

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL017030 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>R-C<br>09/17/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>JONES FAMILY HOME # 4 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>278 E MAIN STREET<br>YANCEYVILLE, NC 27379 |
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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  |
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| C 000              | Initial Comments<br><br>The Adult Care Licensure Section and the Caswell County Department of Social Services conducted an annual survey, a complaint investigation and a follow-up survey on September 15-17, 2015.   | C 000         |   |   |
| C 074              | 10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping And Furnishings<br>(a) Each family care home shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to assure ceilings, walls and floors were kept clean and in good repair in the hallway, bathrooms and residents' rooms.<br><br>The findings are:<br><br>Observation of the hallway near the living room on 9/16/15 at 11:30 a.m. revealed mismatched tiles were placed on the floor.<br><br>Observation of the hallway near the men's and women's bathroom on 9/16/15 at 12:00 p.m. revealed an area of 2.5 feet by 5 feet of mismatched tiles were placed on the floor.<br><br>Observation of bedroom #1 on 9/16/15 at 12:05 p.m. revealed:<br>-The heat registry moved from side to side.<br>-Glue was scattered on the tile throughout the room. | C 074         | <i>Will clean and repair tile</i><br><br><i>The heat registry will be repaired<br/>Glue will be cleaned from tile</i> | <i>11-30-15</i><br><br><i>11-30-15</i><br><i>11-30-15</i> |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>Robert Jones</i> | TITLE<br>Director | (X6) DATE<br>10-16-2015 |
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| C 074              | <p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The door needed to be repainted.</li> <li>-The door knob had made a hole in the wall.</li> </ul> <p>Observation of bedroom #3 on 9/16/15 at 12:15 p.m. revealed chipped paint on the door.</p> <p>Observation of the hallways on 9/16/15 from 11:30 a.m. to 12:30 p.m. revealed the baseboards had a buildup of dust.</p> <p>Observation of bedroom #4 on 9/16/15 at 12:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The ceiling above the window had been leaking.</li> <li>-A cloth was pushed up next to the floor beneath the window.</li> </ul> <p>Interview with a resident on 9/16/15 at 12:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- There was a leak in bedroom #4 above the window, but it had been fixed.</li> <li>-The cloth pushed up next to the floor beneath the window was used to absorb water from a previous leak.</li> </ul> <p>Interview with the Supervisor-in Charge (SIC) on 9/16/15 at 12:45 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware the heat registry in bedroom #1 moved from side to side.</li> <li>-She was aware of the glue scattered on tile throughout bedroom #1.</li> <li>-She was not aware of a hole in the wall of bedroom #1.</li> <li>-She was aware areas in the facility needed to be repainted.</li> <li>-She had not noticed the baseboards were dusty.</li> <li>-The leak had been repaired in bedroom #4, but the ceiling had not been repainted.</li> <li>-She reported needed repairs to the Director of the facility when she found things that needed to be repaired.</li> </ul> | C 074         | <p>The door will be painted</p> <p>The door knob hole will be repair</p> <p>house will be clean through out</p> <p>The leak in bedroom #4 has been fixed</p> | <p>11-30-15</p> <p>11-30-15</p> <p>11-30-15</p> <p>11-16-15</p> |

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| C 074              | <p>Continued From page 2</p> <p>-The Director was responsible for doing the needed repairs or getting someone else to do the repairs.<br/>-She did not keep a record of the needed repairs.</p> <p>Interview with the Director of the facility on 9/17/15 at 1:00 p.m. revealed:<br/>-He was aware of the mismatch tiles placed on the floors in the hallway next to the living room and the bathrooms.<br/>-He had not noticed the glue scattered on the mismatch tiles.<br/>-He was not aware the heat registry in bedroom #1 moved from side to side.<br/>-He was not aware that glue was scattered on the tile in bedroom #1<br/>-He was aware areas in the facility needed to be repainted.<br/>-He was not aware the wall in bedroom #1 had a hole in it from opening the door into the wall.<br/>-He had no monitoring system in place to keep up with needed repairs or repairs being made at the facility.<br/>-All repairs would be completed within 90 days of the survey.</p> | C 074         |   |                    |
| C 077              | <p>10A NCAC 13G .0315(a)(4) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings<br/>(a) Each family care home shall:<br/>(4) have a North Carolina Division of Environmental Health approved sanitation classification at all times;<br/>This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:<br/>TYPE B VIOLATION</p>   | C 077         |   |                    |

