on the right side of the hallway (when facing the exit door) on 12/17/15 at 9:50AM revealed:</p> <ul style="list-style-type: none"> -Two missing towel bars, the ceramic towel bar brackets remaining on the wall. -Large areas of the shower curtain dotted with a black substance over the bottom half of the curtain. -Dirty tile grout in the tub enclosure. -Loose arm supports attached to the toilet seat bolts. -Loose toilet seat with broken plastic supports and worn areas. -Dark staining on the floor around the toilet bowl base. -Adhesive residue on the lower edge of wall behind the toilet where a baseboard would be located, over an area approximately 6 inches high by 5 feet long. 	C 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 4</p> <ul style="list-style-type: none"> -Rusted metal electric outlet cover over the sink. -Cobwebs hanging from the ceiling. -Drywall tape peeling away from the wall and ceiling. -Protruding drywall nails along the top of the wall with rusting nail heads. <p>Interview with the Supervisor-in-Charge (SIC) on 12/17/15 at 4:30PM revealed:</p> <ul style="list-style-type: none"> -She let the Administrator know when things were broken or in need of repair. -She stated she received a "good response" from the Administrator and would give her reminders if needed. -She had not received any recent complaints from residents. -If there were things she could do she would otherwise she would let the Administrator know. <p>Interview with the Administrator on 12/17/15 at 5:10PM revealed when she was in the facility and saw things she would address them but she had "not had the chance to do some things."</p>	C 074		
C 078	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and 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: TYPE B VIOLATION</p>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 078	<p>Continued From page 5</p> <p>Based on observation, record review and interviews, the facility failed to monitor and correct electrical hazards, improper oxygen tank storage and cockroach infestation.</p> <p>The findings are:</p> <p>A. Observation of the living room on 12/17/15 at 9:00AM revealed: -A missing globe for the light fixture in the ceiling fan, exposing a bare incandescent bulb that was off. -The bulb was screwed into a ceramic outlet that was attached to and dangling freely from electric wires. -A small metal bracket on the ceramic outlet used to secure the outlet to the fixture was not attached to the fixture. -Pulling on the chain from the fixture turned the light on.</p> <p>Observation of the last resident room on the right of the hallway exit door on 12/17/15 at 9:20AM revealed: -The plug of the window air conditioning unit, with a prong for grounding, was plugged into an outlet adapter without a grounding prong and without surge protection (the outlet itself was ground compatible). -A television (on) was plugged directly into a wall outlet. -A digital video disc (DVD) player (off) and a cable box (on), both connected to the television, were plugged into a brown household extension cord (that did not provide surge protection) that was further plugged into the same wall outlet as the television.</p> <p>Interview with the Administrator on 12/17/15 at</p>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 078	<p>Continued From page 6</p> <p>12:35Pm revealed: -She expected staff to monitor for electrical safety, to include looking at the cords, any with bent plugs and use of surge protectors for plugging in several items. -The facility did not have outlet adapters in use.</p> <p>Further interview with the Supervisor-in-Charge (SIC) on 12/17/15 at 12:35PM revealed she had removed an outlet adapter previously and the resident must have obtained it from somewhere else.</p> <p>Observation of the window air conditioning unit in the last resident room on the right of the hallway exit door (with the Administrator and the SIC present) on 12/17/15 at 1:00PM revealed -The plug of the window air conditioning unit, with a prong for grounding, was plugged into an outlet adapter without a grounding prong and without surge protection (the outlet itself was ground compatible). -The air conditioning unit was on. -The SIC removed the outlet adapter and the air conditioning unit was plugged directly into the outlet.</p> <p>Interview with the Administrator on 12/17/15 at 1:00PM revealed she did not know the outlet adapter was being used on the air conditioning unit.</p> <p>Interview with the Administrator on 12/17/15 at 5:10PM revealed when she was in the facility and saw things she would address them but she "have not had the chance to do some things."</p> <p>B. Observation of the first resident room on the left of the hallway exit door on 12/17/15 at 9:30AM revealed:</p>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 078	<p>Continued From page 7</p> <ul style="list-style-type: none"> -An M60 type oxygen tank in the closed closet adjacent to the bed used by the resident occupying the room (the resident was out of the facility at this time). -The gauge on the oxygen tank when opened read 2,000 liters. -The oxygen tank was sitting on the floor of the closet and was not in a rack. -Attached to the tank was tubing and a tracheostomy collar that was lying on the floor. (Subsequent record review of the resident occupying this room revealed he was not currently receiving oxygen therapy). <p>Interview with the Administrator on 12/17/15 at 12:35PM revealed:</p> <ul style="list-style-type: none"> -In the past they had a resident on oxygen with sometimes one or two tanks stored upright in the closet. -There were no racks for oxygen tanks except for a portable tank and that would have wheels. <p>Interview with the Administrator on 12/17/15 at 5:10PM revealed when she was in the facility and saw things she would address them but she "have not had the chance to do some things."