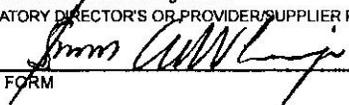
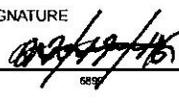


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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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
D 000	Initial Comments  The Adult Care Licensure Section and the Franklin County Department of Social Service conducted a complaint investigation on 7/6-7/8/16 and 7/11/16. The complaint investigation was initiated by the Franklin County Department of Social Services on 6/03/16.	D 000		
D 054	10A NCAC 13F .0305(f)(2) Physical Environment  10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a separate room for solid linen and dirty clothes.  The findings are:  Observation of the community bathroom on Hall 300 on 7/06/16 from 10:00 a.m.- 4:00 p.m. revealed: -There was one 44-gallon gray trash can on wheels with the lid half closed. -There was a 6-inch gap between the trash can and the lid. -The trash can contain soiled linen and dirty clothes.  Observation of the community bathroom on Hall 300 on 7/7/16 from 9:00 a.m. 5:00 p.m. revealed: -There was one 44-gallon gray trash can on wheels.	D 054		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR 	(X6) DATE 08/17/16
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Reviewed and accepted  
9/19/16  
DD-R

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/11/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN WIND ASSISTED LIVING OF LOUISBURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>361 LEONARD ROAD LOUISBURG, NC 27549</b>
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D 054	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-There was an 8-inch gap between the trash can and the lid.</li> <li>-The trash can contain soiled linen and dirty clothes.</li> <li>-No smell was detected from the trash can which contain the soiled linen and dirty clothes.</li> </ul> <p>Interview with one resident on 7/06/16 at 10:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-Dirty clothes and linen had been piled up in the trash can in the community bathroom on the 300 Hall for about 2 weeks.</li> <li>-She kept her door closed because she smelled the odor from the dirty linen.</li> <li>-She had to wait one week for her clothes to be washed.</li> </ul> <p>"Only one time within the last 2-3 months I missed a shower because the facility had no clean towels or wash cloths."</p> <ul style="list-style-type: none"> <li>-There had been a shortage of towels and wash cloths for about 2-3 months.</li> </ul> <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> <li>-Only 1 of the washers and 1 of the drayers were working.</li> <li>-One of the washers and dryers had been broken for months (time unknown).</li> <li>-There was a back-up of laundry because there was only 1 washer and 1 dryer working.</li> <li>-The solid laundry was stored in trash barrels in the community bathroom on the 300 Hall.</li> <li>-The residents had been complaining about running out of clean clothes.</li> </ul> <p>Interview with the laundry staff on 7/11/16 at 9:00 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-There was no separate room to store solid linen and dirty clothes.</li> <li>-The only places to store solid linen and dirty</li> </ul>	D 054		

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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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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
D 054	Continued From page 2  clothes were the community bathroom on the 300 Hall and the laundry room with clean linen.  Interview with the facility Nurse Consultant on 7/11/16 at 10:00 a.m. revealed: -On 7/6/16, only 1 of the washers and 1 of the dryers working. -She brought a new washer and dryer on 7/09/16.  Interview with the Executive Director (ED) on 7/11/16 at 10:30 a.m. revealed: -There was no designated room to store the soiled linen or the dirty clothes. -The only places to store the laundry was in trash barrels in the community bathroom on the 300 Hall. -On 7/6/16, there was only 1 washer and 1 dryer working. -One new washer and one new dryer was brought on 7/09/16. -One laundry staff worked between the hours of 8:00 a.m.-2:00 p.m. and every other weekend. -Second shift staff wash clothes if laundry was piled up or residents' soiled clothes. -Third shift staff washed clothes from 11:00 p.m.-5:00 a.m.	D 054	<i>The facility have designated a separate room for dirty clothes away from laundry room. The administrator and Executive Director 07/11/16 will ensure the newly designated <sup>room</sup> is used to store dirty laundry.</i>	
D 077	10A NCAC 13F .0306(a)(4) Housekeeping And Furnishings  10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or	D 077		

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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 381 LEONARD ROAD LOUISBURG, NC 27549
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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
D 077	<p>Continued From page 3</p> <p>more; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record review, the facility failed to maintain a North Carolina Division of Environmental Health approved sanitation classification of 85 or above at all times.</p> <p>The findings are:</p> <p>Review of the sanitation report dated 6/28/16 revealed:</p> <ul style="list-style-type: none"> <li>-There was a documented score of 78.</li> <li>-Drains in the showers needed to be replaced.</li> <li>-Floors and walls had holes.</li> <li>- Pink stuff/mildew were growing under air condition outside near the kitchen door.</li> <li>-There was insects in the facility, and holes in the walls was places for insects to breed.</li> <li>-The medicine room door had been left open and unsupervised.</li> <li>-There were torn mattress on the residents' beds.</li> <li>-Chairs needed to be replaced.</li> <li>-Raw eggs were stored with ready to eat food.</li> <li>-There was no hot water.</li> </ul> <p>Observations revealed 3 of 9 areas documented on the sanitation report dated 6/28/16 had not been corrected:</p> <ol style="list-style-type: none"> <li>1. The hot water temperatures continued to be below 100 degrees Fahrenheit (F) on 7/6-7/8/16 on the 100 hall.</li> </ol> <p>Examples of the hot water temperatures on the</p>	D 077		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 077	<p>Continued From page 4</p> <p>100 Hall were:</p> <ul style="list-style-type: none"> <li>- The hot water temperature of the left sink had a reading of 82 degrees (F) at 10:24 a.m. on 07/06/16.</li> <li>- The hot water temperature of the right sink had a reading of 90 degrees F at 10:24 a.m. on 07/06/16.</li> <li>-The hot water temperature of the shower had a reading of 84 degrees F at 10:26 a.m. on 07/06/16.</li> </ul> <p>2. Flies continued to be a problem at the facility on 07/06/16.</p> <p>Interview with one resident on 07/06/16 at 10:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-She also observed flies flying around the dirty linen in the community bathroom on the 300 Hall.</li> <li>-The flies are coming from the laundry room window being open.</li> </ul> <p>Observation of the kitchen on 07/06/16 at 10:55 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-There were 4 flies flying around in the kitchen area.</li> <li>-There were 2 flies landing and flying around the food that was served to the residents.</li> <li>-There were 3 flies flying and landing on pots and pans that were used to cook and prepared food for the residents.</li> </ul> <p>Observation of the dry food storage area on 07/06/16 at 10:57 a.m. revealed there were 2 flies flying around in the dry food storage area and landing on containers of food.</p> <p>Observation of a dining room on 07/06/16 at 10:58 a.m. revealed there were 3 flies flying around dining room and landing on the tables.</p>	D 077	<p><i>The facility bought a hot water temperature check and turned the maintenance on how to check the water temperature. A new water temperature 07/10/16 chart was developed by the administrator to be use daily in recording the water temperature and correction is made immediately in the areas where the temperature is not within the range. Executive Director will review the daily water temperature log to ensure the temperatures are within the range.</i></p>	

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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 077	<p>Continued From page 5</p> <p>Observation of a second dining room on 07/06/16 at 11:13 a.m. revealed there were 2 flies flying around in the dining room and landing on the table.</p> <p>Interview with the exterminator on 07/07/16 at 1:10 p.m. revealed he had been contacted by the facility on 07/07/16 to spray for flies.</p> <p>3. Dining room chairs had not been replaced or repaired in the second dining room on 07/6/16.</p> <p>Observation of a second dining room on 07/06/16 at 11:13 a.m. revealed 4 out of 15 chairs had broken legs.</p> <p>Interview with the Executive Director (ED) on 07/11/16 at 10:00 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The sanitation inspector reported the findings and the score of the sanitation inspection to her on 6/28/16.</li> <li>- The sanitation inspector stated he would have to report the findings and score to the state.</li> <li>-She reported the sanitation score and the findings to the Administrator on 6/28/16.</li> <li>-The Administrator gave her instructions on how to correct the areas out of compliance.</li> <li>-The time frame for correction depend on the area out of compliance.</li> <li>-She was not aware that the hot water temperatures on the 100 hall were below 100 F.</li> <li>-She was aware flies were a problem at the facility.</li> <li>-The exterminator came to the facility monthly to exterminate for flies.</li> <li>-The last time the exterminator came to the facility to exterminate for flies was on 7/7/16.</li> <li>-The chairs in the dining room would be repaired or replaced.</li> </ul>	D 077	<p><i>The exterminator was called on 07/11/16 to spray the facility for flies and installed new lights to catch the flies.</i></p> <p><i>The administrator has request covered containers from Waste Industries to store the trash and move the container away from 07/11/16 the building.</i></p> <p><i>The administrator and ED will monitor the building constantly for the presence of flies and notify the exterminator immediately for spraying.</i></p>	

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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN WIND ASSISTED LIVING OF LOUISBURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>361 LEONARD ROAD LOUISBURG, NC 27549</b>
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D 077	<p>Continued From page 6</p> <p>Interview with the Administrator on 07/11/16 at 10:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Executive Director (ED) notified him on 6/28/16 between 10:00 a.m. and 10:30 a.m. that the sanitation score was 78.</li> <li>-He came to the facility on 06/29/16 to check on areas out of compliance documented on the sanitation inspection.</li> <li>-Most of the areas out of compliance were corrected by 07/01/16.</li> <li>-He was not aware the hot water temperatures on the 100 Hall were low.</li> <li>-The exterminator came to the facility monthly to spray for flies.</li> <li>-The chairs in the dining room would be repaired or replaced.</li> </ul> <hr/> <p>Review of the facility's plan of protection dated 07/11/16 revealed:</p> <ul style="list-style-type: none"> <li>-Maintenance Supervisor immediately adjusted the hot water temperature between 100 degrees F -116 degrees F.</li> <li>-Exterminator came to the facility on 06/29/16 to spray and inspect the facility.</li> <li>The kitchen staff immediately separated the raw eggs from the ready to eat food on 06/28/16.</li> <li>-Maintenance Supervisor will do daily rounds at the facility and report any needed repairs to the Administrator effective 06/29/16.</li> <li>-Maintenance Supervisor will check hot water temperature daily effective 06/29/16.</li> <li>-Staff will be in-service on notifying the Administrator/RCC/ED immediately if they observed an insects or vermin's in the building effective 07/08/16.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 25, 2016</p>	D 077	<p><i>The facility will repair or replace the damage chairs in the dining room. The ED will ensure the chairs and tables in the dining room are maintained adequately</i></p>	
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
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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 observations, interviews and record review, the facility failed to assure the home was maintained clean and free of all obstructions and hazards in residents' rooms as related to bed bugs.</p> <p>The findings are:</p> <p>Review of the facility's pest control sanitation and reports revealed: -An exterminator came to the facility monthly. -The last visit was 6/24/16.</p> <p>Review of the facility's service agreement dated 7/08/16 revealed a contract to treat for bed bugs.</p> <p>Review of the service inspection report dated 7/11/16 revealed: -A canine inspected 26 rooms at the facility for bed bugs on 7/11/16. -The dog found evidence of bed bugs in room 217, but could not find live bed bugs. -Three rooms were not inspected for bed bugs due to treatment on 7/08/16.</p>	D 079		

