

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 12/1/2015.	C 000		
C 034	<p>10A NCAC 13G .0302(n) Design and Construction</p> <p>10A NCAC 13G .0302 Design and Construction (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure current sanitation and fire safety inspection reports were completed and available for review.</p> <p>The findings are:</p> <p>Review of the most recent sanitation report revealed: -The report was dated 8/11/14. -The report documented 13 demerits with comments concerning the protection of open containers of food, the bath tub needed re-grouting around tile, the kitchen cabinets were in poor repair, and some dressers were in poor repair with drawers off their tracks.</p> <p>Interview with the Administrator on 12/1/15 at 1:15pm revealed: -The Administrator had "top expectations" related to cleanliness. -The SIC was expected to "deep clean" once per week. -The Administrator planned to re-caulk the tub and tile areas.</p>	C 034		

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>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 034	Continued From page 1  -The facility had an exterminator come out monthly. -The Administrator was aware the sanitation and safety inspections needed to be performed. -The Administrator stated he was "about to call and get those [sanitation and safety inspections] done." -He had called the sanitation inspector and left a message on 12/1/15 to request an inpection. -The Administrator was aware the lack of current sanitation and safety inspections.	C 034		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings  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.  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure a clean, clutter and hazard free environment evidenced by dirt, dust and cobweb build up on the floors and around furnishings, mold on bathroom tiles, roaches and dirty linens.  The findings are:  Observations during the tour of the facility on 12/1/15 between 8:45am and 11:00am revealed: -There was one 4-bed bedroom and 2 single-bed bedrooms in the facility. -There was grime build up, dirt, sand and debris	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 078	<p>Continued From page 2</p> <p>on the living room area and bedroom floors.</p> <ul style="list-style-type: none"> <li>-There was sand build up on the floor around the dresser and bed posts in the 2nd single-bed bedroom (bedroom #2) adjacent to the shared bathroom.</li> <li>-There was mold and mildew on the lowest 2 rows of tile in the shower of the residents' bathroom.</li> <li>-There were live roaches on the dresser, floor and wall of bedroom #2.</li> <li>-The plastic boxspring cover on the bedframe in bedroom #2 was torn and hanging on the floor with a moderate amount of sand in the folds.</li> <li>-There was a large amount of dust, garbage, clothing and cobwebs underneath the bed in bedroom #2.</li> <li>-There were cobwebs between the chest of drawers and the wall in bedroom #2.</li> <li>-There was a dusty spider web approximately 8-inches in diameter spanning from a multiplug floor socket to the left side of the dresser in bedroom #2.</li> <li>-There was a live roach on the dresser in the 1st single-bed bedroom (bedroom #1).</li> </ul> <p>Interviews with 3 residents on 12/1/15 at 7:00am revealed:</p> <ul style="list-style-type: none"> <li>-The residents were responsible for cleaning up.</li> <li>-The residents did not mind cleaning up after themselves.</li> <li>-Residents took turns cleaning the bathroom.</li> <li>-Each resident was responsible for cleaning their room.</li> <li>-The Supervisor in Charge (SIC) cleaned the dishes and the kitchen, dining room, bedroom floors and common area.</li> <li>-The SIC was responsible for "checking on us" to ensure the bedrooms were clean.</li> <li>-The SIC ensured the linens and clothing were laundered at least once per week.</li> </ul>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 078	<p>Continued From page 3</p> <p>Interview with the Supervisor in Charge (SIC) on 12/1/15 at 11:00am revealed:</p> <ul style="list-style-type: none"> <li>-She worked together with the residents to clean the facility.</li> <li>-She cleaned the bathroom every day.</li> <li>-Sand was tracked in from outside every day.</li> <li>-Residents were responsible for making their own beds and to keep their belongings organized to the best of their ability.</li> <li>-The SIC checked the rooms for cleanliness every day, swept the floors and complete the cleaning for each residents.</li> <li>-The resident in bedroom #2 needed prompting to clean.</li> <li>-The resident in bedroom #2 over-utilized talc several times per day which causes the room to appear dusty.</li> <li>-An exterminator came to facility every month.</li> <li>-The former pest control company stopped spraying in April 2015 due to non-payment.</li> <li>-The Administrator's family member works for a pest control company and sprayed for roaches since April 2015 on a monthly basis.</li> <li>-She did not keep nor request any documents, logs or receipts of any pest control service from the current exterminator since April, 2015.</li> </ul> <p>Interview with the Administrator on 12/1/15 at 1:00pm revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator had expectations that residents cleaned their rooms.</li> <li>-The facility did not have a set cleaning schedule.</li> <li>-He could not remember the last time a deep clean was performed which included moving furniture and cleaning under beds.</li> <li>-The SIC was expected to "deep cleaning" once per week.</li> <li>-He was aware of the mold on the bathroom tile.</li> <li>-The Administrator planned to re-caulk the tub</li> </ul>	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 078	Continued From page 4  and tile areas. -The facility had an exterminator come out monthly. -The Administrator did not know the former pest control company was no longer servicing the facility since April, 2015. -The Administrator acknowledged his family member was a pest control exterminator for a local company. -He was made aware by the SIC during this interivew that his family member sprayed for bugs monthly since April 2015. -There were no receipts or logs available at the facility to show a history of pest control since April 2015. -The Administrator's family member who sprayed for pests was unavailable for interview. -The Administrator was aware of the environmental clutter, cleanliness and hazards were previously cited.	C 078		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis  10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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 contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis	C 140		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 140	<p>Continued From page 5</p> <p>disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on the record review and interview, the facility failed to provide documentation to support that they had completed the second step of tuberculosis screening on 1 of 1 employees (Staff A).</p> <p>The findings are:</p> <p>Review of personell file for Staff A revealed: - Staff A had been hired 7/15/11 and had the first step of the screening on 8/3/11 which was negative. -There was no evidence to support the second step of the screening process had been done.</p> <p>Interview with the SIC on 12/1/15 at 12:30pm revealed: -She had received her 2nd-step of the screening approximately a month or two after her first screening. -The local county department of health nurse came to the facility to administer the TB test to all staff members about 1 year ago. -She did not have any screening documentation.</p> <p>Interview with the local county health department's nurse on 12/1/15 at 12:45pm revealed: -The county health department does not make housecalls to family care homes for TB testing and screening. -The county health department never visited this family care home. -The county health department keeps all records</p>	C 140		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL074047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/01/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FREEMAN FAMILY CARE HOME #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1006 W 3RD STREET GREENVILLE, NC 27834</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 140	<p>Continued From page 6</p> <p>of TB screenings for all recipients. -The county health department did not have a record for the SIC's 2nd TB screening.</p> <p>Interview with the Administrator on 12/1/15 at 1:00pm revealed: -He was unaware the SIC did not have her 2nd step screening. -He was aware of the 2-step TB screening rule for all staff and residents. -He would ensure that the SIC would obtain her 2nd step screening.</p>	C 140		