PRINTED: 07/19/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMPL	EIED	
		fcl092251		B. WING		07/03/2019	
NAME OF PI	ROVIDER OR SUPPLIER	5	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
KELLEY'S	FAMILY AT DRAYTON R	RESERVE		SANT TAIL CO			
04.0.45	CHIMMADV CT		WAKE FOR	REST, NC 2758		NI.	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETE DATE
C 000	Initial Comments			C 000			
	The Adult Care Licens initial survey on July (sure Section conducted a 03, 2019.	an				
C 105	10A NCAC 13G .0317 Equipment	7(d) Building Service		C 105			
	· · · · · · · · · · · · · · · · · · ·						
	degrees F. The findings are:						
	8:45am revealed: -The hot water tempe degrees FSteam was observed	chen sink on 07/03/19 at rature at the sink was 13 d.	37				
	07/03/19 at 8:37am re		. 011				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		fcl092251	B. WING		07	//03/2019
	ROVIDER OR SUPPLIER	4025 PH	DDRESS, CITY, STATE,			
KELLEY'S	S FAMILY AT DRAYTON F	RESERVE WAKE F	OREST, NC 27587			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 105	degrees FThe hot water temper 134 degrees FSteam was observed Observations of a residence of the standard of the standar	erature in the sink was 128 erature in the shower was d from the sink and shower. sidents' shared bathroom on revealed the hot water ared bathroom sink was 130 cation aide on 07/03/19 at the residents in the facility mentia. It temperature in the athroom on 07/03/19 at erature in the sink was 130 erature in the shower was d from the sink and shower.	C 105			
	9:10am revealed: -She would turn down the temperature on the hot water heater immediatelyShe had turned the water temperature down one notch.					
	on 07/03/19 at 9:15ar -The hot water tempe degrees F. -The Administrator wa	erature in the sink was 138				
		dministrator rechecking the en on 07/03/19 at 9:15am				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		fcI092251	B. WING		07	7/03/2019
	ROVIDER OR SUPPLIER	4025 PH	ADDRESS, CITY, STATE EASANT TAIL COU OREST, NC 27587			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 105	revealed the use of a that displayed H (high Observation of a resi revealed: -The resident wander placed their hands on stove. -Staff was present in Calibration of the sur 07/03/19 at 9:45pm in revealed the thermon F. The facility had an at the time of calibrational thermometer. Recheck of hot water resident's common bis:34pm revealed: -The hot water temped degrees F. -The shower was 126. -Steam was observed. Recheck of hot water resident's shared bat 5:23pm revealed the sink was 132 degrees. a. Observation of Residents' common biassistance. Observation of Residents' common biassistance.	n oral digital thermometer n). dent on 07/03/19 at 11:30am red into the kitchen and ver container on kitchen the kitchen. veyor's thermometer on n a cold water slurry neter displayed 32 degrees n oral thermometer present ion and did not calibrate the retemperature in the athroom on 07/03/19 at erature in the shower. It temperature in the hroom on 07/03/19 at hot water temperature in the s F. sident #4 on 07/03/19 at resident was in the athroom without staff ent #4 on 07/03/19 at resident was leaving the athroom without staff	C 105			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		fcl092251	B. WING		07/03/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
KELLEY'S	FAMILY AT DRAYTON R	RESERVE	ASANT TAIL CO REST, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICLENCY)	D BE COMPLET	E
	05/14/19 revealed: -Diagnoses included: -Resident #4 was sen Review of Resident # revealed: -Resident #4 was son -Resident #4 had sign had to be directed.	4's care plan dated 05/13/19 netimes disoriented. nificant memory loss and				
	-Resident #4 was ambulatory with aide or deviceResident #4 had limited range of motion and limited strength in upper extremities. Based on observation, interviews and record reviews, it was determined Resident #4 was not interviewable. Refer to interview with a personal care aide (PCA)/medication aide (MA) on 07/03/19 at 9:58am. Refer to interview with the Administrator on 07/03/19 at 9:10am, 3:30pm and 7:00pm. b. Observation of Resident #3's on 07/03/19 at 5:21pm revealed the resident was in the residents' shared bathroom without staff assistance. Review of Resident #3's current FL-2 dated 4/18/19 revealed: -Diagnoses included hemiplegia, other abnormalities of gait mobilityResident #3 was semi-ambulatory. Review of Resident #3's current care plan dated 4/24/19 revealed: -Resident #3 was forgetful and needed reminders.					