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D 079	<p>Continued From page 8</p> <p>Interview with a resident on 7/08/16 at 9:12 a.m. revealed: -He saw bugs and roaches all over the facility. -He had been told by another resident that bed bugs were in the facility. -He had not seen any bed bugs.</p> <p>Interview with another resident on 7/06/16 at 9:13 a.m. revealed: -He had seen bed bugs in his roommate's bed on the 300 hall (no time or date). -The staff told him there were bed bugs in the facility. -He was moved to another room last week (no date or time).</p> <p>Telephone interview with the Exterminator Supervisor on 07/07/16 at 11:08 a.m. revealed: -The facility had an contract with the pest control company. -The contract covered flies, pavement ants, spiders, rodents, mice, rats and other insects. -The contract did not cover bed bugs. -Normally a professional comes into the facility to get rid of bed bugs. -In my opinion, bed bugs can only be treated by a professional.</p> <p>Observation on 7/08/16 at 11:32 a.m. revealed a live bed bug was found on the 300 Hall by a staff member.</p> <p>Observation of Room 328 on the 300 Hall on 7/08/16 at 3:17 p.m. revealed: -There were evidence of bed bugs. -Numerous dead bed bugs were found under the nightstands beside the bed next to the wall.</p> <p>Telephone interview with a personal care aide on 7/11/16 at 12:45 p.m. revealed:</p>	D 079	<p><i>The exterminator came to the facility to treat all three rooms affected by the bed bugs. The facility will constantly monitor the rooms for bed bugs and notify the exterminator immediately. The facility has also asked the exterminator company to precheck bed bug monthly during the monthly treatment. The administrator has agreed with [redacted] company to treat the facility any time bed bugs are found.</i></p>	

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D 079	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-She saw bed bugs in room 328.</li> <li>-She reported to maintenance staff that she saw bedbugs on 7/01/16.</li> </ul> <p>Interview with maintenance staff on 7/11/16 at 11:00 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-He was notified by a personal care aide on 7/1/16 of evidence of bed bugs in a resident room.</li> <li>-He reported to the Executive Director on 7/1/16 (no time).</li> <li>-First, the ED told him the residents had to be moved to another room.</li> <li>-Second, the residents clothes had to be put into the dryer.</li> <li>Third, the ED told him to treat Room 328 with 70% green alcohol, talcum powder and bleach to get rid of the bed bugs.</li> </ul> <p>Interview with the Executive Director (ED) on 07/08/16 at 1:08 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-She was notified on 7/1/16 of evidence of bed bugs in room 328.</li> <li>-Two residents were moved from room 328 on 7/01/16, and their clothing was put into the dryer.</li> <li>-On 7/01/16, Room 328 was treated with 70% green alcohol, talcum powder and bleach to get rid of the bed bugs.</li> <li>-The mattress in room 328 was replaced.</li> <li>-She notified the Administrator on 7/1/16 of evidence of bed bugs in room 328 (no time).</li> </ul> <p>Interview with the Nurse Consultant on 7/08/16 at 1:08 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Executive Director (ED) should have called the exterminator on 7/1/16 [REDACTED]</li> <li>- "We already have a contract."</li> <li>-The exterminator was notified on 7/6/16 at (no time) that there was evidence of bed bugs at the facility.</li> </ul>	D 079		

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D 079	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-The exterminator came to the facility on 7/08/16 to check for bed bugs.</li> <li>-He found evidence of bed bugs in room 326.</li> </ul> <p>Interview with the Administrator on 7/11/16 at 11:45 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The Executive Director (ED) notified him of evidence of bedbugs in room 328 on 7/01/16 at (no time).</li> <li>-Two residents were moved from room 328 on 7/01/16, and their clothing was put into the dryer on 7/01/16.</li> <li>-On 7/01/16, Room 328 was treated with 70% green alcohol, talcum powder and bleach to get rid of the bed bugs.</li> <li>-The mattress in room 328 was replaced.</li> <li>-A contract was signed on 7/8/16 to treat for bed bugs at the facility.</li> </ul>	D 079		
D 080	<p>10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(a) Adult care homes shall</p> <p>(6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times;</p> <p>This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the residents had an adequate supply of towels and wash cloths for personal care for the 33 residents.</p> <p>The findings are:</p>	D 080		

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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 080	Continued From page 11  Interview with the staff working in the laundry room on 7/09/16 at 11:41 a.m. revealed: -She was washing clothes at the current time and there were no towels or wash cloths in the washer or the dryer. -The only clean towels and wash cloths would be found on the table in the laundry room.  Observation of the laundry room on 7/09/16 at 10:55 a.m. revealed: -All the clean towels and wash clothes were stored in the laundry room. -There was a total of 12 clean bath towels, 2 clean hand towels and 2 clean wash cloths in the facility.  Observation of the laundry room on 7/09/16 at 11:41 a.m. revealed there were a total of 14 clean bath towels, 3 clean hand towels and 11 clean wash cloths in the facility.  Observation of the laundry room on 7/11/16 at 9:08 a.m. revealed there were a total of 10 clean bath towels, 6 clean hand towels and 4 clean wash cloths in the facility.  Interview with a Personal Care Aide on 7/09/16 at 11:39 a.m. revealed: -The staff used the clean towels and wash cloths to clean resident with incontinence problems. -Not all the resident's had incontinence wipes. -The facility did not provide the residents incontinence wipes so the staff had nothing else to use other than the towels. -All the clean towels and wash cloths were stored in the laundry room on the table. -The staff would run low on clean towels when all the residents showered and then they had to provide incontinence care.	D 080	<i>The administrator purchased wash clothes, bedsheets, pillow cases, pillows and blankets for the facility 7/13/16 and store the extra in the storage on 07/09/16. ED and administrator will monitor the supplies weekly to ensure adequate supplies are in the facility</i>		

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D 080	<p>Continued From page 12</p> <p>-The staff did not recall ever completely running out of clean towels.</p> <p>Interview with one resident on 7/6/16 at 10:30 a.m. revealed: -"Only one time within the last 2-3 months I missed a shower because the facility had no clean towels or wash cloths." -There has been a shortage of towels and wash cloths for about 2-3 months.</p> <p>Interview with Resident # 2 on 7/6/16 at 10:42 a.m. revealed: -The facility did his laundry. -The facility's washer and dryer was broken for a month. -When he would go to take a shower, he would have to wait for clean towels and wash cloths.</p> <p>Confidential interview with a staff member revealed: -There were 2 washers and 2 dryers in the laundry room -There was only 1 washer and 1 dryer that was working. -The other washer and dryer had been broken for months (time unknown). -The soiled laundry was stored in trash barrels in the community bathroom on the 300 hall. -The soiled laundry was stored there because they did not have anywhere else to store it. -They were backed up with laundry because they only had 1 washer and 1 dryer working. -The Executive Director was aware there was only 1 washer and 1 dryer working.</p> <p>Interview with the Executive Director (ED) on 7/11/16 at 10:30 a.m. revealed: -One laundry staff worked between the hours of 8:00 a.m.-2:00 p.m. and every other weekend.</p>	D 080		

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D 080 Continued From page 13  
 -Second shift staff wash clothes if laundry was piled up or residents' soiled clothes.  
 -Third shift staff washed clothes from 11:00 p.m.-5:00 p.m.

D 080

D 105 10A NCAC 13F .0311(a) Other Requirements  
 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

D 105

*The correction*

This Rule is not met as evidenced by:  
 Based on observation, interviews and record reviews, the facility failed to ensure the walk-in freezer was in operating condition resulting in food thawing and failed to ensure one of the washers and dryers was in operating condition resulting in delays with the cleaning of residents' dirty clothing and soiled washcloths and towels.

- The findings are:
1. Refer to Tag D283, 10A NCAC 13F .0904(a)(2) Nutrition and Food Service.
  2. Interview with one resident on 7/06/16 at 10:30 a.m. revealed:  
 -Dirty clothes and linen had been piled up in the trash can in the community bathroom on the 300 Hall for about 2 weeks.  
 -She kept her door closed because she smelled the odor from the dirty linen.  
 -She had to wait one week for her clothes to be washed.  
 "Only one time within the last 2-3 months I missed a shower because the facility had no clean towels or wash cloths."