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| C 077 | <p>Continued From page 3</p> <p>Based on observation, interview, and record review, the facility failed to maintain a North Carolina Division of Environmental Health approved sanitation classification at all times.</p> <p>The findings are:</p> <p>Review of a sanitation inspection report dated 5/1/14 revealed:</p> <ul style="list-style-type: none"> <li>-The demerit score was 29.</li> <li>-Sanitation classification was documented as provisional. (More than 20, but 40 or less merits).</li> <li>-Shelves and drawers which are covered with newspapers provide a harborage for vermin (roaches).</li> </ul> <p>Observation of the facility during the tour on 9/16/15 from 11:30 a.m. -12:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The housekeeping and furnishings areas were cited on the sanitation report dated 5/4/15.</li> <li>-The open shelves in the kitchen next to the refrigerator were lined with newspapers.</li> <li>-Observations of the 2 light covers in the kitchen were filled with roaches.</li> <li>-Top drawer of the cabinet next to the stove had a 2" broken off area and inside of the drawer was lined with newspapers.</li> <li>-Observation of the hallways on 9/16/15 from 11:30 a.m.-12:30 p.m. revealed the baseboards had a buildup of dust.</li> <li>- Observation of 4 of 4 air vents in the facility on 9/16/15 from 11:30 a.m. -12:30 p.m. were dusty.</li> <li>-Observation of 1 air vent near the fuse box was hanging from the ceiling.</li> <li>-Observations of 12 of 12 light covers in the facility were dusty.</li> <li>-Observation of the women's bathroom on 9/16/15 at 12:00 p.m. revealed the sink had rust colored stains.</li> </ul> | C 077 | <p><i>Has proper lining on shelves, light covers has been clean, vents has been clean and painted, has rehang the air vent properly.</i></p> <p><i>Women's bathroom sink has been repair</i></p> | <p><i>10-30-15</i></p> <p><i>11-30-15</i></p> |
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| C 077              | <p>Continued From page 4</p> <p>-Observation of the men's bathroom on 9/16/15 at 12:05 p.m. revealed the sink had a blackish/brown stain.</p> <p>Telephone interview with the Health Inspector on 9/15/15 at 12:30 p.m. revealed:<br/>-The last inspection date was 5/1/14.<br/>-The staff at the facility was responsible for keeping up with the annual inspection.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 9/15/15 at 12:30 p.m. revealed the Director was responsible for making sure the sanitation inspection was current.</p> <p>Interview with the Director of the facility on 9/17/15 at 1:00 p.m. revealed:<br/>-He was aware that the sanitation inspection had a provisional grade.<br/>-He was not aware the sanitation inspection was past due.<br/>-He thought it was the responsibility of the Health Inspector to keep up with the annual sanitation inspection.<br/>-He had no monitoring system in place track the annual sanitation inspection.</p> <p>A plan of protection was requested by this office on 9/17/15.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 1, 2015.</p> | C 077         | <p><i>Health Inspection has been completed by the Inspector</i></p>   | 9-24-15            |
| C 078              | <p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings</p>   | C 078         |   |                    |

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| C 078   | <p>Continued From page 5</p> <p>(a) Each family care home shall:<br/>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br/>This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to assure the kitchen, two common residents' bathrooms and three of four bedrooms were maintained in a clean and orderly manner. The findings are:</p> <p>During the tour of the kitchen on 9/16/15 at 11:00 a.m. revealed:<br/>-The range hood over the stove had grease and dirt build up.<br/>-The inside of the oven had built-up grease and burnt food.<br/>-The side of the cabinet next to the stove had a buildup of grease.<br/>-Top drawer of the cabinet next to the oven had a 2" broken off area.<br/>-The top of the china cabinet was connected to the bottom of the china cabinet by only one screw instead of two screws on the left side.<br/>-5 of 6 dining room chairs moved from side to side.<br/>-The dining room table moved from side to side.</p> <p>Observation of 4 of 4 air vents in the facility on 9/16/15 from 11:00 a.m. -11:30 a.m. revealed:<br/>-The air vent in the kitchen was coated with dirt.<br/>-The air vent in the sitting room was coated with dirt.<br/>-The air vent in the hallway near the fuse box was coated with dirt and hanging from the ceiling.<br/>-The air vent in the hallway near bedroom #4 was</p> | C 078   |   |   |

