

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 000}	Initial Comments The Adult Care Licensure Section conducted a Follow-up and Complaint investigation survey on March 29, 2016 to April 1, 2016.	{D 000}		
{D 079}	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes 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 facilities.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure the facility was maintained in an orderly and clean manner, and free of all hazards as related to walls with holes; peeling surface of wall and floor tiles; a stained and dusty bath chair; a broken commode stall; missing and old commode and sink caulking; missing toilet tissue holders in 4 of 4 residents' common bathrooms (100, 200, 300, 400 halls) and 5 corroded and rusted sink faucets and broken vanities in resident rooms (100, 200, 300 halls) were. The findings are:</p> <p>1. Observation of 100 hall common shower room on 03/29/2016 at 11:56 am revealed: -There was paint was peeling from the floor tiles throughout the shower room. -There was peeling paint on the top of the privacy wall [approximately 48 inches in height] separating the toilet area from the shower area.</p>	{D 079}		

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: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 1</p> <p>-The cover was missing from the water tank of the commode.</p> <p>Interview with the Administrator on 03/29/2016 at 12:05 pm revealed:</p> <p>-The commode tank covers were on order. -The residents were constantly breaking the tank covers by leaning back on the commodes. -The Administrator would get a tank cover from an empty room to use on the common shower room commode until the new covers arrive.</p> <p>Observation of a shared bathroom on the 100 hall revealed:</p> <p>-Under the toilet paper holder were 10 round empty screw holes approximately 1/8 inch to 1/4 inch in diameter that had not been repaired. -The metal arms of the toilet paper dispenser were jutting out into the toilet stall area. -The roll of toilet paper was not on the dispenser but was on the top of the grab rail.</p> <p>Interview with a resident who used the shared bathroom on 03/29/16 at 10:30 am revealed:</p> <p>-The holes in the wall had been there since the resident had moved in 2 1/2 years ago. -The resident had not complained to anyone but stated that staff saw it everyday.</p> <p>Interview with the Regional Director of Operations (RDO) on 03/30/16 at 10:45 am revealed:</p> <p>-The RDO had checked all of the toilet paper dispensers and repairs would be completed as soon as possible. -Housekeeping/staff would be reminded to place the toilet paper in the dispenser.</p> <p>Re-inspection of the shared bathroom on 03/31/16 at 3:17 pm revealed that the holes had been filled with putty and the toilet tissue was in</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 2</p> <p>the dispenser.</p> <p>Refer to the interview on 03/30/2014 at 10:45 am with the Administrator and Regional Director of Operations (RDO).</p> <p>2. Observations of the 200 hall common bathroom on 3/29/16 at 10:52 am revealed:</p> <ul style="list-style-type: none"> - The resurface coating material of the floor tiles was peeling away throughout the bathroom. - The resurface coating material on the back and both sides of the tile walls and floors of the first of two showers were peeling away. - The resurface coating material on the back and both sides of the tile walls and floors of the second shower stall were peeling away. - The second shower stall had a dark discolored area observed on the shower stall walls near the floor. - The recessed sections of the shower chair near the third shower stall had dust and brown/black particles and brownish/black smears across the seat surface. - The caulking around the commode pedestal at the floor level was darkened and dried and missing caulk in one area. <p>Interview on 3/30/16 at 10:45 a.m. with the Administrator and Regional Director of Operations (RDO) about the condition of the 200 hall common bathroom revealed:</p> <ul style="list-style-type: none"> - The corporate company was aware of the problem with the peeling resurface material on the bathroom tiles throughout the facility. - Housekeeping cleaned the bathroom daily with sanitizing solutions. - The Administrator was not aware of the condition of the shower chair and the caulking around the commode. - The chair and commode caulk would be it was 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 3</p> <p>cleaned and repaired.