</p> <p>B. Observation of the last resident room on the left of hallway exit door on 12/17/15 at 9:00AM revealed:</p> <ul style="list-style-type: none"> -A black plastic insect trap in the corner of the room. -No insects in the room, dead or alive. <p>Interview with the resident occupying the last room to the left of the hallway exit door on 12/17/15 at 9:00AM revealed he had not seen any ants or "critters" in his room.</p> <p>Observation of the second resident room to the</p>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 078	<p>Continued From page 8</p> <p>left of the hallway exit door on 12/17/15 at 9:15AM revealed a black plastic insect trap in the corner of the room and another at the baseboard by the wall near the door. -No insects in the room, dead or alive.</p> <p>Interview with the resident occupying the second resident room to the left of the hallway exit door on 12/17/15 at 9:15AM revealed he had "bugs, actually" in his room but could not recall the last time he noticed them.</p> <p>Interview with the resident residing in the last room on the right of the hallway exit door on 12/17/15 at 9:20Am revealed he had no bugs in his room.</p> <p>Observation of the kitchen and dry storage room on 12/17/15 at 10:00AM revealed: -One live immature cockroach, on the countertop immediately to the left upon entering the kitchen. -A cardboard insect trap (the ends open and inside the trap was a sticky substance) on the countertop in the corner to the left of the sink, the trap full of numerous dead cockroaches and one live mature cockroach stuck to the substance inside the trap (in the vicinity of this trap was a loaf of white bread, sealed with a twist tie). -Another cardboard insect trap on the countertop in the corner to the right of the sink and behind the toaster, the trap with 4 dead cockroaches (in the vicinity of this trap was a plastic container of cornmeal, the lid snapped on tightly and when opened no insects were found in the cornmeal). -Another cardboard insect trap on the floor between the stove and refrigerator, full of numerous mature and immature dead cockroaches. -Another cardboard insect trap between the baseboard and hot water heater in the dry</p>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 078	<p>Continued From page 9</p> <p>storage room, full of dead moths, cockroaches, spiders and mosquitoes.</p> <p>Interview with the Administrator on 12/17/15 at 12:35PM revealed:</p> <ul style="list-style-type: none"> -The facility would attempt to address pests first but if necessary a pest control company would be called. -Ants and cockroaches would first be killed using sprays and powders, finding the specific chemical for the bug in question. -The facility did have cockroaches and she thought they had been eliminated. -Around July, 2015 a resident (no longer residing in the facility) had moved in "with lots of bags." -Last complaints from residents regarding insects had been more than a month prior. -"Bombs" were set off throughout the facility, sprays were used and cardboard "roach motels" were placed in resident rooms, bathrooms, the kitchen and the dining room "about a month ago." -The facility was dealing with the issue "on our own" but they will probably call pest control. <p>Interview with the Supervisor-in-Charge (SIC) on 12/17/15 at 12:35PM revealed:</p> <ul style="list-style-type: none"> -She had looked inside one of the "roach motels" the previous night (she did not say which one) and saw "maybe four to five" cockroaches in it. -The black insect traps in resident rooms were also to catch cockroaches. <p>_____</p> <p>A Plan of Protection was obtained from the Administrator on 12/17/15 which included:</p> <ul style="list-style-type: none"> -A pest control company was scheduled to come to the facility on 12/18/15. -The extension cord without surge protection and the outlet adapter negating grounding capability were removed and a surge protector would be put in place. 	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 078	<p>Continued From page 10</p> <ul style="list-style-type: none"> -A home health agency was called to remove the oxygen tank. -A repair was planned for the light fixture in the ceiling fan in the living room. -Staff would perform daily inspection of all electrical outlets and use pesticides for cockroaches. -The Administrator would conduct in-service training on electrical precautions, hazards and use/storage of oxygen. <p>THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 1, 2016.</p>	C 078		
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:</p> <p>(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 observation, record review and staff interview, the facility failed to keep clean backsplash, wall, exhaust hood, dry storage room shelving and the side of the refrigerator in the kitchen and dry storage room and to properly store food items.</p> <p>The findings are:</p> <p>Observation of the kitchen on 12/17/15 at 10:00AM revealed: -Dirty cabinet shelving where pots and pans were</p>	C 256		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 11</p> <p>stored.