STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 Licensue Section conducted a follow up survey on July 17, 2019.	{D 000}		
{D 167}	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, record reviews and interviews, the facility failed to assure at least one staff person was always on the premises who had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 1 of 6 sampled staff (Staff A). The findings are:	{D 167}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 167}	Continued From page 1 Review of Staff A's (personal care aide/PCA), personnel record revealed: -Staff A's date of hire was documented as 07/01/19. -There was no documentation Staff A had completed CPR training within the last 24 months. Observation of Staff A on 07/17/19 at 9:30am upon entrance of the facility revealed she was the only staff located in the facility. Interview with Staff A on 07/17/19 at 9:30am revealed: -She had started working at the facility about 2 weeks before. -She normally worked on the 7am - 3pm shift and was paired with another PCA because she was in training. -Another PCA was working with her on 07/17/19 and the other PCA was called to work in another facility around 9:00am. -She was the only staff working in the facility since 9:00am on 07/17/19. -This was her first time working alone in the facility. Interview with Resident Care Director on 07/17/19 at 10:15am revealed: -Staff A was a PCA in training who was normally paired with another PCA to work. -She needed the other PCA to work in the other facility during the first shift on 07/17/19. -The facility was only staffed with one PCA (Staff A). -There was no other staff scheduled to work with Staff A in the facility after the other PCA left the facility. Telephone interview with Administrator on	{D 167}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 167}	Continued From page 2 07/17/19 at 10:25am revealed: -Staff A was scheduled to work in the facility as a trainee with another PCA on 07/17/19. -She sent the other PCA to work in the other facility because of an emergency on the morning of 07/17/19. -The facility was normally staffed with one PCA. -There was no other staff scheduled to work with Staff A in the facility after the other PCA left the facility. Interview with Administrator on 07/17/19 at 2:55pm revealed: -She did not know there was no documentation of CPR training for Staff A in the personnel record. -She was responsible for making sure the copies of the employee CPR cards were in the personnel records and she must have overlooked Staff A's personnel record. -She was in the process of reviewing all personnel records to ensure their compliance. -Staff A had never worked alone in the facility prior to the morning of 07/17/19. -She realized it was her responsibility to ensure at least one staff person on duty was CPR certified. Interview with Staff A on 07/17/19 at 3:05pm revealed: -She thought she had last taken a CPR class in August 2017 when she took a nurse aide class. -The facility had not asked for a copy of her CPR card and she had not provided it. -She was not sure if her CPR card was current. The facility failed to assure there was always at least one staff person on duty during first shift on 07/17/19, who had completed a course on CPR and choking management, within the previous 24 months. The failure of not having adequately trained staff available in the event of	{D 167}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 167}	Continued From page 3 cardiopulmonary arrest or choking was detrimental to the health, safety and welfare of the residents, which constitutes an unabated Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/18/19 for this violation.	{D 167}		
{D 283}	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 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. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to assure foods being stored, prepared, and served to residents were protected from contamination related to pooling of water in refrigerator, broken freezer used for food storage, and opened and undated food containers in the refrigerator and pantry. The findings are: Observation of the pantry in the kitchen on 07/17/19 at 9:50am revealed: -There were five white shelves inside the pantry	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 4	{D 283}		

encrusted with scattered black and brown stains.
-There was a clear rectangular storage container on the top shelf that contained cereal and was not dated when it was opened.
-There was an opened box of honey graham crackers with its inner clear plastic bag opened which exposed three sheets of honey graham crackers to the air and there were two opened 24-ounce bottles of pancake syrup, a 35-ounce container of coffee creamer, and 42-ounce container of oatmeal that were not labeled with opened dates on the second shelf of the pantry.
-On the second shelf, there was a clear round upright food storage container with a red lid labeled 'sugar' with brown stains scattered on the outside of the container, residue encrusted inside the storage container, and there was no date for when the sugar was opened.
-On the second shelf, there was a clear round upright food storage container with a blue lid labeled 'flour' with brown stains scattered on the outside and lid of container with a large plastic red scoop and a large clear plastic scoop inside of it that was not dated when the flour was opened.
-On the second shelf, there was a clear round upright food storage container with a blue lid labeled 'grits' with brown stains scattered on the outside of the container and there was no date for when the grits were opened.