*The facility bought new washer and dryer on 07/05/16 to serve as backup washer and dryer for the commercial washer and dryer already installed. The administrator and Executive Director*

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D 105	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-There had been a shortage of towels and wash cloths for about 2-3 months.</li> </ul> <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> <li>-Only 1 of the washers and 1 of the dryers were working.</li> <li>-One of the washers and dryers had been broken for months (time unknown).</li> <li>-There was a back-up of laundry because there was only 1 washer and 1 dryer working.</li> <li>-The solid laundry was stored in trash barrels in the community bathroom on the 300 Hall.</li> <li>-The residents had been complaining about running out of clean clothes.</li> </ul> <p>Interview with a second resident on 7/6/16 at 10:42 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The facility did his laundry.</li> <li>-The facility's washer and dryer was broken for a month.</li> <li>-When he would go to take a shower, he would have to wait for clean towels and wash cloths.</li> <li>-The resident's family had to go and buy new clothes because the resident ran out of clean clothes to wear.</li> </ul> <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> <li>-There were 2 washers and 2 dryers in the laundry room.</li> <li>-There was only 1 washer and 1 dryer that was working.</li> <li>-The other washer and dryer had been broken for months (time unknown).</li> <li>-They were backed up with laundry because they only had 1 washer and 1 dryer working.</li> <li>-The Executive Director was aware there was only 1 washer and 1 dryer working.</li> </ul>	D 105		

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D 105	Continued From page 15  Interview with the facility Nurse Consultant on 7/11/16 at 10:00 a.m. revealed: -On 7/6/16, there was only 1 of the washers and 1 of the dryers working. -She brought a new washer and dryer on 7/09/16.  Interview with the Executive Director (ED) on 7/11/16 at 10:30 a.m. revealed: -On 7/6/16, there was only 1 washer and 1 dryer working. -One new washer and one new dryer was brought on 7/09/16.	D 105	<i>along with maintenance supervisor will ensure all the washing machines and dryers are working properly.</i>	
D 113	10A NCAC 13F .0311(d) Other Requirements  10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, and interviews, the facility failed to assure hot water temperatures were maintained between a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 2 of 2 sinks and 1 of 1 shower located in a community bathroom on the 100 hall.  The findings are:  Observations in the facility on 7/6/16 of hot water	D 113	<i>The maintenance supervisor have been trained on how to check the water temperature properly and the acceptable range by the administrator. The administrator also bought</i>	

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D 113	<p>Continued From page 16</p> <p>temperatures revealed: -At 10:24 AM, the hot water temperature at the left sink in the 100 hall community bath with shower was 82 degrees F. -At 10:24 AM, the hot water temperature at the right sink in the 100 hall community bath with shower was 90 degrees F. -At 10:26 AM, the hot water temperature in the shower in 100 hall community bath with shower was 84 degrees F.</p> <p>Interview with a resident on 7/6/16 at 10:35 AM revealed he had been moved to the 100 hall but he still showered on the 300 hall because that hall was the only shower with hot water.</p> <p>Interview with Resident #2 on 7/6/16 at 10:42 AM revealed: -There was not any hot water in the bathrooms on 100 hall. -He had reported it to multiple staff (names unknown) and nothing had been done about it. -He was told he would have to use to the shower on 300 hall if he wanted to have hot water. -Everyone in the building would use the 300 hall shower. -There was only 1 shower on the 100 hall. -There was only 1 shower to use on 300 hall and he would have to wait in line to use it.</p> <p>Interview with a second resident on 7/11/16 at 9:12 AM revealed he had to take at least 2 cold showers in the last month because there was no hot water in the entire building.</p> <p>Confidential interview with staff revealed: -There had been problems with the hot water for months (time unknown). -Sometimes there was no hot water. -There had been residents complaining to the</p>	D 113		

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D 113	<p>Continued From page 17</p> <p>staff about the cold water temperature but nothing had been done about it.</p> <p>Interview with Maintenance on 7/7/16 at 10:00 AM revealed:</p> <ul style="list-style-type: none"> <li>-There had been a leak in the hot water heater on 100 hall last week (7/1/16).</li> <li>-He checked the hot water temperatures daily on the days he worked.</li> <li>-He was not trained to check the water temperatures but knew it needed to be done daily.</li> <li>-He knew how to read the thermometers.</li> <li>-He would use the thermometers and check water fixtures.</li> <li>-He knew the hot water range should be between 100 degrees F and 116 degrees F.</li> <li>-He usually worked Monday - Friday.</li> <li>-The water temperatures were not checked if he was not working.</li> <li>-If the ranges were out of the 100-116 degrees F he would adjust the appropriate hot water heater and then recheck the water temperatures.</li> <li>-He recorded the temperatures in a notebook which was kept either in the Executive Directors office or in the maintenance office.</li> <li>-He used 2 thermometers that the Administrator supplied him.</li> <li>-He was not sure what type of thermometers he should be using.</li> <li>-He was not aware the thermometers he was using was for food preparation of meats.</li> <li>-The 2 thermometers had readings that were 10 degrees F difference.</li> <li>-The knew the 2 thermometers has readings that were 10 degrees F difference.</li> <li>-The thermometers had always had readings that were 10 degrees F difference since he started working there 6 months ago.</li> <li>-He would use either reading from either</li> </ul>	D 113	<p><i>a laser temperature thermometer. The rdmanets he developed a daily chart for the water temperature for each area. The Executive director will monitor the water temperature daily.</i></p>	

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D 113	<p>Continued From page 18</p> <p>thermometer.</p> <p>Observation of the facility's thermometers on 7/7/16 revealed:</p> <ul style="list-style-type: none"> <li>-The facility thermometers could not be calibrated to measure correctly because they were meat thermometers.</li> <li>-The surveyor's thermometer had a reading of 110 degrees F in the same water of the sink that the facility's two thermometers measured 130 degrees F and 140 degrees F.</li> </ul> <p>Review of the facility's water temperature daily log revealed:</p> <ul style="list-style-type: none"> <li>-May 2016 water temperatures were recorded from 100 degrees F - 112 degrees F.</li> <li>-June 2016 water temperatures were recorded from 100 degrees F - 112 degrees F.</li> <li>-July 1-7, 2016 water temperatures were recorded from 100 degrees F - 112 degrees F.</li> </ul> <p>Interview with the Administrator on 7/7/16 at 11:50 AM revealed:</p> <ul style="list-style-type: none"> <li>-The water temperatures were checked with a thermometer daily by Maintenance.</li> <li>-Maintenance was supposed to check all the faucets.</li> <li>-Maintenance was trained by the Executive Director on how to check and document water temperatures.</li> <li>-He was not aware that the water temperatures were low.</li> <li>-He knew that Maintenance had to fix a leak in the water heater last week (7/1/16).</li> <li>-He was not aware the facility thermometers that were being used to check the water temperature were meat thermometers and were reading 10 degrees F difference.</li> <li>-He would purchase a thermometer that was approved for checking water temperatures.</li> </ul>	D 113			

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D 113	Continued From page 19  Recheck of the hot water temperatures in the facility on 7/7/16 revealed: -At 11:33 AM, the hot water temperature at the left sink in the 100 hall community bath with shower was 80 degrees F. -At 11:32 AM, the hot water temperature at the right sink in the 100 hall community bath with shower was 98 degrees F.  Recheck of the hot water temperatures in the facility on 7/8/16 revealed: -At 4:30 PM, the hot water temperature at the left sink in the 100 hall community bath with shower was 82 degrees F.	D 113		
D 201	10A NCAC 13F .0604 (e)(1)(A)(B)(C) Personal Care And Other Staffing  10A NCAC 13F .0604 Personal Care And Other Staffing (e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply. (1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least: (A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21	D 201		

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D 201	<p>Continued From page 20</p> <p>to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.) (C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>This Rule is not met as evidenced by: Based on interviews and review of staff's schedules and time cards, the facility failed to maintain adequate staffing for 9 shifts out of 42 shifts on 6/18-6/19/16, 6/25-6/26/16 and 7/2-7/3/16.</p> <p>The findings are:</p> <p>Review of the facility's resident rosters on 6/18-6/19/16, 6/25-6/26/16 and 7/2-7/3/16 revealed a census of 33.</p> <p>Review of the facility's staff schedule for June 2016 revealed: -1st shift had 1 medication aide and 2- personal care aides -2nd shift had 1 medication aide and 2-personal care aides. -3rd shift had 1 medication aide and 2-personal care aides.</p> <p>Review of the facility's staff schedule for July 2016 revealed: -1st shift had 2 medication aides and 2-personal care aides. -2nd shift had 1 medication aide and 2-personal care aides.</p>	D 201			

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NAME OF PROVIDER OR SUPPLIER  
**AUTUMN WIND ASSISTED LIVING OF LOUISBURG**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**361 LEONARD ROAD  
LOUISBURG, NC 27549**

(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 201	<p>Continued From page 21</p> <p>-3rd shift had 1 medication aide and 2-personal care aides.</p> <p>Review of the staff's time cards for June 2016 and July 2016 revealed 9 shifts out of 42 shifts had inadequate staffing.</p> <p>-On 6/18/16 2nd and 3rd shift, there was only 1 staff member working.</p> <p>-On 6/19/16 1st and 3rd shift, there was only 1 staff member working.</p> <p>-On 6/25/16 3rd shift, there was only 1 staff member working.</p> <p>-On 6/26/16 2nd shift, there was only 1 staff member working.</p> <p>-On 7/02/16 3rd shift, there was only 1 staff member working.</p> <p>-On 7/02/16 2nd and 3rd shift, there was only 1 staff member working.</p> <p>Interview with a resident on 7/06/16 at 4:10 p.m. revealed:</p> <p>-There was always a shortage of staff on nights and weekend. (no date),</p> <p>- Staff call out alot.</p> <p>-The staff will pull together and get things done.</p> <p>-The residents just have to wait longer for personal care needs to be done such as showers and incontinent care.</p> <p>-Several nights recently only a medication aide was on duty. (no dates)</p> <p>-He was afraid of what could happen if there was a shortage of staff an emergency occurred.</p> <p>-Sometimes medications are late when there was a shortage of staff.</p> <p>When you need to be changed or showered you have to wait longer if there was a shortage of staff.</p>	D 201		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 201	<p>Continued From page 22</p> <p>Interview with the medication aide on 7/07/16 at 3:35p.m. revealed:</p> <ul style="list-style-type: none"> <li>-We have a lot of call outs, especially on the weekends.</li> <li>-Staff are asked to come in early or stay late.</li> <li>-She does not think that residents are not getting care due to shortage of staff.</li> <li>-It is hard to do it all when we have a shortage of staff.</li> <li>-If a medication aide (MA) called out, he or she was usually replaced by another MA.</li> <li>- If a personal care aide called out, he or she does not always get replaced.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 7/08/16 at 2:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The facility's policy was if someone called out a placement was found.</li> <li>-She would come in as the last resort.</li> <li>-We do not have a lot of call outs.</li> <li>-If there was a call out, the previous shift would work a double or have the next shift come in early.</li> <li>-We never have a shortage of staff at the facility.</li> </ul> <p>Interview with another resident on 7/11/16 at 10:45a.m. revealed:</p> <ul style="list-style-type: none"> <li>-He had been at the facility for at least 3 years.</li> <li>-When there was a shortage of staff, and it makes it hard on everybody.</li> <li>-Some nights there are only 1 or 2 staff working.</li> <li>-When there was a shortage of staff, residents do not get a shower.</li> <li>-A lot of the times on the weekends there are only 1 or 2 staff.</li> <li>-"I have never seen the Resident Care Coordinator (RCC) or Executive Director come in to cover a shift.</li> </ul>	D 201		