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| C 078   | Continued From page 6<br>coated with dirt.<br><br>Observation of the light coverings in the facility on 9/16/15 from 11:00 a.m. -11:30 a.m. revealed:<br>-The 2 light fixtures covers in the kitchen were dusky and filled with roaches.<br>-The 4 light fixtures covers in the sitting room had a buildup of dust.<br>-The 4 light fixtures covers in the hallway had a buildup of dust.<br>- The 1 light fixture cover in bedroom #1 had a buildup of dust.<br>-The 1 light fixture cover in bed room #2 had a buildup of dust.<br>-The 1 light fixture cover in bed room #3 had a buildup of dust.<br>-The 1 light fixture cover in bed room #4 had a buildup of dust.<br><br>Observation of the women's bathroom on 9/16/15 at 12:00 p.m. revealed the following:<br>-The sink had rust colored stains.<br>-The commode seat's paint was wearing off on the right side next to the door.<br>-Toilet tissue holder was broken with sharp edges exposed.<br><br>Observation of the men's bathroom on 9/16/15 at 12:05 p.m. revealed the following:<br>-The sink had a blackish/brown stain.<br>-The mirror cabinet was tilted at an angle and moved from side to side.<br>-The mirror was attached with only one screw instead of two screws.<br><br>Interview with the Supervisor-in-Charge (SIC) on 9/16/15 at 10:00 a.m. revealed:<br>-She was aware the hood of the stove and oven needed to be cleaned.<br>-She was not aware the side of the cabinet next | C 078   | <i>All light fixture covers has been clean</i><br><br><i>The sink rust color will be properly clean or a new sink will be in place</i><br><i>A new commode seat is install</i><br><i>Toilet tissue holder will be install</i><br><i>The sink in the men bathroom will be clean proper. The mirror will be attached proper with the screws needed</i> | <i>9-20-15</i><br><br><i>12-30-15</i><br><i>9-20-15</i><br><i>12-30-15</i><br><i>12-30-15</i><br><i>12-30-15</i> |

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| C 078              | <p>Continued From page 7</p> <p>to the oven had a buildup of grease.<br/>-She did not have a cleaning scheduled for the kitchen.<br/>-She was aware the top of the china cabinet was connected to the bottom of the china cabinet by only one screw instead of two screws on the left side.<br/>-She was aware the dining room chairs were shaky.<br/>-She was not aware the dining room table was shaky.<br/>-She was aware the light covers and light fixtures needed to be cleaned.<br/>-She does not remember the last time they were cleaned.<br/>-The Director of the facility was responsible for the cleaning of the light covers and light fixtures.<br/>-She was aware the sink in the women's bathroom had rust colored stains.<br/>-She was not aware that the commode seat in the women's bathroom paint had worn off on the side next to the door.<br/>-She was not aware the toilet paper holder in the women's bathroom had sharp edges.<br/>-She was aware the sink in the men's bathroom had blackish/brown stains.<br/>-She was not aware the mirror in the men's bathroom had been attached by one screw instead of two screws.<br/>-She does not remembered if she reported the needed repairs to the Director.<br/>-She does not keep a list of the needed repairs at the facility.</p> <p>Interview with the Director of the facility on 9/17/15 at 1:15 p.m. revealed:<br/>-He was not aware the range hood over the stove had grease and dirt buildup.<br/>-He was not aware the inside of the oven was coated with grease build up and burnt food.</p> | C 078         | <p>Has been clean the oven and hood range china cabinet has been remove.</p> <p>Dining room chairs has been replace</p> <p>Dining room table has been repair</p> <p>The women bath room will be painted</p> <p>Men sink will be clean</p> | <p>9-20-15</p> <p>9-20-15</p> <p>10-2-15</p> <p>10-2-15</p> <p>12-30-15</p> <p>11-30-15</p> |