-On the third shelf, there was an opened package of hamburger buns that contained seven hamburger buns, an opened package of hotdog buns with two hotdog buns, an opened half of a loaf of bread, an opened ¾ loaf of bread, and an opened bag of confectioner sugar inside a zip-lock bag that were all without dates when opened.
-There was a white plastic bin labeled diabetic with a clear bag of opened yellow tortilla chips

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 5 and a second opened bag contained a smaller portion of white tortilla chips on the fourth shelf and neither bag was labeled with the date it was opened. -There was a second white plastic bin labeled for regular snacks with an unopened clear bag of yellow tortilla chips and an opened ten-ounce bag of oyster crackers that was half full on the fourth shelf and neither bag was labeled with the date it was opened. -There a 64-ounce container of apple cider vinegar with approximately two ounces remaining on the fourth shelf and was not labeled with the date it was opened. -There was a 2/3 full clear container of cooking oil that was not labeled with an opened date, stored on the fifth shelf. Observations of the freezer on 07/17/19 at 10:16am revealed: -The thermometer inside the freezer read 40 degrees Fahrenheit. -There were yellowish colored drippings along the back inside freezer wall. -There was a yellowish, brownish, gold flaky looking substance in bottom left back corner of the freezer and a dark brownish colored substance on each side in the bottom of the freezer. -An unopened package of hotdog buns and an unopened package of hamburger buns were stored on the fourth shelf of the freezer. -A head of lettuce was in a basket in the bottom of the freezer. Observation of the refrigerator in the kitchen on 07/17/19 at 10:18am revealed: -The thermometer inside the refrigerator read 46 degrees Fahrenheit. -There were brown stains and brown debris on	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 6 the shelves in the door of the refrigerator. -In the door on the top shelf, there was an opened 15.5 ounce jar of salsa, a 36 ounce bottle of ranch dressing, a 8 ounce bag of shredded cheddar cheese, a 9 ounce bottle of mustard with its cap opened, a 32 ounce of jar of grape jelly, and a half lemon in zip-lock bag that were all opened, not dated or labeled. -In the door on the bottom shelf, there was a half a gallon of buttermilk with an expiration date of 05/24/19 and an opened 64-ounce bottle of ketchup with a dark reddish residue around the lid that was not dated when opened. -On the top left shelf of the refrigerator, there was a large rectangular food storage container with a red lid that contained a brown ground meat sauce substance that was not dated or labeled. -On the top left shelf of the refrigerator, there was a large rectangular food storage container with a red lid that contained broccoli and cheese rice that was not dated or labeled. -On the top left shelf of the refrigerator, there was a large rectangular food storage container with a red lid that contained pineapple tidbits and its juice that was not dated or labeled. -On the top left shelf of the refrigerator, there was a large silver colored bowl containing red gelatin substance with fruit was uncovered and exposed to air that was not dated or labeled. -There were brown, tan and white stains and debris on the top left self of the refrigerator. -On the top right shelf of the refrigerator, there were two blue pitchers that each contained brown liquid that were labeled 'sweet tea' and 'unsweet tea' that were not dated. -On the top right shelf of the refrigerator, there was clear pitcher with a clear unknown substance that was not labeled or dated. -There were brown stains and debris on the top right shelf of the refrigerator.	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 7 -There was an opened container of whipped topping with traces of a brown substance mixed in on the left second shelf of the refrigerator that not labeled or dated. -In an opened storage drawer on the bottom of the refrigerator, there was a plastic bag that contained 3 heads of lettuce, a second clear bag that contained 3 cucumbers, and 2 cucumbers were stored in the bottom of the drawer that contained brown stains and white crumbs. -There was a beige blanket folded and placed in the bottom of the refrigerator that was moist to touch. Interview with the Resident Care Director on 07/17/19 at 10:20am revealed: -She had not noticed any problems with the cleanliness of the pantry in the kitchen. -She did not specific the last time she observed the pantry. -The cook was in charge of taking care of the dietary area. -The facility had a new cook who started in the position about two weeks ago. -The freezer in the facility did not work properly and it was supposed to be only used to store drinks for the residents. -There was not supposed to be anything else in the freezer. -The refrigerator in the facility was only used to store snacks and leftover food after meals. -The main refrigerator used for the facility was in another building. -She did not know why there was a blanket folded in the bottom of the refrigerator. -No one had reported any problems with the refrigerator to her. Interview with the Administrator on 07/17/19 at 10:45am revealed:	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 8 -She did not know that there was still