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D 201	<p>Continued From page 23</p> <p>"I have never seen the administrator until this week"</p> <p>Interview with Executive Director on 7/11/16 at 2:45 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-We do not have many call outs.</li> <li>-Resident Care Coordinator (RCC) would come in as the last resort.</li> <li>-She does not believe they have any problems being short of staffed on any shift.</li> <li>-She stated that if the staff worked they had to clock in.</li> <li>-Staff did not work for free.</li> <li>-She does not recall a shortage of staff on 6/18/16 2nd and 3rd shift, 6/19/16 1st and 3rd shift, 6/25/16 3rd shift, 6/26/16 2nd shift, 7/02/16 3rd shift and 7/03/16 2nd and 3rd shift.</li> </ul> <p>Interview with the personal care aide (PCA) on 7/11/16 at 4:30 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-We do not have a lot of call outs only once in a while when someone is sick.</li> <li>-Most staff will stay over if they need to cover a shift.</li> <li>-The RCC will come in to cover a shift when needed.</li> <li>-She had never heard of a time when there was only 1 or 2 staff on duty.</li> </ul> <p>Interview with resident on 7/11/16 at 1:15 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Many times at night the facility has had only 1 or 2 staff.</li> <li>-It seems to work out and things get done unless something happens</li> <li>-The residents just have to take care of their personal care needs until staff was available.</li> </ul>	D 201	<p><i>The administrator will ensure there are adequate staff for each shift. The administrator has developed a chart sheet where all the employees scheduled for the shift will sign during each shift. The Executive Director will review this daily work sheet chart to ensure adequate staffing for each shift. The administrator and Executive Director will periodically check in during night and weekend to ensure the shift are covered with adequate employees.</i></p>	
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D 282	Continued From page 24	D 282		
D 282	<p>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult 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, interview, and record review the facility failed to assure that the dining room furniture, dining room floors, kitchen serving tables, and food were protected from contamination.</p> <p>The findings are:</p> <p>Observation of the kitchen on 07/06/16 at 10:55 AM revealed: -There were 4 flies flying around and in the kitchen area. -There were 2 flies landing and flying around food that was to be served to residents. -There were 3 flies flying and landing on pots and pans that were used to cook and prepare food for residents.</p> <p>Observation of the dry food storage area on 07/06/16 at 10:57 AM revealed there were 2 flies flying around in the dry food storage area and landing on containers of food.</p> <p>Observation of a dining room on 07/06/16 at 10:58 AM revealed: -There was a fan on the floor that was turned on and had brown dust particles all over it. -There were several dried up yellow patches on the floor of the dining room.</p>	D 282		

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D 282	<p>Continued From page 25</p> <ul style="list-style-type: none"> <li>-There was a crumbled up brown paper towel on the floor of the dining room.</li> <li>-6 out of 6 chairs in the dining room had scuffed and scratched wood on the legs and arm rest of the chairs.</li> <li>-5 out of 5 tables were scuffed up and scratched on the legs and table tops.</li> <li>-There was a yellow piece of candy on the floor of the dining room that had dust on it.</li> <li>-There were 3 flies flying around in the dining room and landing on the tables.</li> </ul> <p>Observation of a second dining room on 07/06/16 at 11:13 AM revealed:</p> <ul style="list-style-type: none"> <li>-15 out of 15 chairs had scuffs and scratches all over the legs and arms of the chairs.</li> <li>-4 out of 15 chairs had broken legs on the chairs.</li> <li>-There was an orange pill that was lying on the floor of the dining room under a table and covered in dust.</li> <li>-There was 2 dried up orange stains on the floor of the dining room.</li> <li>-There were several dried up brown and orange food particles all over the floor of the dining room.</li> <li>-There were 2 flies flying around in the dining room and landing on the tables.</li> </ul> <p>Observation of the dry food storage area on 07/11/16 at 1:25 PM revealed:</p> <ul style="list-style-type: none"> <li>-There were 3 white pieces of trash on the floor of the dry food storage area.</li> <li>-There was a blue piece of trash on the floor of the dry food storage area.</li> <li>-There was a green bottle cap on the floor of the dry food storage area.</li> <li>-There were 2 white bottle caps on the floor of the dry food storage area.</li> </ul> <p>Interview with a cook/kitchen aide on 07/11/16 at 1:04 PM revealed:</p>	D 282		

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D 282	<p>Continued From page 26</p> <ul style="list-style-type: none"> <li>-The dining rooms are cleaned after each meal.</li> <li>-The floors are swept and mopped after each meal.</li> <li>-They clean all the tables and chairs after each meal.</li> <li>-The kitchen is cleaned after each meal.</li> <li>-The kitchen floors are mopped and swept after each meal.</li> <li>-They kill all the flies with a fly swatter.</li> <li>-She was not aware of the food being disposed of if flies got on top of the food.</li> <li>-She said I would have to ask the dietary manager.</li> </ul> <p>Interview with the dietary manager on 07/11/16 at 1:26 PM revealed:</p> <ul style="list-style-type: none"> <li>-The kitchen staff is responsible for cleaning the kitchen and dining rooms.</li> <li>-The kitchen aide cleans the big dining room and the cook is responsible of cleaning the little dining room.</li> <li>-The dining room are cleaned 3 times per day after each meal.</li> <li>-They clean the tables and chairs after each meals.</li> <li>-The kitchen and dining room gets a deep cleaning done on Monday, Wednesday, and Friday.</li> <li>-A deep cleanse includes dusting all the other furniture and cleaning the light fixtures.</li> <li>-The kitchen is cleaned after each meal.</li> <li>-The dry food storage area is cleaned on Thursday and Friday but she will clean it when it needs cleaning.</li> <li>-The staff use a fly swatter to get rid of the flies.</li> <li>-When she kills the flies she will clean off the areas where she killed the flies.</li> <li>-If a fly lands on any of the food it should be disposed of immediately.</li> <li>-She thinks that an exterminator comes by once a</li> </ul>	D 282		

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D 282	<p>Continued From page 27</p> <p>week and puts up fly traps and some bulbs that are used to kill the flies.</p> <p>Interview with the Resident Care Coordinator (RCC) on 07/11/16 at 10:01 AM revealed:</p> <ul style="list-style-type: none"> <li>-The kitchen staff are responsible for the cleaning up the kitchen and dining room.</li> <li>-The kitchen and dining room are cleaned up after each meal.</li> <li>-The tables and chairs should be cleaned up after each meal.</li> <li>-The dining rooms and kitchen are swept and mopped after each meal.</li> <li>-She was not aware of any of the residents complaining about the dining room not being cleaned.</li> <li>-They use sticky traps, fly sprays, and fly swatters to help with the flies.</li> </ul>	D 282	<p><i>Cleaning schedule of the kitchen, dining rooms, and pantry has been developed and given to all kitchen employees. The kitchen, dining rooms, pantry, furniture and equipments are clean immediately after meal. The 09/11/16 Executive Director and kitchen</i></p>	
D 283	<p>10A NCAC 13F .0904(a)(2) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview, and record review the facility failed to assure that all food was protected from contamination by not keeping the walk in freezer at appropriate temperatures to keep food fresh, frozen, and safe for all residents at the facility.</p>	D 283	<p><i>Supervisor are for all the employees to follow the kitchen clean schedule and to ensure the kitchen, pantry furniture, floors are clean. The administrator rep by all the bulbs at door to help repel the flies in the kitchen and dining rooms. The administrator will constantly monitor the dumpsters are clean and closed all the time to prevent flies.</i></p>	

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D 283	<p>Continued From page 28</p> <p>The findings are:</p> <p>Observation of the walk in freezer on 07/06/16 at 11:00 AM revealed:</p> <ul style="list-style-type: none"> <li>-The temperature in the walk in freezer was 58 degrees Fahrenheit (F) and the thermometer said spoilable.</li> <li>-There was a pack of hot dogs that were opened and felt soft and squishy.</li> <li>-There were several cuts of meats that felt thawed out and were very soft ad squishy.</li> <li>-There were 12 popsicles that appeared to be liquid and not frozen at all.</li> <li>-There was a 5 gallon tub of ice cream that was soft and appeared to be very thin and milky looking.</li> <li>-There were several boxes of frozen meat and vegetables that were opened and all the food felt soft and thawed out.</li> </ul> <p>Interview with the Administrator on 07/06/16 at 11:10 AM revealed:</p> <ul style="list-style-type: none"> <li>-The freezer was so warm because the maintenance man come to the facility this morning and turned the freezer to defrost mode.</li> <li>-The contracted refrigeration company told him this had to be done every so often to make sure the unit did not freeze up, but was unsure of how often this had to be done.</li> <li>-He was not sure what time this morning the maintenance man shut the freezer off and put it in defrost mode.</li> <li>-He said he had just gone out there and turned the freezer back out of defrost mode and it was cooling off.</li> </ul> <p>Observation of the walk in freezer on 07/06/16 at 1:00 PM revealed the temperature of this freezer was at 48 degrees F.</p>	D 283		