</p> <ul style="list-style-type: none"> -The backsplash to the countertop covered in a greasy substance. -A partially opened zipper-type bag of shredded coconut, located in an upper cabinet to the right of the stove, with no mold or expiration date. -An opened zipper-type bag containing an open box of instant brown rice, located in an upper cabinet to the right of the stove. -Surfaces on the underside of the exhaust hood over the stove covered in a greasy substance. -White tiled wall, above the countertop backsplash and to the right of the stove, covered in a dried, brown splattered substance. -Dirt build-up on the left side of the refrigerator (the side immediately adjacent to the stove). <p>Observation of the refrigerator on 12/17/15 at 10:00AM revealed:</p> <ul style="list-style-type: none"> -A red-liquid thermometer on the door frame with a reading of 40 degrees Fahrenheit. -An opened and undated zipper-type bag in the door shelf with two slices of bologna. -Five 6 ounce cartons of blueberry yogurt with a manufacturer's use-by date of November 2015. -A partially opened and undated zipper-type bag with sliced cheese. -A bowl covered in clear plastic wrap containing banana pudding, with no date label on the bowl or the plastic wrap. -Numerous frozen and cracked eggs in cartons placed on the bottom shelf of the refrigerator. -A bunch of grapes covered in mold in the produce drawer at the bottom of the refrigerator. -The Supervisor-in-Charge (SIC) removed all the food items observed above. <p>Interview with the SIC on 12/17/15 at 10:00AM revealed:</p> <ul style="list-style-type: none"> -All food in the cabinets and the refrigerator 	C 256		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 12</p> <p>should be sealed.</p> <p>-Food with expiration dates should be discarded and not used for the residents after the dates had past.</p> <p>-She was unaware that the eggs were freezing and cracking at the bottom of the refrigerator.</p> <p>-The banana pudding was prepared and served to residents the previous day.</p> <p>Observation of the dry storage area off of the kitchen on 12/17/15 at 10:00AM revealed dirty adhesive shelf liner under cans of vegetables.</p>	C 256		
C 284	<p>10A NCAC 13G .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p> <p>(e) Therapeutic Diets in Family Care Homes:</p> <p>(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and resident and staff interviews, the facility failed to prepare and serve an ordered therapeutic diet according to their menu for 1 of 2 residents on an ordered therapeutic diet (Resident #1).</p> <p>The findings are:</p> <p>Review of the current FL-2 for Resident #1 dated 11/13/15 revealed: -An admission date of 11/17/15. -Handwritten comments "see clinical D/C [discharge] summary."</p> <p>Review of a hospital clinical D/C summary for</p>	C 284		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 284	<p>Continued From page 13</p> <p>Resident #1 dated 11/17/15 revealed: -Diagnoses included ischemic cardiomyopathy, cardiac arrest due to underlying cardiac condition and left ventricular failure. -A diet order for a 2 gram sodium and low fat (50 grams/day) diet with a fluid restriction of 2 quarts or 8 cups or 64 ounces per day.</p> <p>Review of the posted resident diet list in the kitchen on 12/17/15 revealed Resident #1 as having an order for a 2 gram sodium and low fat (50 grams/day) diet with a fluid restriction of 64 ounces of fluid/day.</p> <p>Review of the modified diet menu used by the facility for the 12/17/15 meal service for a 2 gram sodium and low fat/low cholesterol diet revealed: -The low fat/low cholesterol meal with the more restrictive meat option, calling for a broiled pork chop of 3 ounces with any fat trimmed away. -The low fat/low cholesterol meal with the more restrictive starch option, calling for a "Baked Potato 1 small" (the 2 gram low sodium called for a half cup of salt free buttered sweet potatoes). -The low fat/low cholesterol meal with the more restrictive vegetable option, calling for turnip greens with an "L" [for low fat]. -The low fat/low cholesterol meal with the more restrictive bread option, calling for a slice of wheat bread with 1 teaspoon of low fat margarine. - The low fat/low cholesterol meal with the more restrictive milk option, calling for 8 ounces of skim milk. -Both the low sodium and low fat/low cholesterol meal options included a half cup of fruit cocktail.</p> <p>Observation of the lunch meal served to Resident #1 on 12/17/15 at 1:10PM revealed: -A partially eaten pork chop with no visible fat.</p>	C 284		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 284	<p>Continued From page 14</p> <ul style="list-style-type: none"> -A full cup of milk. -A cup of fruit cocktail. -A bowl of turnip greens. -A shaker of a spice blend with no added salt on the table. <p>Interview with Resident #1 on 12/17/15 at 1:10PM at the dining room table revealed:</p> <ul style="list-style-type: none"> -He removed any little remaining fat from the baked pork chop before eating it. -He was going to drink his cup of milk. -He was going to eat his turnip greens. -He refused the cornbread served to him and nothing was substituted. -He had already eaten a buttered sweet potato. -He added no additional salt to his food except only when he ate grits, which was infrequent. <p>Interview with the Supervisor-in-Charge (SIC) on 12/17/15 at 1:15Pm revealed:</p> <ul style="list-style-type: none"> -No salt was added in the preparation of any of the food items for lunch for any of the residents. -The pork chop for Resident #1 was baked. -No baked potato was served to Resident #1 and the sweet potato served to him was buttered. -The milk served to Resident #1 was 2% as there was no skim milk in the facility. -She was aware Resident #1 was on an ordered diet. 	C 284		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's 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>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WHITE FAWN FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 96 WHITE FAWN DRIVE ASHEVILLE, NC 28803
--	---

(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 912	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to safety hazards in the facility.</p> <p>The findings are:</p> <p>Based on observation, record review and interviews, the facility failed to monitor and correct electrical hazards, improper oxygen tank storage and cockroach infestation [Refer to Tag 0078, 10A NCAC 13F .0315(a)(5), Housekeeping and Furnishings (Type B Violation)].</p>	C 912		