</p> <p>A second observation on 3/31/16 at 2:58 pm of the 200 hall common bathroom revealed:</p> <ul style="list-style-type: none"> - The wall and floor tiles in the first and second shower stalls continued to have the peeling resurface coating. - The second shower stall continued to have a dark discolored area on the shower stall walls near the floor. - The recessed sections of the shower chair near the third shower stall continued to have the same dust and brown/black particles and the dark smears across the seat surface. - The caulking around the commode had been repaired. <p>Observation of resident room 208 on the 200 hall on 3/29/16 at 11:02 am revealed:</p> <ul style="list-style-type: none"> - The sink vanity top was broken off in the left front corner. - The vanity had sharp edges. <p>Interview with a resident on 3/29/16 at 11:03 am revealed:</p> <ul style="list-style-type: none"> - The resident had not noticed the broken area with the sharp edges on the vanity top. - The resident had not been aware of any injuries from the broken vanity. <p>Observation of resident room 213 on 3/29/16 at 11:09 am revealed:</p> <ul style="list-style-type: none"> - The vanity top front edge on the top had a 4 inch broken off area along the right front with sharp edges. - The caulking around the sink was dried and discolored in places with brown/black stains. - A one inch area of caulking was dried and pulled away from the sink allowing the floor to be seen thru the one inch hole in the caulking. 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016	
NAME OF PROVIDER OR SUPPLIER WILSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893		
(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
{D 079}	<p>Continued From page 4</p> <p>Observation of resident room 213 on 3/31/16 at 2:43 pm revealed:</p> <ul style="list-style-type: none"> - The sink caulking had been replaced. - The missing area on the front edge of the vanity had been cut clean across and the edge ws not jagged but was still sharp to touch. - The wall had been damaged. - The wall was repaired over the area, but it had not been painted. <p>Interview with a resident in the room on 3/31/16 at 2:43 pm revealed:</p> <ul style="list-style-type: none"> - The resident had lived in the facility for many years. - He thought the damage had been made from wheelchair foot rests. - The resident was not sure when the damage nor when the repair of the wall had been completed. <p>Observation of resident room 214 on 3/29/16 at 11:48 am revealed:</p> <ul style="list-style-type: none"> - A small resident chair was sitting over an area of where 3 floor tiles were missing. - Where the missing tiles had been revealed a discolored subflooring. - The remaining tile was sitting loosely on the subflooring and moved and slid aside easily when touched. <p>Observation of resident room 214 on 3/31/16 at 2:38 pm revealed the missing and loose tiles had been replaced.</p> <p>Refer to interview on 3/30/16 at 10:45 a.m. with the Administrator and Regional Director of Operations (RDO.)</p> <p>3. Observation on 3/20/16 at 11:15 am of the 300</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 5</p> <p>Hall common bathroom in the Special Care Unit (SCU) revealed:</p> <ul style="list-style-type: none"> - The bathroom tile flooring had a non-slip sandy textured coating applied to the entire room's floor surface. - The non-slip coating had separated from the tiles and was peeling away or was completely missing in heavier traffic areas throughout the entire bathroom. - The bottom edges of the main walls and divided wall sections were dark with dirty collected dust and brown stains. - The shower interior tile walls were stained a yellowish brown color and were stained dark brown just above the floor areas. - The bottom of the door of the toilet stall had scraped off paint and gouge marks on the lower edge. - The toilet paper holder was broken and had a corroded surface. - The sprinkler system nozzle on the ceiling above was rusted. - The toilet seat was a dingy white and paint was missing around the inside ring of the toilet seat and the top right side of the seat. - The walls behind and around the toilet was a yellowish brown color and had peeling paint. - The base molding was dirty with collected dust and had dark brown stains at the floor level. - There were 4 broken, misaligned, and detached baseboard tiles at the wall on the right side of the toilet stall. - The walls had peeling paint around the sink area. - The sink top grout was separated from the back wall, and brownish yellow in color. - The tub's faucet, shower water control, and shower head were corroded and rusted. <p>Observation on 4/1/16 at 4:10 pm of resident</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	--