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D 283	<p>Continued From page 29</p> <p>Interview with the owner of the contracted refrigeration company on 07/06/16 at 1:31 PM revealed:</p> <ul style="list-style-type: none"> <li>-His company does all the refrigeration work at the facility.</li> <li>-He just services the walk in freezer 2-3 weeks ago to put a new fan motor on it.</li> <li>-He believes the walk in freezer was down for about 12 hours when he had to replace the fan.</li> <li>-The facility had to manually defrost when the fan was down so that the unit would not freeze up.</li> <li>-Normally the unit will defrost on its own.</li> <li>-When the freezer is in defrost mode it should never be above 40-45 degrees F. as long as the door stays closed.</li> <li>-The temperature can get a little higher if they have the door open for an extended period of time.</li> <li>-The food should not thaw out at all when the freezer is in defrost mode.</li> <li>-He felt the food was probably ok to use if it thawed a little due to the heat outside.</li> <li>-He felt the air compressor valve could be messed up if the freezer is not cooling properly.</li> <li>-The Administrator has already called him this morning to come and check out the freezer and he will be out there later this afternoon.</li> <li>-If the food has not thawed more than a couple of hours then it is still ok to consume.</li> <li>-It does also depend on the temperature of the food before you know if it s ok to consume.</li> </ul> <p>A second interview with the Administrator on 07/06/16 at 1:40 PM revealed:</p> <ul style="list-style-type: none"> <li>-He does not believe the maintenance worker ever shut the freezer off and put in defrost mode.</li> <li>-The freezer will go into defrost mode automatically.</li> <li>-He said that he never changed any of the settings in the walk in freezer.</li> </ul>	D 283		

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D 283	<p>Continued From page 30</p> <ul style="list-style-type: none"> <li>-He was not sure why everything was thawing out in the freezer.</li> <li>-The contracted refrigeration company has been contacted and are coming to look at the freezer today.</li> <li>-He did have the freezer worked on a few months ago to have a new compressor put on it, but he was not sure of the exact date.</li> </ul> <p>Interview with the county inspector on 07/06/16 at 2:20 PM revealed:</p> <ul style="list-style-type: none"> <li>-He done an inspection of the building on 06/28/16.</li> <li>-The walk in freezer was working properly at the time of his inspection.</li> </ul> <p>Observation of the kitchen on 07/06/16 at 2:37 PM revealed the kitchen staff were preparing breaded steak and frozen vegetables for dinner. Interview with a Cook on 07/06/16 at 2:40 PM revealed the food being prepared to serve for dinner had come out of the walk in freezer.</p> <p>Based on observation of the food in the walking freezer and food being prepared in the kitchen and interviews with dietary staff and the Administrator on 07/06/16 at 3:45 PM the facility decided to discard all food being prepared and all food being stored in the walk in freezer at this time.</p> <p>Observation of the walk in freezer on 07/07/16 at 9:40 AM revealed:</p> <ul style="list-style-type: none"> <li>-The temperature of the freezer was 62 degrees F.</li> <li>-The freezer did not appear to be running and the fans on the inside were not running.</li> <li>-There was no food in the freezer.</li> </ul> <p>Observation of food supply on 07/08/16 at 9:15</p>	D 283			

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D 283	<p>Continued From page 31</p> <p>am revealed: -Sitting on the floor of the kitchen with boxes collapsing were the following: -The kitchen was 78 degrees F. at this time.</p> <p>Interview with a Registered Nurse at the facility on 07/07/16 at 9:45 AM revealed: -All the food in the freezer was disposed of around 5PM on 07/06/16. -The walk in freezer has been shut down and is not being utilized at this time. -The contracted refrigeration company did not show up on 07/07/16 to work on the freezer, but they are scheduled to arrive this morning.</p> <p>Interview with the County Inspector on 07/07/16 at 9:57 AM revealed: -The facility has had problems in the past with the freezer not working properly. -He said that if food had started thawing out then it should be disposed of and not served to residents. -About a year ago the freezer was having problems and food was thawing out; he had to get the facility to dispose of the food because they were still serving food that was no longer safe to serve.</p> <p>Interview with the owner of the contracted refrigeration company on 07/07/16 at 10:31 AM revealed: -He felt there was an air pressure switch had vibrated down and was not functioning properly. -He also had to add 1 pound of Freon to the unit. -The Freon leaked down because of the air pressure valve was not functioning properly. -There is a timer on the motor that allows the freezer to go in and out of defrost mode automatically. -He does call them and have the maintenance</p>	D 283		