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| C 078              | Continued From page 8<br>-The oven hood and oven should be cleaned daily.<br>-He was aware the air vents and light fixture covers were dirty.<br>-The last time that the air vents and light fixtures covers were cleaned was about 6-7 (February 2015 or March 2015) months ago.<br>-The air vents and light vents should be cleaned at least every 90 days.<br>-There was no monitoring plan in place to assure air vents and light covers were kept clean and in good repair.<br>-Supervisor-in-Charge (SIC) should call in all repairs daily.<br>-He had no monitoring system in place to keep up with needed repairs or repairs being made at the facility. | C 078         | <i>Will put a monitoring system in place for cleaning + repairs</i>   | <i>12-5-15</i>     |
| C 098              | 10A NCAC 13G .0316 (c) Fire Safety And Disaster Plan<br><br>10A NCAC 13G .0316 Fire Safety And Disaster Plan<br><br>(c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on observation and interviews, the facility failed to maintain fire safety requirements required by city ordinances or county building inspectors.<br><br>The findings are:   | C 098         |   |                    |

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| C 098              | <p>Continued From page 9</p> <p>Observation of a fire safety permit posted in the hallway during the tour of the facility on 9/15/15 at 12:00 p.m. revealed:<br/>-The date of the inspection was 9/9/14.<br/>-The fire safety permit was valid until 9/9/15.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 9/15/15 at 4:00 p.m. revealed:<br/>-She was not aware the fire safety permit had expired.<br/>-The Director was responsible for keeping up with the annual fire safety permit.</p> <p>Telephone interview with the Director of the facility on 9/16/15 at 12:15 p.m. revealed:<br/>-He was not aware the fire safety permit had expired.<br/>-It was an oversight because he usually had the annual fire safety inspection done during the fall.<br/>-He was responsible for keeping up with the annual fire safety permit.<br/>-A message was left for the Fire Inspector on 9/16/15 (no time).</p> <p>Review of the facility's plan of protection 9/17/15 revealed:<br/>-The fire safety inspection would be completed by 9/30/15.<br/>-The Director would make sure the inspection was done by the above date.<br/>-The Director would give date of fire inspection to the Registered Nurse (RN) to enter in the "Data Bank." for tracking.<br/>-The RN would notify the Director 30 days, prior to the expiration date.<br/>-The Director would make sure fire safety inspection was done annually.</p> <p>CORRECTION DATE FOR THE TYPE B</p> | C 098         | <p><i>Fire inspection was completed on</i></p>  | 10-14-15           |

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NAME OF PROVIDER OR SUPPLIER  
**JONES FAMILY HOME # 4**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**276 E MAIN STREET  
YANCEYVILLE, NC 27379**

| (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 |
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| C 098              | Continued From page 10<br>VIOLATION SHALL NOT EXCEED NOVEMBER 1, 2015.  | C 098         | <i>Has continue calling and going by the fire inspection office to get a fire inspection completed</i>          | 10-14-15           |
| C 178              | <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation<br/>Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by:<br/><b>TYPE B VIOLATION</b></p> <p>Based on personnel record and interview, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 2 staff sampled. (Staff A).</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed:</p> | C 178         |   |                    |

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| C 176              | <p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-She was hired as a Supervisor-in-Charge (SIC) in 1969.</li> <li>-The CPR card was valid from March 2013-March 2015.</li> </ul> <p>Interview with Staff A on 9/16/15 at 10:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-She had not taken a CPR course since March 2013.</li> <li>-She worked two weeks, and she was off one week.</li> <li>-The Director of the facility was responsible for making sure she had a current CPR card.</li> </ul> <p>Interview with the Director of the facility on 9/16/15 at 4:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He was not aware that Staff A did not have a current CPR card.</li> <li>-The facility had a monitoring "Data Bank" which tracked staff's CPR renewal dates.</li> <li>-Staff A's information for CPR had not been entered into the "Data Bank."</li> <li>-Staff A would be recertified in CPR by 9/18/15.</li> </ul> <p>Review of the facility's plan of protection 9/17/15 revealed:</p> <ul style="list-style-type: none"> <li>-Staff A would be recertified in CPR by 9/18/15.</li> <li>-The Director would give new hire or current hire staff's CPR information to the RN to enter into the "Data Bank." for tracking.</li> <li>-The Registered Nurse (RN) would notify the Director 30 days, prior to expiration date.</li> <li>-The Director would make sure all staff had a current CPR card.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 1, 2015.</p> | C 176         |   |                    |