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DIVISION	of fleath Service Regu	liation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
			B. WING			
		fcl092251	B. WING		07/0	03/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE		
		4025 PH	EASANT TAIL C	OURT		
KELLEY'S	S FAMILY AT DRAYTON F	RESERVE	OREST, NC 275			
			JRE01, NO 270			T
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
1,10		,	1,710	DEFICIENCY)		
C 105	Continued From page	e 4	C 105			
	-Resident #3 was ser	mi-ambulatory				
		ited strength in upper				
	extremities.	nod on origin in appoi				
	CAUCITICS.					
	Interview with Reside	ent #3 on 07/03/19 at 5:25pm				
	revealed:	,,, o on o 1700, 10 at 0.20pm				
		the hot water all the way up.				
		burnt by the hot water.				
	The mad mover boom.	ourne by the net mater.				
	Refer to interview wit	h a personal care aide				
		le (MA) on 07/03/19 at				
	9:58am.	ie (Wirt) on orroor to at				
	3.30am.					
	Refer to interview wit	h the Administrator on				
	07/03/19 at 9:10am,					
	01103/19 at 9.10am, s	o.sopiii and 7.oopiii.				
	Interview with a PCA	 /MA on 07/03/19 at 9:58am				
	revealed:	7W/A 011 07703/13 at 3.30aiii				
		the water temperature at the				
	facility was hot.	the water temperature at the				
		t and cold water as needed				
	before putting resider					
		s had complained about the				
	water temperature be					
	water temperature be	ang too not.				
	Interview with the Adi	ministrator on 07/03/19				
	9:10am revealed:	Tillilistrator off 07703/19				
		n the temperature on the hot				
	water heater immedia					
		water temperature down one				
	notch.	water temperature down one				
		le of hours for the water				
	temperature to come					
		ure was a little high above				
	116 degrees F when					
	February, March 201	₹.				
	A account intermiter	ith the Administrator				
		ith the Administrator on				
	07/03/19 7:00pm reve					
	-i nere was no log to	monitor and document the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND DEAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	CONSTRUCTION	COMPLETED	
		A. BOILDING.			
		_	D WING		
		fcl092251	B. WING		07/03/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE	
		4025 PHE	SANT TAIL CO	OURT	
KELLEY'S	FAMILY AT DRAYTON R	RESERVE WAKE FO	REST, NC 275	87	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				BEI IGIEROT)	
C 105	Continued From page	e 5	C 105		
	water temperatures a	t the facility.			
	-She was aware the v	vater temperature was too			
	high when she first op	pened the facility.			
	-Hot water temperatu	res were not routinely			
	checked.				
	-She had last checked				
	•	n ago using an oral digital			
	temperature.	at the readings were			
		at the readings were a not over 116 degrees F.			
	~	be thermometer and the oral			
	digital thermometer to				
	temperature.	o chock the water			
	The facility failed to a	ssure hot water			
	temperatures for 4 of	5 fixtures used by and			
	accessible to the resid	•			
	•	ntained between 100 - 116			
	~	temperatures ranged from			
	128 degrees F to 138	_			
		egrees F can result in a first			
	•	conds and a second degree			
		The failure of the facility to atures were between 100 -			
	·	ed in substantial risk that			
	possible physical har				
	constitutes a Type A2				
	The facility provided a				
		131D-34 on 07/03/19 for			
	this violation.				
	OODDEOTION DATE	FOR THE TYPE 40			
	CORRECTION DATE				
	2019.	IOT EXCEED AUGUST 03,			
	ZU 13.				