a problem with staff labeling and dating food items in the pantry and refrigerator. -She had instructed staff in June 2019 to label and date all opened food items during a staff meeting (no date specified). -She purchased food storage containers so it would be easier for staff to label and date the containers as needed. -She did not check to make sure the staff was labeling and dating the food items because she assumed staff was labeling the opened food items. -She did not know about the exposed food in the refrigerator or pantry. -She expected all staff to protect the food from contamination when it was stored by labeling and covering open food. -The staff on third shift were assigned to clean the pantry and refrigerator once a week on Thursday. -She did not know when the third shift staff last cleaned the pantry or refrigerator because she did not check to make sure it had been done. -She could not remember the last time she looked in the refrigerator or freezer in the facility. -The freezer in the kitchen was only supposed to be used to store drinks and not food. -The freezer was going to be removed from the facility because it did not work properly. -She did not know why a blanket was in the bottom of the refrigerator. -No one had reported any problems with the refrigerator since she became the Administrator at the facility in June 2019. -She was in the facility daily. Interview with a personal care aide on 07/17/19 at 11:25am revealed: -She did not know about the unlabeled items in	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 9 the pantry or the refrigerator. -Staff were supposed to label any items that they opened and stored in the pantry or the refrigerator. -The pantry and refrigerator were cleaned by staff during third shift. -She did not know when the pantry or refrigerator had last been cleaned. -She had not noticed any problems with the cleanliness in the pantry or the kitchen of the facility because she did not normally work in the building. Interview with the cook on 07/17/19 at 2:10pm revealed: -She only brought the food over from the main kitchen and the staff in the building were responsible for storing leftovers in the refrigerator after meals. -She did not normally label or date the food when it left the kitchen. -The staff were responsible for labeling and dating any leftovers if they were stored in the refrigerator. -She did not clean the refrigerator or the pantry in the facility. -The third shift staff was supposed to clean the refrigerator and the pantry once a week. -She did not know the last time either had been cleaned. -The outdated buttermilk belonged to her; she had used it previously to make homemade biscuits; and she forgot it in the refrigerator. -There had been a problem with the refrigerator pooling water in the bottom of it for about 2 or 3 months. -She had reported to the previous Administrator, but nothing was ever done about the water pooling in the bottom of the refrigerator. -She had not reported the water pooling in the	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 10 bottom of the refrigerator to the current Administrator. Interview with a medication aide on 07/17/19 at 3:15pm revealed: -All staff were supposed to label and date food item before they were stored in the refrigerator or pantry. -The third shift staff were responsible for cleaning the pantry and the refrigerator. -She did not know how often the third shift cleaned the pantry or refrigerator. -She did not know if the freezer worked, but there had been problems with the refrigerator since September 2018. -Water pooled in the bottom of the refrigerator every day. -She reported it the previous Administrator at least 2 times since September 2019. -The refrigerator was never fixed, and staff wiped up the water when it pooled. -She did not know about the blanket in the bottom of the refrigerator. -Staff had used chux and towels in the bottom of the refrigerator when the water pooled in it. -She had not reported the refrigerator to the current Administrator because she thought the previous Administrator had already did told her. Telephone interview with a second medication aide on 07/17/19 at 5:55pm revealed: -Third shift staff were supposed to clean the pantry and refrigerator in the facility on Thursdays. -She did not know when the pantry or refrigerator had last been cleaned by the third shift staff. -She did not know about any problems with the cleanliness of the pantry of the refrigerator. -There were no problems with the refrigerator or freezer working properly.	{D 283}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 11 The facility failed to assure foods being stored and served in the facility's refrigerator, freezer, and pantry were protected from contamination. The facility's failure resulted food items being exposed to possible cross contamination which was detrimental to the health, safety, and welfare of the residents and constitutes an unabated Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/17/19 for this violation.	{D 283}		