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D 283	<p>Continued From page 32</p> <p>man manually defrost so the unit does not freeze up but they are to only defrost it manually when he tells them it is ok.</p> <p>-He usually calls them to manually defrost the freezer 1-2 times per year due to weather conditions and the freezer being located outside.</p> <p>-He did tell the facility to shut down the freezer last night on 07/06/16 so the compressor did not go bad before he could come and fix the freezer.</p> <p>Interview with a Cook/Kitchen Aide on 07/11/16 at 9:39 AM revealed:</p> <p>-The freezer has broken down quite a few times.</p> <p>-She thinks it has broken down 3 or 4 times in the last 6 months.</p> <p>-Some of the food has thawed out in the past but she was not sure if it had been disposed of or not.</p> <p>-The kitchen staff checks the temperatures of the freezer every day.</p> <p>-She has seen the maintenance man work on the freezer in the past.</p> <p>-They do keep logs of the temperatures that are checked in the freezer.</p> <p>Interview with a maintenance staff member on 07/11/16 at 9:50 AM revealed:</p> <p>-The freezer has been worked on 3 times in the last year.</p> <p>-There was a new compressor put on the freezer 2-3 months ago.</p> <p>-The food in the freezer thawed out when the compressor went bad and some of the food was disposed of but not all of it.</p> <p>-The facility kept all the vegetable and breaded meats that were in the freezer.</p> <p>-The freezer froze up one time in April 2016 and they had to put a new fan on it.</p> <p>-When the freezer motor froze up the refrigeration man did tell the maintenance man to put the freezer in defrost mode manually.</p>	D 283		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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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
D 283	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>-He left it in defrost mode for about 2-3 hours.</li> <li>-He monitored the temperature at this time and temperature was maintained between 30-35 degrees F while in defrost mode.</li> <li>-The kitchen staff check the temperature in the freezer on a daily basis.</li> <li>-They do keep logs of the temperature being checked in the kitchen.</li> </ul> <p>Interview with the Dietary Manager on 07/11/16 at 1:26 PM revealed:</p> <ul style="list-style-type: none"> <li>-The facility has had problems with the walk in freezer in the past.</li> <li>-She felt that even though the freezer would stop working sometimes it would take 3-4 days for things to start thawing out.</li> <li>-She has thrown away food that was thawed out in the freezer before, she throws all food that thaws out away.</li> <li>-She was only aware of the freezer breaking down 2 times in the last 6 months.</li> <li>-The last time was in April 2016 the refrigeration man had to put a new fan on the freezer.</li> <li>-There was no food disposed of in April 2016 because none of the food thawed out at this time.</li> <li>-She checked the temperature of the freezer every day she worked twice a day at 8:00 AM and 2:00 PM.</li> <li>-She logs the temperatures on a log and she places them in the kitchen.</li> </ul> <p>Review of the temperature logs for the walk in freezer for April 2016 revealed the temperatures for the freezer every day was documented that it was zero degrees F for both the 8:00 AM and 2:00 PM checks.</p> <p>Review of the temperature logs for the walk in freezer for May 2016 revealed:</p> <ul style="list-style-type: none"> <li>-The temperatures for the walk in freezer almost</li> </ul>	D 283		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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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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D 283	<p>Continued From page 34</p> <p>every day was documented as 30 degrees farenneight for both the 8:00 Am and 2:00 PM checks.</p> <p>-On 05/25/16 the 2:00 PM walk in freezer temperature was documented to be 35 degrees F.</p> <p>-On 05/26/16 the 2:00 PM walk in freezer temperature was documented to be 31 degrees F.</p> <p>Review of the temperature logs for the walk in freezer for June 2016 revealed:</p> <ul style="list-style-type: none"> <li>-There were 16 out of 60 temperature checks that were documented 30 degrees F.</li> <li>-There were 10 out of 60 temperature checks that were documented 35 degrees F.</li> <li>-There were 6 out of 60 temperature checks that were documented 36 degrees F.</li> <li>-There were 8 out of 60 temperature checks that were documented 38 degrees F.</li> <li>-There were 6 out of 60 temperature checks that were documented 39 degrees F.</li> <li>-There were 5 out of 60 temperature checks that were documented 40 degrees F.</li> <li>-There were 9 out of 60 Temperature checks that were documented 48 degrees F.</li> </ul> <p>Review of the temperature logs for the walk in freezer for July 1-10 2016 revealed:</p> <ul style="list-style-type: none"> <li>-For July 1-4 both the 8:00 AM and 2:00 PM temperatures were documented to be 30 degrees F.</li> <li>-For July 5 the 8:00 AM temperature was documented 30 degrees and the 2:00 PM temperature was documented to be 29 degrees F.</li> <li>-For July 6-10 the documentation revealed the freezer was down.</li> </ul> <p>Interview with the Resident Care Coordinator</p>	D 283	<p><i>The freezer was repaired by the HVAC company on 07/11/16. The administrator has developed a temperature chart to be use to record temperature everyday and if freezer is over 32° the kitchen supervisor and maintenance need to notify the administrator immediately. The administrator purchased a floor freezer on 07/05/16 to serve as a backup freezer to the walk-in freezer. The administrator will review the temperature chart weekly to ensure the freezer temperature is 32° or below.</i></p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 283	<p>Continued From page 35</p> <p>(RCC) on 07/11/16 at 10:01 AM revealed:</p> <ul style="list-style-type: none"> <li>-There have been some issues with the walk in freezer.</li> <li>-She knows the refrigeration company has been to the facility at least 4 times over the last 6 months to work on the freezer.</li> <li>-There have been other times over the last 6 months where food has been disposed of due to freezer issues but she was not sure of how many.</li> <li>-She felt that all the food that had thawed out was disposed of properly.</li> <li>-Sometimes the maintenance staff does work on the freezer but most of the time the refrigeration company is called to work on it.</li> </ul> <p>Interview with the Executive Director (ED) on 07/11/16 at 8:54 AM revealed:</p> <ul style="list-style-type: none"> <li>-There have been issues with the walk in freezer prior to the issues that started on 07/06/16.</li> <li>-The freezer kept having issues where it was freezing up and she had to keep calling the refrigeration company to come and work on it.</li> <li>-The maintenance staff would work on the freezer when he was told to by the refrigeration company.</li> <li>-She remembers the refrigeration company coming out once in April 2016 and a few times in May of 2016 to work on the freezer.</li> <li>-She did not remember there ever being a problem where the food thawed out and had to be disposed of.</li> <li>-The kitchen staff are responsible for checking the temperature and documenting on the logs what those temperature were.</li> </ul> <p>Interview with the Administrator on 07/11/16 at 3:50 PM revealed:</p> <ul style="list-style-type: none"> <li>-The logs that are being used to check temperatures are state forms that he uses to check logs.</li> <li>-The freezer should maintain a temperature of</li> </ul>	D 283		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/11/2016
NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 283	<p>Continued From page 36</p> <p>0-32 degrees F at all times and can go up to 35 degrees F in defrost mode.</p> <ul style="list-style-type: none"> <li>-The freezer should never go above 35 degrees F at any time.</li> <li>-If there is a problem with the temperature in the freezer the kitchen staff should report it to the Executive Director so that she can call the refrigeration company.</li> <li>-He was not aware of any temperature problems prior to 07/06/16.</li> <li>-He feels that the staff have not been educated properly on notifying the Executive Director about temperature problems.</li> <li>-He is working on making a policy and procedure that will be taught to the kitchen staff.</li> </ul> <p>Review of the facility's plan of protection dated 07/11/16 revealed:</p> <ul style="list-style-type: none"> <li>-The dietary aide and other dietary staff would be inserviced immediately regarding labeling, handling, and storage of food.</li> <li>-There would be daily checks on temperatures done by dietary aides and SIC or the Executive Director (ED) and the Resident Care Coordinator (RCC) on a daily basis and weekend temperatures would be checked by SIC and dietary aide and documented for weekly QA review by Administrator effective on 07/09/16.</li> <li>-The RCC, the ED, and the Administrator would perform daily temperature checks and record and have a daily documentation of temperatures of the freezer for weekly QA audits.</li> <li>-The Administrator will perform weekly audits on temperature checks to ensure temperatures are within limits (temperatures between 0-32 degrees F) effective on 07/09/16.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 25,</p>	D 283			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 283	Continued From page 37 2016	D 283		
D 327	10A NCAC 13F .0906 (f-3) Other Resident Care And Service  10A NCAC 13F .0906 Other Resident Care And Services  Visiting (3) A signout register shall be maintained for planned visiting and other scheduled absences which indicates the resident's departure time, expected time of return and the name and telephone number of the responsible party;  This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to have a sign out register that indicated the departure time, expected time of return for residents as evidenced by 1 resident (#6) who was out of the facility during the survey and failed to sign out when he left the premises.  The findings are:  Review of the facility census and observation on 7/6/16 revealed Resident #6 was not present in the facility.  Interview with the MA on 7/6/16 at 2:30 PM revealed: -She was the MA on duty this morning when Resident #6 left. -Resident #6 told her when he left. -She was not sure if he signed himself out.	D 327		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 327	<p>Continued From page 38</p> <ul style="list-style-type: none"> <li>-There was a book up front that the resident's and their responsible party was supposed to sign in and out.</li> <li>-The staff did not document anywhere else when the resident left for a day.</li> </ul> <p>Review of the sign out register on revealed:</p> <ul style="list-style-type: none"> <li>-There were no blank spaces on the forms for anyone to sign in or out.</li> <li>-The pages of the register were not in order by date.</li> <li>-Resident #6 had signed out on 4/2/16 and 5/2/16.</li> <li>-There was no other documentation for Resident #6 found on the sign out register.</li> <li>-There was no documentation for Resident #6 leaving on 7/6/16.</li> </ul> <p>Interview with the Resident Care Coordinator on 7/6/16 at 12:52 PM revealed:</p> <ul style="list-style-type: none"> <li>-It was her and the Medication Aides responsibility to make sure that any resident going out of the facility was going with a responsible party.</li> <li>-The RCC and/or MA would ensure the resident signed out on the registry at the front door or their responsible party.</li> <li>-If a resident was going to stay out of the facility with their responsible party overnight then they would complete a special form and send medications with the resident and responsible party.</li> <li>-If a resident was only going out for the day, they would only be signed out on the registry at the front door.</li> <li>-They performed every 30 minute checks on all the residents in the facility.</li> <li>-If a resident was out of the facility the 30 minute check sheet would indicate out of facility during the times they were gone.</li> </ul>	D 327		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 327	<p>Continued From page 39</p> <p>Review of Resident #6's current FL-2 (no physician signature or date on copy provided to surveyor) revealed diagnoses of impulsive control disorder, acid reflux, deafness, speech impairment and history of alcohol abuse.</p> <p>Review of Resident #6's resident register revealed an admission date of 1/21/13.</p> <p>Interview with the Executive Director on 7/6/16 at 3:04 PM revealed:</p> <ul style="list-style-type: none"> <li>-When a resident leaves the facility the staff including the Personal Care Assistants, Medication Aides, Resident Care Coordinator and Executive Director were to ensure the resident at signed out and would sign in when they returned.</li> <li>-There was a sign in and out registry at the front door on the table.</li> <li>-She had not checked the book to ensure residents were signing in and out.</li> <li>-She had not checked the book at all in months.</li> <li>-All staff was responsible for checking the book and having residents sign in and out in that book.</li> <li>-All staff was trained on signing in and out when they were hired during orientation.</li> <li>-The facility routinely performed every 30 minutes checks on all residents.</li> <li>-The 30 minute check sheets were kept on the medication cart.</li> <li>-If a resident was not in the facility the 30 minute check sheet would indicate "out of facility".</li> </ul> <p>Review of every 30 minute check sheets for Resident #6 revealed:</p> <ul style="list-style-type: none"> <li>-The only sheets provided by the facility were from May 2016.</li> <li>-There were sheets from 5/5/16, 5/6/16, 5/16/16, 5/19/16, and 5/26/16.</li> <li>-There were 3 sheets provided that did not have a</li> </ul>	D 327		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 381 LEONARD ROAD LOUISBURG, NC 27549
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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
D 327	<p>Continued From page 40</p> <p>date.</p> <ul style="list-style-type: none"> <li>-On 5/6/16, Resident #6 was documented as out of the facility from 7:00 AM until 6:30 PM.</li> <li>-On 5/26/16, Resident #6 was documented as out of the facility from 3:30 PM until 4:00 PM.</li> </ul> <p>Interview with Resident #6's responsible party on 7/7/16 at 12:25 PM revealed:</p> <ul style="list-style-type: none"> <li>-They had not been to visit in about 1 month.</li> <li>-The only other family member in the area was on vacation.</li> <li>-He was unsure who Resident #6 would be leaving with every day.</li> <li>-He was not concerned for Resident #6's safety.</li> </ul> <p>Interview with the Primary Care Provider on 7/7/16 at 12:36 PM revealed:</p> <ul style="list-style-type: none"> <li>-Resident #6 can become irritable and anxious.</li> <li>-He was seen by a psychologist for behaviors.</li> <li>-He was "slow" mentally.</li> <li>-He was able to function by dressing himself and knowing to shower and eat.</li> <li>-She felt he was capable of going out of the facility as long as someone was there to supervise him.</li> </ul> <p>Interview with the Executive Director on 7/7/16 at 12:42 PM revealed:</p> <ul style="list-style-type: none"> <li>-Resident #6 would go out of the facility with his family members.</li> <li>-The Medication Aide saw him leave this morning.</li> <li>-She assumed he was with family, but unsure of who he was with.</li> </ul> <p>Interview with the Medication Aide on 7/7/16 at 12:43 PM revealed:</p> <ul style="list-style-type: none"> <li>-She was not sure who Resident #6 left with this morning (7/7/16).</li> <li>-Resident #6 left in a "yellow truck".</li> <li>-She made sure that he signed out on the</li> </ul>	D 327		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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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
D 327	<p>Continued From page 41 registry.</p> <p>Interview with the Resident Care Coordinator on 7/7/16 at 12:55 PM revealed Resident #6 had left this morning (7/7/16) with his family.</p> <p>Interview with a Personal Care Aide on 7/7/16 at 4:20 PM revealed: -She usually worked on first shift from 7:00 AM - 3:00 PM. -Sometimes Resident #6 left before 7:00 AM. -She was aware there was a sign in and out registry located on the table by the front door. -She was not sure if Resident #6 signed out in the registry book. -She was not sure who picked Resident #6 up when he went out.</p> <p>Interview with Resident #6 on 7/11/16 at 8:35 AM revealed: -He was deaf and would communicate by writing it down or by lip reading. -He had lived at the facility over 2 years because he did not have anywhere else to live. -He liked to go out of the facility with his family and "work". -He would leave the facility almost every day. -He would wash cars and work in the yard. -He did not like to stay at the facility all day. -He did not always sign the sign out register at the front because there was not a place to sign, the sheet was full. -He did not know he had to always sign the sign out register. -When he did sign the sign out register, he would sign himself out. -The staff had instructed him last week 7/9/16 that he needed to have the person picking him up to come in and sign Resident #6 out. -He would make sure he was signed out before</p>	D 327	<p><i>The administrator has conducted an inservice with all the employees regarding the importance of resident signing the <del>out</del> sheet when he/she leaves the facility and sign in when he/she comes back to the. The administrator developed a new sign in and out sheet for all the resident. The <del>state</del> Executive Director will review the signing sheet daily and Administrator weekly to ensure all residents are signing out when they leave the facility</i></p>	07/13/16

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D 327	Continued From page 42 he left the facility from now on.	D 327		
D 358	10A NCAC 13F .1004(a) Medication Administration  10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observation, interview, and record review, the facility failed to administer medications as ordered by a prescribing practitioner including insulin administration, improper administration of an inhaler, administering medications without an order, and omitting medications that were ordered to be administered for 4 of 4 residents sampled (Resident #3, Resident #7, Resident #8, and Resident #9).  The findings are:  The medication error rate was 25% as evidence by observation of 7 errors out of 27 opportunities during the 11:00 AM/ 12:00 PM medication pass on 07/06/16, the 7:00 AM / 8:00 AM medication pass on 07/07/16, and the 11:00 AM/ 12:00 PM medication pass on 07/07/16.  A. Review of Resident #3's current FL2 dated	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/11/2016
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NAME OF PROVIDER OR SUPPLIER  
**AUTUMN WIND ASSISTED LIVING OF LOUISBURG**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**361 LEONARD ROAD  
LOUISBURG, NC 27549**