0.004	404 NOAO 400 000	4(a)(4) Nicotoritic	0.004		
C 284		4(e)(4) Nutrition and Food	C 284		
	Service				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		fcl092251	B. WING		07/	03/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
KELLEY'S	S FAMILY AT DRAYTON F	RESERVE	ASANT TAIL CO REST, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 284	Service (e) Therapeutic Diets (4) All therapeutic diesupplements and thick served as ordered by This Rule is not met Based on observation reviews, the facility fadiet for 1 of 1 sample honey thickened liquiphysician. Review of Resident #04/18/19 revealed: -Diagnoses included transient ischemic attick liquids. Review of Resident #04/26/19 revealed thiaspiration. Review of Resident #dated 07/03/19 revealed thiaspiration. Review of the facility' diet list revealed Resmechanical soft diet work of the machanical soft diet work of the Ma filled Reside ounces of waterThe MA filled Reside ounces of waterThe MA added four services as well as the supplementation of the machanical soft waterThe MA added four services as well as the supplementation of the machanical soft waterThe MA added four services as well as the supplementation of the machanical soft waterThe MA added four services as well as the supplementation of the machanical soft waterThe MA added four services as well as the supplementation of the machanical soft water.	A Nutrition and Food s in Family Care Homes: ets, including nutritional ekened liquids, shall be the resident's physician. as evidenced by: ns, interviews and record idled to provide a therapeutic d resident (#1) received ds as ordered by the et's current FL-2 dated neuropathy and a history of ack. for a regular diet with nectar et's Care Plan dated ckened liquids, due to et's signed Physician's order led discontinue honey thick hick diet. s current posted therapeutic ident #1 was to be served a with nectar thick liquids.	C 284			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	fcI092251	B. WING		07/03/2019	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
KELLEY'S FAMILY AT DRAYTON F	A025 PHE	ASANT TAIL CO	DURT		
RELEET STAMILITAT BRATTONT	WAKE FO	DREST, NC 275	87		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
C 284 Continued From page	e 7	C 284			
thicken thin liquids to -Usage chart per 4 or -Mix 4-5 teaspoons to honey thick consister -According to the inst thickener, four to five been added to four or thick consistency. Interview with a MA or revealed: -She had put 9 ounce #1's water cupShe knew it was 9 or refrigerator measured dispensedShe added 4 small s to the water in Reside -Resident #1 was sup liquidsShe always mixed th way. Interview with a perso 07/03/19 at 12:00pm Administrator today to thickening powder to Telephone interview of 07/03/19 at 2:51pm re -She received an ord	vealed: d instructions to provide to honey thick consistency. unces. o 4 ounces of water for ncy. tructions on the container of teaspoons should have unces of water for honey on 07/03/19 at 11:05am es of water in to Resident unces because the d the amount of water scoops of thickening powder ent #1's cup. oposed to get nectar thick ne thickening powder that onal care aide (PCA) on revealed she was told by the o add 8 small scoops of the 8 ounce cup of water. with Resident #1's PCP on evealed: er today to change Resident thick liquids to nectar thick				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		fcl092251	B. WING		07.	/03/2019
	ROVIDER OR SUPPLIER	4025 PHI	DDRESS, CITY, STATE EASANT TAIL CO OREST, NC 2758	URT		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 284	Based on observation reviews, it was determinterviewable. Interview with the Add 11:15am revealed: -Resident #1 was supthickening power liqueThe staff and the Add use the thickening she withicken in consistency.	ns, interviews and record mined Resident #1 was not ministrator on 07/03/19 at oposed to have nectar ids. ministrator were trained to	C 284			
C 912	immediately. C 912 G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.		C 912			
	interviews, the facility resident had the right services which are ac	ns, record reviews, and failed to assure every to receive care and dequate, appropriate, and in and regulations as related				
	reviews, the facility fatemperatures at 4 of	ns, interviews, and record illed to assure the hot water 5 fixtures (sinks and shower) ble to the residents in the				

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.					SURVEY LETED			
fcI092251		B. WING		07/	03/2019			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4025 PHEASANT TAIL COURT 4025 PHEASANT TAIL COURT							
		WAKE FOI	REST, NC 275	87				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
C 912	Continued From page	9	C 912					
C 912	kitchen, common bath were maintained at a Fahrenheit (F) and di- including hot water te degrees F. [Refer to	nroom and shared bathroom minimum of 100 degrees d not exceed 116 degrees F mperatures as high as 138 Fag C105 10A NCAC 13G vice Equipment (Type A2	C 912					

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