{D 298}	10A NCAC 13F .0904(d)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure snacks were offered or made available to all residents three times a day. The findings are: Review of the facility's week three menu revealed there were no listed snack options or snack times posted. Observation of the facility on 07/17/19 from	{D 298}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 298}	Continued From page 12 10:00am to 10:30am revealed there were no snacks prepared by staff and no snacks were offered to the five residents in the facility by the staff. Observation of the facility on 07/17/19 from 1:55pm to 2:20pm revealed there were no snacks prepared by staff and no snacks were offered to the five residents in the facility by the staff. Interview with a resident on 07/17/19 at 12:55pm revealed: -Snacks were offered sometimes at night. -The snacks provided were usually chocolate chip cookies with milk. -It depended on who worked at night if the residents got snacks at night. -The residents did not get snacks during the daytime. -The resident could not remember the last time a snack had been offered at the facility. -The resident did not know what time snacks were supposed to be served in the facility. Interview with a second resident on 07/17/19 at 1:15pm revealed: -There were no snacks offered during the day to the residents. -Sometimes staff offered snacks at night with the nighttime medications. -The resident was not sure what time staff offered snacks or the last time snacks were offered to the residents by staff. Interview with a personal care aide on 07/17/19 at 3:05pm revealed: -Snacks were not served in the morning to the residents. -Staff usually offered residents snacks in the afternoon at 2:00pm and 8:00pm.	{D 298}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 298}	Continued From page 13 -Snacks were prepared and prepacked by the cook who brought them to the facility from the main kitchen in the second building -She gave snacks to the residents whenever the cook prepared them. Interview with a medication aide on 07/17/19 at 3:15pm revealed: -Residents were supposed to be served snacks at 10am, 2pm, and 8pm. -Snack were separated into individual zip-locked packages by the cook. -The zip-locked packages were stored in the plastic bins in the pantry. -She did not know why snacks were not offered to the residents at 10:00am on 07/17/19. -She served the zip-locked packages of snacks to the residents at bedtime when she worked. Observation of the pantry in the facility kitchen on 07/17/19 at 9:50am revealed: -There was a white plastic bin labeled diabetic with a clear bag of opened yellow tortilla chips and a second bag opened bag contained a smaller portion of white tortilla chips on the fourth shelf. -There was a second white plastic bin labeled for regular snacks with an unopened clear bag of yellow tortilla chips and an opened ten-ounce bag of oyster crackers that was half full on the fourth shelf. -There was an opened box of honey graham crackers that contained 3 cracker sheets on the second shelf. Interview with the cook on 07/17/19 at 2:10pm revealed: -Residents were supposed to be served snacks three times a day at 10am, 2pm or 3pm, and 8pm.	{D 298}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 298}	Continued From page 14 -She usually prepared the snack at 1:45pm and served it at 2pm. -She could not say what snacks she had prepared to serve at 2pm because she forgot. -She usually made the snacks and put them in the refrigerator for the PCA to serve. -She thought the PCAs served the 10:00am snacks at the facility on 07/17/19. -If she was busy, then the PCA got the snacks from her and gave the snacks to the residents. -She repackaged some purchased snack items purchased into smaller zip-locked plastic bags and distributed to the residents in the facility. -She did not know snacks were not served at 10am on 07/17/19 but snacks were available for the PCAs to serve to the residents. Interview with the Administrator on 07/17/19 at 2:20pm revealed: -Residents were supposed to be served snacks three times a day at 10am, 2pm, and 8pm. -The cook prepared the snacks, but the snacks may be served to the resident by the cook or a personal care aide. -It depended on which staff had the time to serve the snacks at the designated time to the residents who served. -Residents were served apples, banana, cookies, graham crackers, different kinds of juices for their snacks. -Some residents had "a lot of snacks of their own snacks in their rooms" so staff may not offer those residents a snack. -The facility had enough snacks for all residents to have a snack if they wanted it.	{D 298}		
{D 317}	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program	{D 317}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 317}	Continued From page 15 (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to develop a program of activities designed to promote residents' active involvement with each other and the community. The findings are: Observations during the facility tour on 07/17/19 at 10:00am revealed: -There were two residents sitting in the day room watching television. -There was one resident in his bedroom. -There was one resident on the front porch. -There was one resident standing in the hallway. Observations in the facility on 07/17/19 at 10:20am revealed: -There was an activity calendar on the wall with no end times for activities. -There was coffee time scheduled for 10:00am on 07/17/19.	