*Staff has completed and pass the CPR 9-18-15*

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| C 243<br>C 243     | <p>Continued From page 12</p> <p>10A NCAC 13G .0901(b) Personal Care and Supervision</p> <p>10A NCAC 13G .0901 Personal Care And Supervision<br/>(b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.</p> <p>This Rule is not met as evidenced by:<br/>TYPE A2 VIOLATION</p> <p>Based on record review and interview, the facility failed to provide supervision for 1 (Resident #1) of 1 sampled resident who had a history of smoking inside the facility.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 06/15/15 revealed:<br/>-Diagnoses included depressive disorder, post-traumatic stress disorder, hypertension (HTN), and diabetes mellitus II (DMII), constipation, muscle weakness and post alcoholic.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 6/29/15.</p> <p>Review of Resident #1's record revealed no documentation of a Care Plan.</p> <p>Review of Resident #1's record revealed no documentation of a "Smoking Policy."</p> <p>Review of Resident #1's record revealed:<br/>-An Adult Care Home Notice of Transfer/Discharge notice dated 06/29/15.<br/>-The reason for this notice of your transfer</p> | C 243<br>C 243 | <p><i>Has put a new smoking policy in place 9-20-15</i></p> <p><i>Has retrain home care staff and staff on New Client's Care Plan. 11-20-15</i></p> |                    |

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| C 243              | <p>Continued From page 13</p> <p>/discharge is "The safety of individuals in this facility is endangered."</p> <p>Review of the Progress Notes for Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-On 7/17/15 (no time), Resident threatened to burn down the facility if someone did not take him away from this place. "He is also smoking in the bedroom."</li> <li>-On 7/1/15 (no time), resident was smoking in the bathroom.</li> </ul> <p>Interview with the Supervisor-in-Charge (SIC) on 9/16/15 at 11:00 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-She did not know why Resident #1 had been discharge from the previous facility.</li> <li>-She did not know what the phrase meant "The safety of individuals in this facility is endangered."</li> </ul> <p>Telephone interview with the Director of the facility on 9/16/15 at 12:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He did know what the phrase meant "The safety of individuals in this facility is endangered."</li> <li>-Resident #1 had been discharged from the previous facility because he was caught smoking in the facility.</li> </ul> <p>Interview with the Supervisor-in-Charge (SIC) on 9/16/15 at 12:15 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The 1st time she caught Resident #1 in his room smoking was on 7/1/15 (no time).</li> <li>-She reported it to the Director of the facility on 7/2/15 (no time) that Resident #1 smoked in the room.</li> <li>-The Director told her to keep an eye on Resident #1.</li> <li>-She should monitored Resident #1 every 2 hours.</li> <li>-Resident #1 smoked in his room at least 2-3 times a week from 7/1/15 to 9/15/15.</li> </ul> | C 243         |   |                    |

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| C 243              | <p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-He smoked in his room after 11:00 p.m.</li> <li>-She smelled the smoke in Resident #1's room.</li> <li>-The fire alarm was not triggered by Resident #1 smoking in his room.</li> <li>-Resident #1 smoked in his room with the window up.</li> <li>-She also observed cigarette ash in Resident #1's room.</li> </ul> <p>Another resident reported he smelled smoke coming from Resident #1's room.<br/>The same resident observed cigarette butts in the commode after Resident #1 came out of the bathroom.</p> <ul style="list-style-type: none"> <li>-She only reported to the Director the 1st time that Resident #1 smoked in his room on 7/1/15.</li> <li>-She did not report to the Director that Resident #1 continued to smoke in his room 2-3 times per week from 7/1/15 to 9/15/15.</li> <li>-She should have told the Director each time she caught Resident #1 smoking in his room.</li> <li>-She got busy and forgot to report to the Director that Resident #1 continued to smoke in his room.</li> <li>-She should have documented each time she caught Resident #1 smoking in the facility.</li> </ul> <p>Confidential interview with a resident revealed:</p> <ul style="list-style-type: none"> <li>-The resident smelled smoke coming out of Resident #1's room.</li> <li>-The resident also observed cigarettes butts in the commode after Resident #1 came out of the bathroom.</li> <li>-He reported the information to the Supervisor-in-Charge (SIC).</li> </ul> <p>Interview with Resident #1 on 9/16/15 at 2:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He did not smoke inside the facility.</li> <li>-He smoked outside away from the front door.</li> </ul> <p>Interview with the Director of the facility on</p> | C 243         |   |                    |