(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 358	<p>Continued From page 43</p> <p>07/05/16 revealed: -Diagnoses of severe hypoglycemia, uncontrolled diabetes mellitus, intracerebral hemorrhage, chronic kidney disease stage 4, and acute respiratory failure. -There was a physician's order for Humulin insulin 70/30 (a combination of isophane and regular insulin used to improve blood sugar control in adults with diabetes) give 4 units subcutaneously before meals.</p> <p>Review of Resident #3's Medication Administration Record for July 2016 revealed there was an entry for Humulin insulin 70/30 give 4 units subcutaneously before meals.</p> <p>Observation of the medication pass on 07/06/16 at 12:40 PM revealed: -The Medication Aide checked Resident #3's finger stick blood sugar and it was 359. -The Medication Aide then drew up Humulin 70/30 insulin and the top of the plunger was on the 3 line mark. -The room appeared to be very poorly lit and the Medication Aide was squinting when she drew up the medication. -The Medication Aide then attempted to administer the insulin that had been drawn up. -Surveyor intervened and asked the Medication Aide to step over towards the window where there was better lighting. -The Medication Aide then re-drew the insulin to where the top of the plunger was on the 4 line mark. -The Medication Aide then walked back over to Resident #3 and administered the 4 units of insulin at 12:42 PM.</p> <p>Interview with a Medication Aide on 07/07/16 at 12:26 PM revealed:</p>	D 358		

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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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 358	<p>Continued From page 44</p> <ul style="list-style-type: none"> <li>-She had been working at the facility for 9 years as a medication aide.</li> <li>-Resident # 3 was sent out of the facility a lot related to his diabetes.</li> <li>-Resident #3 had been sent out 4 times in the last month and all of them were related to his diabetes.</li> <li>-She had received diabetes training at the facility.</li> <li>-The training did include how to draw up and administer insulin.</li> <li>-When there is a medication error she was to fill out an incident report and notify the Resident Care Coordinator (RCC).</li> <li>-She had said that she notified the RCC already about the medication error with insulin on 07/07/16.</li> </ul> <p>Interview with the resident's physician on 07/11/16 at 10:40 AM revealed:</p> <ul style="list-style-type: none"> <li>-She was the primary provider for Resident #3.</li> <li>-Resident #3 is a brittle diabetic and has had a lot of trouble with his diabetes recently.</li> <li>-The resident has sporadic blood sugars and is not compliant with his dietary intake.</li> <li>-She had not been made aware by the facility had a medication error related to Resident #3's insulin administration.</li> <li>-The facility does not notify her of any low or high blood sugars that Resident #3 has.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 07/11/16 at 4:37 PM revealed:</p> <ul style="list-style-type: none"> <li>-She felt that Resident #3 was a brittle diabetic.</li> <li>-She said Resident #3 had been sent out for treatment 3-4 times over the last month and they were all related to his diabetes.</li> <li>-The staff are to monitor Resident #3 throughout the day for any signs and symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) and check his finger stick</li> </ul>	D 358	<p><i>A new nurse was done by the nurse consultant on the medication administration. Medication Tech will be watch by RCC and ED during medication administration to ensure medication sides are following medication order. The administrator has developed a blood sugar parameter sheet for the medication use if the blood sugar falls out parameter and notify the resident doctor</i></p>	

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D 358	<p>Continued From page 45</p> <p>blood sugar if symptoms occur.</p> <p>-Resident #3 had orders for home health to assess and teach resident and staff about diabetes care.</p> <p>-All the Medication Aides just received a class a few weeks ago (she was not sure of the exact date) on diabetic care.</p> <p>-This class did include how to draw up and administer insulin.</p> <p>-This class was mandatory for all Medication Aides to attend.</p> <p>Attempted interview with a Home Health Nurse on 07/11/16 at 10:30 AM revealed the Home Health Nurse was unavailable for interview at this time.</p> <p>Interview with Executive Director (ED) on 07/11/16 at 8:54 AM revealed:</p> <p>-Most of the time Resident #3's blood sugar runs high but he has had issues with the blood sugar running low as well.</p> <p>-Resident #3 has been sent out of the facility frequently because of his diabetes.</p> <p>Refer to interview with Executive Director (ED) on 07/11/16 at 8:54 AM.</p> <p>B. Review of Resident #9's current FL2 dated for 01/28/16 revealed:</p> <p>-Diagnoses of schizoaffective disorder, depression, mild mental retardation, coronary artery disease, diabetes, hypertension, hyperlipidemia, and shortness of breath.</p> <p>-There was a physician's order for Refresh tears (used for dry eyes) 0.5% 1 drop into each eye twice a day.</p> <p>-There was a physician's order for Advair Discus 250/50 micrograms inhale 1 puff twice per day.</p> <p>-There was a physician's order for Lorazepam</p>	D 358	<i>incomplete</i>	

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D 358	<p>Continued From page 46</p> <p>(used to treat anxiety) 0.5 milligrams twice a day.</p> <p>Review of subsequent physician's orders dated 07/05/16 revealed:</p> <ul style="list-style-type: none"> <li>-There was a physician's order to discontinue all Lorazepam orders at this time.</li> <li>-There was a physician's order to start Klonopin 0.25mg 1 tablet twice per day.</li> </ul> <p>Review of the July 2016 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Advair Discus 250/50 micrograms 1 puff twice per day and rinse mouth after use.</li> <li>-The Advair Discus entry was scheduled for 8:00 AM and 8:00 PM.</li> <li>-There was an entry for Refresh tears 0.5% instill 1 drop into each eye twice a day scheduled for 8:00 AM and 8:00 PM.</li> <li>-There was an entry for Lorazepam 0.5 milligrams twice a day scheduled for 8:00 AM and 8:00 PM; The entry for Lorazepam had a line through the whole block and discontinue was written over the entry.</li> <li>-There was a handwritten entry for Klonopin 0.25 milligrams 1 tablet twice a day scheduled for 8:00 AM and 8:00 PM.</li> <li>-The Medication Aide had documented on 07/07/16 of the MAR that she administered the refresh tear at 8:00 AM, the Advair Discus at 8:00 AM, and the Klonopin at 8:00 AM.</li> </ul> <p>Observation of the medication pass on 07/07/16 at 8:43 AM revealed:</p> <ul style="list-style-type: none"> <li>-The Medication Aide administered the 0.5mg of Lorazepam at this time.</li> <li>-The Medication Aide did not administer the Klonopin 0.25 milligrams that was ordered to be given at this time.</li> <li>-The Medication Aide did not administer the</li> </ul>	D 358	<p><i>The ED and RCC has combined to conduct interview for all the medication Aide weekly to ensure correct medication administration are been followed by the medication aides. The ED and RCC has began 07/15/16 routine observe the medication aides during the medication pass to ensure the medication aides are following the doctor orders.</i></p>	

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D 358	<p>Continued From page 47</p> <p>Refresh tears 0.5% that was ordered to be given at this time. -The Medication Aide did not administer the Advair Discus 250/50 micrograms that was ordered to be given at this time.</p> <p>Interview with a Medication Aide on 07/07/16 at 8:48 AM revealed: -She had administered all medications that were ordered at this time for Resident #9. -She will check MARs to see what medications are due at that time. - She checks the medications against the MAR's to make sure she administers the right dose and medication. -She administers the medication to the resident and then goes back and documents on the MAR. -She did receive training on how to pass medications. -She has been working at the facility as a Medication Aide for 9 years.</p> <p>Interview with Resident #9 on 07/07/16 at 11:19 AM revealed: -He did not receive his Advair Discus this morning. -He did not tell the Medication Aide that she did not give it to him but he would let her know. -Sometimes he said that he feels very tired and has some shortness of breath. -He does not feel short of breath or tired at this time. -He does not ever remember having any wheezing. -He could not remember if the Medication Aide gave him his eye drops this morning or not.</p> <p>Interview with a Psychiatric Adult Nurse Practitioner on 07/07/16 at 11:40 AM revealed: -She was did see Resident #9 on 07/05/16 for his</p>	D 358		

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D 358	<p>Continued From page 48</p> <p>psychiatric evaluation and wrote new medication orders on this day.</p> <ul style="list-style-type: none"> <li>-She wanted to start Resident #9 on Klonopin and discontinue the Lorazepam because this would decrease sedation of the resident and increase the effects of his decreasing his anxiety.</li> <li>-She said Resident #9 told her that he had been very sleep and it was hard for him to stay aware.</li> <li>-She had also received complaints from the facility about increased anxiety from Resident #9, but she was not sure how long ago.</li> <li>-She had not been notified by the facility of any medication errors regarding Resident #9 receiving the wrong medication.</li> <li>-It is her expectations that when the facility makes a medication error that she be notified immediately about the situation.</li> </ul> <p>Interview with Resident #9's primary Medical Doctor on 07/11/16 at 10:40 AM revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware of Resident #9 every having any shortness of breath or wheezing.</li> <li>-She was notified by the facility on 07/07/16 about the medication errors that were made with Resident #9 but was unsure of what time the facility notified her.</li> <li>-She felt that the Klonopin was prescribed to better treat the anxiety of Resident #9 and to decrease sedative effects.</li> </ul> <p>Interview with the Resident Care Coordinator RCC on 07/07/16 at 9:17 AM revealed:</p> <ul style="list-style-type: none"> <li>-New or changed orders are handle by the RCC unless the RCC is not working that day then the Medication Aide who receives the orders take care of the orders.</li> <li>-She checks daily to make sure new medications ordered arrive at the facility for the resident.</li> <li>-She had filled out a medication error report and notified the primary care doctor of the medication</li> </ul>	D 358		