{D 317}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 317}	Continued From page 16 -There was news scheduled for 11:00am on 07/17/19. -There was jewelry making scheduled for 1:00pm on 07/17/19. Observation of the day room on 07/17/19 at 11:00am revealed there was a television on the wall and some magazines on a small table. Observation of the facility on 07/17/19 from 12:59pm to 1:15pm revealed: -The activity calendar posted revealed a 'jewelry making' activity was scheduled for 1:00pm. -The activity director entered through front entrance at 1:02pm and went down the right hallway of the facility. -The activity directory returned from the right hallway, went in the dining room, and spoke with the personal care aide. -The activity director left the dining room, crossed the main hallway, went into the dayroom, and made a phone call. -There was one resident sitting in the day room watching television, a second resident was standing in the hallway outside the dayroom, and a third resident was sitting in her wheelchair in the hallway by entrance the dining room. -The activity director finished her phone call and left the facility at 1:06pm. -The activity director did not attempt to engage any of the three residents present with the posted activity or offered any other activity to the residents. Interview with a PCA on 07/17/19 at 11:25am revealed: -There were cards, bingo game, magazines and coloring supplies available for activities. -She had never seen anyone do any activities with the residents.	{D 317}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 317}	Continued From page 17 -She did not know if the facility had an activity director. Interview with a resident on 07/17/19 at 12:55pm revealed: -There were no activities at the facility. -"Most of the time, we just sit here and watch television." -She used to play bingo in the building next door for activity but that did not happen anymore. -She could not remember the last time bingo was offered for the residents to play. -"We need something to do here in this building (for activity)." -She liked to go shopping but there were not outings offered at the facility. -She walked around and watched television. Interview with a second resident on 07/17/19 at 1:15pm revealed: -There were no activities offered at the facility. -He stayed in his room and colored in the stencil drawings his family brought to him. -"No one comes and does anything with us so I just color in my room." -Sometimes the residents watched television in the day room. -He did not know what activities were offered at the facility. Interview with a third resident on 07/17/19 at 1:16pm revealed: -"We have played bingo, but it has been a long time ago." -She watched television in the day room. -She did not know where they have the activities. Interview with the Administrator on 07/17/19 at 1:30pm revealed: -Most of the activities are carried out in building	{D 317}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 317}	Continued From page 18 #1. -The residents in building #3 walked over to building #1 (a sister facility next door) for activities. -The personal care aides (PCAs) pushed the residents in wheelchairs over to building #1. -The Activity Director came and informed the residents about the activities for the day. -If a resident did not want to participate the Activity Director came and talked with them individually. -The Activity Director had taken residents out shopping. Interview with the Activity Director on 07/17/19 at 2:00pm revealed: -The facility had an activity calendar, but she did not do the activities with residents because she did not have any supplies. -The activity supplies had been ordered on 07/16/19. -She could not do activities on the calendar until she got the supplies ordered. -She was doing one-on-one activities with the residents until the activity supplies order arrived. -One-on-one activities were listening to music, watching television, and reminiscing with the residents. -Some residents refused the one-on-one activities. -There were no scheduled outings for the residents because the facility did not have a facility vehicle. -She did not offer the jewelry making activity to the three residents on 07/17/19 because she was "busy".	{D 317}		
{D 378}	10a NCAC 13F .1006 (b) Medication Storage	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 378}	Continued From page 19 10a NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations and interviews, the facility failed to assure medications for wound cleansing were maintained in a safe manner under locked security or under direct supervision of staff in charge of medication administration and were left unsecured on a counter in the hallway. The findings are: Observation of the counter in the hallway on 07/17/19 at 9:53am revealed: -There was a box with gauze, telfa pads, 4x4's, a spray bottle of dermal wound cleanser (an antiseptic used to clean wounds) and a can of saline wound wash (a cleanser used to clean wounds). -There was a bag of gauze, 4x4's, tape and a bottle of Dakin's solution (antiseptic used to clean wounds to prevent infection) with a date of 05/01. -The counter was across from the dining room. -Resident #1 was standing in the hallway near the dining room.	