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| C 243              | <p>Continued From page 15</p> <p>9/16/15 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He was made aware Resident #1 had been caught smoking in his room.</li> <li>-He could not recall the exact date.</li> <li>-He talked to Resident #1 prior to admission to the facility, and he promised not to smoke inside the facility.</li> <li>-He talked to Resident #1 again (no date), and he assured him that he would not smoke inside the building.</li> <li>-If he had known, Resident #1 continued to smoke inside the building from 7/1/15 -8/15/15 he would have discharge him from the facility within 30 days.</li> <li>-Resident #1 had not signed a facility's "Smoking Policy."</li> <li>-The smoking policy was out of date because it documented residents may smoke in the laundry room or outside.</li> </ul> <p>Review of the facility's plan of protection 9/17/15 revealed:</p> <ul style="list-style-type: none"> <li>-The Director will immediately installed a smoke alarm 24" from Resident #1's window.</li> <li>-Any resident caught smoking inside the building will be given a warning.</li> <li>-A smoke detector will be installed in the resident's room.</li> <li>-A second warning will result in immediate discharge.</li> <li>-Staff will be trained on the new "Smoking Policy" dated 9/17/15 by 9/17/15.</li> <li>-Residents will signed the new "Smoking Policy" dated 9/17/15 by 9/17/15.</li> </ul> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 17, 2015.</p> | C 243         | <p><i>A new smoking policy was put in place and staff was train</i></p>   | <p><i>9/20/15</i></p> |

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| C 249              | Continued From page 16  | C 249         |   |                    |
| C 249              | <p>10A NCAC 13G .0902(c)(3)(4) Health Care</p> <p>10A NCAC 13G .0902 Health Care<br/>(c) The facility shall assure documentation of the following in the resident's record:<br/>(3) written procedures, treatments or orders from a physician or other licensed health professional; and<br/>(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by:<br/>TYPE B VIOLATION</p> <p>Based on observation, record review and interview, the facility failed to assure documentation and implementation of physician order for 1 (Resident #1) of 4 sampled residents included obtaining finger stick blood sugars (FSBS) daily before breakfast.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 6/15/15 revealed:<br/>-Diagnosis included diabetes mellitus Type II (DMII)<br/>-Medication included Metformin (used to lower blood sugars).<br/>-An order for finger sticks to be done daily before breakfast.<br/>An order for a no concentrated sweets (NCS) diet.</p> <p>Review of Resident #1's lab report revealed a lab for HbA1C (glycated hemoglobin test) of 6.8% on 6/15/15. (Greater than 5.7% above high normal)</p> <p>Review of July 2015 through September 2015</p> | C 249         |   |                    |

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| C 249              | <p>Continued From page 17</p> <p>Medication Administration Records (MARs) revealed:<br/>-No documented FSBS checks for July 2015.<br/>-No documented FSBS checks for August 2015.<br/>-No documented FSBS checks for September 2015.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 9/15/15 at 1:00 p.m. revealed:<br/>-She was not aware Resident #1 had an order for FSBS before breakfast.<br/>-It was an oversight by her.<br/>-The SIC was responsible for transcribing orders on the Medication Administration Records (MARs).<br/>-The SIC also was responsible for monitoring and checking the MARs for accuracy.<br/>-She would clarify the order for FSBS with the resident's physician.</p> <p>Interview with Resident #1's Physician Assistant (PA) on 9/16/15 at 12:13 p.m. revealed:<br/>-She was not aware that Resident #1's FSBS checks had not been done from 6/29/15 to 7/16/15.<br/>-The PA expected the facility to do Resident #1's FSBS daily and document the results on the Medication Administration Record (MAR).<br/>-She wanted this monitoring to be done because Resident #1's last Hemoglobin A1C dated 6/15/15 reading was 6.8%.</p> <p>Interview with the Director of the facility on 9/17/15 at 1:15 p.m. revealed:<br/>-He was not aware that Resident #1's order for finger stick checks daily had been overlooked from 6/30/15 to 9/16/15.<br/>-He would put a system in place to assure orders were not overlooked.<br/>-The Supervisor-in-Charge (SIC) would be</p> | C 249         |   |                    |