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D 358	<p>Continued From page 49</p> <p>that the Klonopin was not administered and the Lorazepam was administered.</p> <p>-She had not notified the psychiatric doctor in regards to the medication errors.</p> <p>-No changes were made other than to monitor Resident #9 and get training for all Medication Aides.</p> <p>Interview with Executive Director (ED) on 07/11/16 at 8:54 AM revealed:</p> <p>-She has never had Resident #9 complain to her about shortness of breath.</p> <p>-None of the staff have ever told her about him having any problems with shortness of breathe either or wheezing.</p> <p>-She was unaware of Resident #9 being sent out of the facility for shortness of breathe or wheezing.</p> <p>Refer interview with Executive Director (ED) on 07/11/16 at 8:54 AM.</p> <p>C. Review of Resident #8's current FL2 dated for 01/28/16 revealed:</p> <p>-Diagnoses of schizophrenia, gastroesophageal reflux disease, diabetes type 2, alcohol abuse, and Hypocholesteremia.</p> <p>-There was a physician's order for ProAir HFA inhale 2 puffs every 6 hours for shortness of breath and wheezing wait 1 minute between each puff.</p> <p>Review of the July 2016 Medication Administration Record revealed there was an entry for ProAir HFA inhale 2 puffs every 6 hours for shortness of breath and wheezing and wait 1 minute between each puff.</p> <p>Observation of the medication pass on 07/06/16 at 11:50 AM revealed the Resident Care</p>	D 358		

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D 358	<p>Continued From page 50</p> <p>Coordinator (RCC) administered one puff of the ProAir HFA to Resident #8 and waited 10 seconds and then administered the second puff.</p> <p>Interview with the Resident Care Coordinator (RCC) on 07/11/16 at 10:01 AM revealed:</p> <ul style="list-style-type: none"> <li>-She was working as a Medication Aide on 07/06/16.</li> <li>-She administered Resident #8's lunchtime medications at this time.</li> <li>-Resident in on hospice care and is getting the ProAir to assist with comfort of his breathing.</li> </ul> <p>Interview with Executive Director (ED) on 07/11/16 at 8:54 AM revealed:</p> <ul style="list-style-type: none"> <li>-Resident #8 does have trouble breathing and has to wear oxygen all the time.</li> <li>-She said that sometimes Resident #8 will refuse to take his medications and pulls off his oxygen.</li> <li>-She was not aware of him having any ulcers or sores in his mouth.</li> </ul> <p>-Refer to interview with Executive Director (ED) on 07/11/16 at 8:54 AM.</p> <p>D. Review of Resident #7's current FL2 dated for 02/04/16 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses of diabetes, history of urinary tract infection, hyperlipidemia, gastritis, history of aspiration pneumonia, esophagitis, hyperkalemia, hypertension, diabetic ketoacidosis, gastro esophageal reflux disease, asthma, allergic rhinitis, bilateral lower extremity neuropathy, chronic edema, osteomyelitis of lower limb, dementia, and anxiety.</li> <li>-A physician's order for Voltaren gel 1% apply 2 grams four times per day to both knees.</li> </ul> <p>Review of the July 2016 Medication Administration Record revealed:</p>	D 358		

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D 358	<p>Continued From page 51</p> <ul style="list-style-type: none"> <li>-There was an entry for Voltaren gel 1% 2 grams four times a day to both knees.</li> <li>-The Voltaren gel was scheduled to be administered at 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM.</li> </ul> <p>Observation of the medication pass on 07/07/16 at 11:10 AM revealed the Medication Aide did not administer the Voltaren gel to Resident #7.</p> <p>Interview with Resident #7 on 07/07/16 at 12:40 PM revealed:</p> <ul style="list-style-type: none"> <li>-The Resident said she had not had her Voltaren gel put on her knees all day today.</li> <li>-She was currently complaining of 5 out of 10 pain to both of her knees.</li> <li>-She did receive her Voltaren gel to her knees yesterday.</li> <li>-Her knees are hurting worse today than they were on yesterday.</li> </ul> <p>Interview with a Medication Aide on 07/07/16 at 12:55 PM revealed:</p> <ul style="list-style-type: none"> <li>-She said she thought she put the Voltaren gel on both of Resident #7's knees.</li> <li>-She said that when she applies Voltaren gel she puts a little bit on the end of her fingers and then applies the gel.</li> <li>-She applied the gel to Resident #7's bilateral knees and shoulders.</li> </ul> <p>Interview with Resident #7's primary medical doctor on 07/11/16 at 10:40 AM revealed:</p> <ul style="list-style-type: none"> <li>-She said that Resident #7 complains of pain in both of her knees all the time.</li> <li>-She had ordered a referral to the pain clinic for Resident #7 and an orthopedics evaluation.</li> <li>-She had a visit with Resident #7 on 07/07/16 and assessed her pain and the resident was complaining of 7 out of 10 pain at this time.</li> </ul>	D 358		

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D 358	Continued From page 53  upon hire. -The Medication Aides received training a few weeks ago related to medication administration but she was not sure of the exact date. -All Medication Aides were to attend this mandatory training. -All the Medication Aides were trained on how to properly administer medications including how to draw up and administer insulin as ordered for all medications during this training.  _____  Review of the facility's plan of protection dated for 07/07/16 revealed: -All Medication Aides would be inserviced immediately regarding the six rights of medication administration and would be monitored for the next medication pass. -They would be monitored by 07/08/16 by the facility's nurse consultant. -The Administrator would assure Medication Aide training was done by 07/08/16. -The facility would ensure weekly quality assurance schedule would include medication administration (scheduled and random medication administration) by all Medication Aides on all shifts. -Training to ensure safe administration of medications and all Medication Aides also have monthly medication administration training by 07/31/16. -The facility's Nurse Consultant would ensure medication aide training is done. -The Resident Care Coordinator and Executive Director would ensure monthly quality assurance was done by 07/14/16.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 25,	D 358		

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D 358	<p>Continued From page 53</p> <p>upon hire.</p> <ul style="list-style-type: none"> <li>-The Medication Aides received training a few weeks ago related to medication administration but she was not sure of the exact date.</li> <li>-All Medication Aides were to attend this mandatory training.</li> <li>-All the Medication Aides were trained on how to properly administer medications including how to draw up and administer insulin as ordered for all medications during this training.</li> </ul> <p>_____</p> <p>Review of the facility's plan of protection dated for 07/07/16 revealed:</p> <ul style="list-style-type: none"> <li>-All Medication Aides would be inserviced immediately regarding the six rights of medication administration and would be monitored for the next medication pass.</li> <li>-They would be monitored by 07/08/16 by the facility's nurse consultant.</li> <li>-The Administrator would assure Medication Aide training was done by 07/08/16.</li> <li>-The facility would ensure weekly quality assurance schedule would include medication administration (scheduled and random medication administration) by all Medication Aides on all shifts.</li> <li>-Training to ensure safe administration of medications and all Medication Aides also have monthly medication administration training by 07/31/16.</li> <li>-The facility's Nurse Consultant would ensure medication aide training is done.</li> <li>-The Resident Care Coordinator and Executive Director would ensure monthly quality assurance was done by 07/14/16.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 25,</p>	D 358		

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D 358	Continued From page 54 2016	D 358			
D911	G.S. 131D-21(1) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure every resident was treated with respect, consideration and dignity as evidenced by the lack of towels and washcloths for residents.  The findings  Based on observations and interviews, the facility failed to assure the residents had an adequate supply of towels and wash cloths for personal care for the 33 residents. [Refer to Tag D 080, 10A NCAC 13F .0306 (a)(6) Housekeeping and Furnishings]	D911			
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' 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.  This Rule is not met as evidenced by:	D912			

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NAME OF PROVIDER OR SUPPLIER  AUTUMN WIND ASSISTED LIVING OF LOUISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549		
(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
D912	<p>Continued From page 55</p> <p>Based on observations, interviews and record review, 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 sanitation score, nutrition and food services and medication administration.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Based on observations, interviews and record review, the facility failed to maintain a North Carolina Division of Environmental Health approved sanitation classification of 85 or above at all times. [Refer to Tag D 77, 10A NCAC 13F .0306(a)(4) (Type B Violation)]</li> <li>2. Based on observation, interview, and record review the facility failed to assure that all food was protected from contamination by not keeping the walk in freezer at appropriate temperatures to keep food fresh, frozen, and safe for all residents at the facility. [Refer to Tag D 283, 10A NCAC 13F .0904(a)(2) (Type B Violation)]</li> <li>3. Based on observation interview and record review the facility failed to administer medications as ordered by a prescribing practitioner including insulin administration, improper administration of an inhaler, administering medications without an order, and omitting medications that were ordered to be administered for 4 of 4 residents sampled (Resident #3, Resident #7, Resident #8, and Resident #9). [Refer to Tag D 358, 10A NCAC 13F .1004(a) (Type B Violation)]</li> </ol>	D912		

## AUTUMN WIND ASSISTED LIVING OF LOUISBURG

### ADDENDUM TO PLAN OF CORRECTION

#### 10A NCAC 13F .0311(d) Other Requirements

The administrator has created a new temperature sheet to be use by the maintenance supervisor to check the water temperature daily. The hot water temperature range in the bathroom and toilet is 100 degrees F to 116 degrees F. The executive director will review the water temperature daily to make sure the temperature in each bathroom and toilet are within the range. The administrator will review the sheet weekly and also check the water temperature with maintenance supervisor to ensure daily water temperature are within the range.

Completion Date: 07/15/2016

#### 10A NCAC 13F .0604 Personal Care and Other Staffing

The executive director has taking over the making of schedule to ensure adequate staffing for the facility census. The administrator has created sign in sheet for each shift daily to account for employee call out and ensure a replacement employee for call out employee. The daily sign sheet is reviewed daily by the executive director and administrator to ensure each shift is been staff to the facility census. The administrator will continue to monitor staffing regularly to ensure adequate staffing for each shift according to facility census.

Completion Date: 07/12/2016

#### 10A NCAC 13F .1004 Medication Administration

The administrator will ensure ongoing training for all the medication tech which will include quality assurance audit by the executive director and nurse consultant. The executive director and resident care coordinator will perform daily audit of medication aide. The administrator will perform monthly quality assurance to ensure the medication aide are giving the medication according to doctor's order.

Completion Date: 07/12/2016

Ade Ganiyu

Administrator

09/19/2016