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 378}	Continued From page 20 Review of the dermal wound cleanser bottle label on 07/17/19 at 9:53 am revealed it should not come into contact with eyes. Review of the saline would wash can on 07/17/19 at 9:53am revealed precautions for external use only. Keep out of reach of children. Observation of the counter on 07/17/19 at 10:30am revealed the bag and box had been removed. Observation of Resident #1 on 07/17/19 at 10:30am revealed she was still standing in the hallway near the counter. Review of Resident #1's FL-2 dated 07/01/19 revealed: -Diagnoses included legally blind, deaf, mental retardation and cerebral palsy. -There was no documentation of the resident's orientation level. Review of Resident #1's previous FL-2 dated 03/12/19 revealed: -Diagnoses included legally blind, deaf, mental retardation and cerebral palsy. -There was no documentation of the resident's orientation level. Review of Resident #1's record revealed there was no care plan found. Interview with the medication aide (MA) on 07/017/19 at 10:08am revealed: -She did not know anything about the bag and box with the dressing supplies and medications. -The 11-7 MA had not reported anything to her about the supplies.	{D 378}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 378}	Continued From page 21 -The medications should have been locked up in the medication cart. Interview with the Resident Care Director (RCD) on 07/17/19 at 10:21 revealed: -There should not be any medications of any type left on the counter. -She did not know why the Dakin's solution, dermal wound cleanser, and saline wound wash were left out. -She would have to talk to the MA about why they were left unsecured. -All medications were to be locked up in the medication cart. Interview with the Administration on 07/17/19 at 11:00am revealed: -The Dakin's solution, dermal wound cleanser and saline wound wash were to be kept locked in the medication cart. -If the medications were no longer being used, they should have been disposed of. -She was not sure why they were left on the counter. Interview with the Pharmacy Technician from the contracted facility pharmacy on 07/17/19 at 1:00pm revealed: - Dakin's solution would be harmful to anyone that ingested it. -It could cause stomach irritation. -It could cause burning and irritation to the gastrointestinal tract.	{D 378}		
{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	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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}	Continued From page 22 adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure each resident received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food service and training on cardio-pulmonary resuscitation. The findings are: 1.Based on record reviews and interviews, the facility failed to assure at least one staff person was always on the premises who had training within the past 24 months in Cardio-Pulmonary Resuscitation (CPR) for 1 of 6 sampled staff (Staff A). [Refer to Tag 0167, 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation (Unabated Type B Violation)]. 2. Based on observations, interviews, and record reviews, the facility failed to assure foods being stored, prepared, and served to residents were protected from contamination related to pooling of water in refrigerator, broken freezer used for food storage, and opened and undated food containers in the refrigerator and pantry. [Refer to Tag 0283, 10A NCAC 13F .0902(a)(2) Nutrition and Food Service (Unabated Type B Violation)].	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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
{D935}	Continued From page 23	{D935}		
{D935}	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding	{D935}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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
{D935}	Continued From page 24 exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to assure 1 of 4 staff sampled (D) met the requirements to administer medications including who did not have documentation of completing the 10-hour state approved medication administration training course. .Review of Staff D's medication aide (MA) personnel record review revealed: -Staff D's hire date was 09/28/18. -There was documentation of Staff D having completed the 5-hour state approved medication aide training course on 07/16/18. -There was documentation Staff D passed the written medication aide exam on 07/12/05. -There was documentation Staff D completed a medication clinical skills checklist on 06/28/19. -There was no documentation Staff D completed the 10-hour state approved medication aide training course. -There was no documentation of verification of previous employment as MA within the last 24 months prior to employment at the facility for Staff D. Interview with Staff D on 07/17/19 at 10:08am revealed she gave mediations to the residents in the facility.	{D935}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051063	A. BUILDING: _____ B. WING _____	R 07/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 3	105 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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
{D935}	Continued From page 25 Review of residents 'June 2019 and July 2019 medication administration records revealed: -Staff D documented administration of medications on 06/11/19, 06/12/19, 06/18/19, 06/19/19, 06/26/19, 06/27/19 and 06/29/19. -Staff D documented administration of medications on 07/01/19, 07/6/19, 07/13/19, 07/17/19. Interview with the Administrator on 07/17/19 at 4:30pm revealed: -She had started at the facility in June. -She had not reviewed Staff D's personnel record. -She did not find any other personnel records for Staff D. -She was not aware Staff D needed a 10-hour state approved medication class.	{D935}		