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| C 249              | Continued From page 18<br>responsible for transcription of orders to the MARs<br>-The House Manager would monitor Medication Administration Records (MARs) and orders weekly.<br><br>A plan of protection was requested by this office on 9/17/15.<br><br>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 1, 2015.   | C 249         | <i>The House manager will be retrain to monitor MAR and staff to make sure order are been carried out properly<br/>Retrain it will give training on reading doctor orders documentation, and transcribing orders<br/>evaluation and documenting small effect issues.</i> | 10-7-15            |
| C 291              | 10A NCAC 13G .0905 (c) Activities Program<br><br>10A NCAC 13G .0905 Activities Program<br><br>(c) The activity director, as required in Rule .0404 of this Subchapter, shall:<br>(1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents;<br>(2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes;<br>(3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents;<br>(4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued | C 291         |  | 11-30-15           |

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| NAME OF PROVIDER OR SUPPLIER<br><br>JONES FAMILY HOME # 4 |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>278 E MAIN STREET<br>YANCEYVILLE, NC 27379 |   |   |
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| C 291   | <p>Continued From page 19</p> <p>activities and to elicit suggestions of ways to enhance the program;<br/>(5) encourage residents to participate in activities; and<br/>(6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, interview and personnel record, the facility failed to have a qualified activity director who had completed the activity course within nine months of assignment to this position.</p> <p>The findings are:</p> <p>Observation of the September 2015 activity calendar revealed:<br/>-There were less than 14 hours of activities per week.<br/>-Examples of activities documented on the calendar included Bible Study, family, cards, Family Dollar, Hardees, Bingo and Goodwill Hoedown.</p> <p>Observation on 9/16/15 at 9:00 a.m. to 10:00 a.m. revealed:<br/>-Documented on the activity calendar for September 2015 was Family Dollar from 9:00 a.m. to 10:00 a.m.<br/>-No activity was provided for the residents on 9/16/15 from 9:00 a.m.-10:00 a.m.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 9/17/15 at 11:40 a.m. revealed:<br/>-She had not completed the activity course within</p> | C 291   | <p>Monitor over look qualified activity director</p>  |   |

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| C 291   | <p>Continued From page 20</p> <p>nine months of assignment.</p> <ul style="list-style-type: none"> <li>-She was responsible for the monthly activity calendar.</li> <li>-She was responsible for the activities at the facility.</li> <li>-She did activities at the facility every other day.</li> <li>-She was not aware that there should be at least 14 hours of activities per week.</li> <li>-She did not know that there should be at least one outing every other month.</li> <li>-The activities documented on the calendar did not always take place as schedule.</li> <li>-We do activities such as play cards and cross word puzzles.</li> <li>-The residents did not go to Family Dollar on 9/16/15 from 9:00 a.m. -10:00 a.m.</li> <li>-We used to go on outside outings, but not lately because the Van is not working.</li> <li>-The Van had not been working for 2-3 weeks.</li> <li>-The Director was aware the Van was not working.</li> </ul> <p>Interview with the Director on 9/17/15 at 1:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Supervisor-in-Charge (SIC) was responsible for doing the monthly activity calendar.</li> <li>-He did not know 14 hours of activities were not documented on the monthly activity calendar per week.</li> <li>-The SIC was responsible for doing the daily activities.</li> <li>-He did not know the SIC was doing activities at the facility every other day.</li> <li>-There was no monitoring plan in place to assure 14 hours of activities were offered per week.</li> <li>-He thought the Administrator had completed the activity course.</li> <li>-He did not provide proof the Administrator had completed the activity course.</li> </ul> | C 291   |   |   |