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 6</p> <p>room 310 (SCU) revealed:</p> <ul style="list-style-type: none"> - There was a 1" x 2" oval shaped hole and 2 similar sized scraped and dented areas in the wall beside the paper towel holder in the bathroom. - The toilet seat was stained brown on the underside and around the inner ring of the seat. - The bathroom floor, baseboard, and lower wall area had a dirty brownish yellow color. - The cover for the air vent behind the resident's bed was on the floor; the edges of the wall around the opening was covered with heavy dust. - The ceiling covering above the bed was peeling and separating from the ceiling. <p>Interview on 4/1/16 at 4:15 pm with the resident in room 310 revealed:</p> <ul style="list-style-type: none"> - His room had been in that condition for 6-7 months and needed to be fixed. <ul style="list-style-type: none"> - The ceiling covering "might fall on me". <p>Observation on 3/29/16 at 10:35 am of the 400 Hall common bathroom in the Special Care Unit (SCU) revealed:</p> <ul style="list-style-type: none"> - The bathroom had a strong urine odor. - The bathroom tile flooring had a non-slip sandy textured coating applied to the entire room's floor surface. - The non-slip coating had separated from the tiles and was peeling away or was completely missing in heavier traffic areas throughout the entire bathroom. - The bottom edges of the main walls and divided wall sections were dark with grime and brown stains. - The shower interior tile walls were stained a yellowish brown color and was stained dark brown just above the floor areas. - The grout around the tub was brownish 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 7</p> <p>yellow.</p> <ul style="list-style-type: none"> - The tub's shower control back plate was rusty and corroded. - The tub faucet and handle bar above it were corroded and had a light green coating. - The walls around the tub were a brownish yellow color and had a dark brown stain down the joined edges of the walls. - The tile floor in the toilet section was a brownish yellow color having darker brown stained grout between the tiles. - The toilet base at the floor had black colored grout, brown stains, missing grout, and discolored flooring at the front section. - The walls behind and around the toilet was a yellowish brown color and had peeling paint. - The base molding was dirty with collected dust and had dark brown stains at the floor level. - The toilet had no tank cover. - The toilet paper holder was empty, hanging open, and was broken; the wall around the holder was a yellowish brown color and in a circular design around the holder. - The door of the toilet stall was scraped and missing paint. - The front bottom edge of the door had a jagged edge and was missing paint. <p>Observation on 4/1/16 at 4:00 pm of the resident dining room in the SCU revealed:</p> <ul style="list-style-type: none"> - The ceiling had 3 sections, 12"-18" long, of torn, peeling, and discolored paper covering. - An electrical outlet had no covering and had rust spots. - The baseboard was detached from the floor at several places around the room. - The ceiling air vent was darkened with old dust and coming loose from the ceiling at one end. - The ceiling around the air vent had a brown 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893
---	--

(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
{D 079}	<p>Continued From page 8</p> <p>stain.</p> <p>Interview on 4/1/16 at 4:05 pm with 4 residents seated in the SCU dining room revealed:</p> <ul style="list-style-type: none"> - The ceiling and the walls had been in disrepair for a while (could not remember how long). - The dining room did not look good. - The residents wanted a better looking place to eat in. <p>Interview on 4/1/16 at 4:20 pm with the 2nd shift medication aide (MA), supervisor revealed:</p> <ul style="list-style-type: none"> - About 2 months ago, the facility roof was leaking, but it was fixed. - It looked like no repairs had been done in resident areas, bathrooms, walls or floors in a while. - All walls needed painting, there were scuff marks, dents at corners, and tears in the ceiling coverings. <p>Refer to interview with the Administrator and RDO on 3/30/16 at 10:45 am.</p> <hr/> <p>Interview on 3/30/16 at 10:45 a.m. with the Administrator and Regional Director of Operations (RDO) revealed:</p> <ul style="list-style-type: none"> - The corporate company was aware of the problem with the peeling resurface material on the bathroom tiles throughout the facility. - The RDO was aware the flooring and wall tiles condition in the bathrooms was not been corrected. - The floor resurface had been researched during the time since the last survey and it was found the floor was no longer under warranty. - The company was determining what to do about the resurfaced tiles and missing tiles and 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/01/2016
NAME OF PROVIDER OR SUPPLIER WILSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893		
(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
{D 079}	Continued From page 9 then start with the replacement in all bathrooms and resident rooms. - The bathrooms with wall problems would be worked on and commode tissue holders had been ordered. - The plan was to assess all sinks and room vanities and commodes without and/or broken tank tops. - Commode tank tops had already been ordered and should be in soon. - The housekeepers cleaned the tiles and bathrooms daily per schedule and as needed. - Different solutions were being used now in hopes the tiles would be cleaner and more sanitary. - Special solutions for the lime buildup and discolorations had been used on tiles with concerns.	{D 079}		