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| C 292              | Continued From page 21  | C 292         |   |                    |
| C 292              | <p>10A NCAC 13G .0905 (d) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program</p> <p>(d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to assure a minimum of 14 hours of a variety of planned group activities per week were made available for 5 of 5 sampled residents. (Resident #, #2, #3, #4 and #5).</p> <p>The findings are:</p> <p>Interview with 3 of 5 residents revealed:<br/>-They did not have activities at the facility.<br/>-They sat around and looked at television.<br/>-The facility had an activity calendar, but it was for show.<br/>-They would like to do more activities at the facility.</p> <p>Observation of the September 2015 activity</p> | C 292         |   |                    |

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| C 292              | <p>Continued From page 22</p> <p>calendar revealed:<br/>-There were less than 14 hours of activities per week.<br/>-Examples of activities documented on the calendar included Bible Study, family, cards, Family Dollar, Hardees, Bingo and Goodwill Hoodown.</p> <p>Observation on 9/16/15 at 9:00 a.m. to 10:00 a.m. revealed:<br/>-Documented on the activity calendar for September 2015 was Family Dollar from 9:00 a.m. to 10:00 a.m.<br/>-No activity was provided for the residents on 9/16/15 from 9:00 a.m.-10:00 a.m.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 9/17/15 at 11:40 a.m. revealed:<br/>-She was not aware that there should be at least 14 hours of activities per week.<br/>-She did not know that there should be at least one outing every other month.<br/>-She was responsible for the monthly activity calendar.<br/>-Activities are done every other day at the facility.<br/>-The activities documented on the calendar did not always take place as schedule.<br/>-She had other duties to do, and they sometimes interfered with the activity schedule.<br/>-We do activities such as play cards and cross word puzzles.<br/>-The residents did not go to Family Dollar on 9/16/15 from 9:00 a.m. -10:00 a.m.<br/>-We used to go on outside outings, but not lately because the Van is not working.<br/>-The Van had not been working for 2-3 weeks.<br/>-The Director was aware the Van was not working.</p> <p>Interview with the Director on 9/17/15 at 1:00 p.m.</p> | C 292         |   |                    |

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| C 292              | Continued From page 23<br>revealed:<br>-He was not aware the Supervisor-in-Charge (SIC) at the facility was not doing 14 hours of activities per week.<br>-The SIC was responsible for doing the monthly activity calendar.<br>-He was not aware the monthly activity calendar for September 2015 did not have a least 14 hours of activities offered per week.<br>-There was no monitoring plan in place to assure 14 hours of activities were offered per week.  | C 292         |   |                    |
| C 912              | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on interview, record review and observations, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to the sanitation report, fire safety, training on cardio-pulmonary resuscitation, personal care and supervision and health care.<br><br>The findings are:<br><br>1. Based on observation, interview, and record review, the facility failed to maintain a North Carolina Division of Environmental Health approved sanitation classification at all times. [Refer to Tag C77 10A NCAC 13G .0315(a)(4) | C 912         | Health Inspection has been completed. Will set up a monitoring tool.  | 9.24.15            |

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| C 912              | <p>Continued From page 24<br/>(Type B Violation))</p> <p>2. Based on observation and interviews, the facility failed to maintain fire safety requirements required by city ordinances or country building inspectors. [Refer to Tag C98 10A NCAC 13G .0316 (c)(Type B Violation)]</p> <p>3. Based on personnel record and interview, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 2 staff sampled. [Refer to Tag C 176 10A NCAC 13G .0507 (Type B Violation)]</p> <p>4. Based on record review and interview, the facility failed to provide supervision for 1 (Resident #1) of 1 sampled resident who had a history of smoking inside the facility. [Refer to Tag C 243 10A NCAC 13G .0901(b) (Type A2 Violation)]</p> <p>5. Based on observation, record review and interview, the facility failed to assure documentation and implementation of physician order for 1 (Resident #1) of 4 sampled residents included obtaining finger stick blood sugars (FSBS) daily before breakfast. [Refer to Tag C249 10A NCAC 13G .0902(c)(3)(4) (Type B Violation)]</p> | C 912         | <p><i>Fire Inspection has been completed will set up a monitoring tool</i></p> <p><i>staff has completed the training will set up a monitoring tool</i></p> <p><i>staff has been train on documentation and implementation of physician orders</i></p> | <p><i>10-14-15</i></p> <p><i>9-18-15</i></p> <p><i>11-30-15</i></p> |