	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SU COMPLET	
74101 2410	or contraction	IDENTIFICATION NOMBERS	A. BUILDING: _			
		FCL009022	B. WING		03/05	/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
COMFORT	Γ LIVING FAMILY CARE I	HOME 7264 NC H	WY 211 W ORO, NC 2832	20		
040.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	, 	PROVIDER'S PLAN OF CORRECTION	N .	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		sure Section conducted an survey on March 05, 2020.				
C 078	10A NCAC 13G .0318 Furnishings	5(a)(5) Housekeeping and	C 078			
	orderly manner, free of hazards;	nome shall: an uncluttered, clean and				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	failed to ensure the faction and orderly man evidenced by a dirty riglass in an exterior gliballway with a large of	ns and interviews, the facility acility was maintained in a nner, and free of hazards as resident bathroom, loose ass door, and no light in the tracked mirror and picture against the hallway wall.				
	The findings are:					
	03/05/20 at 8:50am re -The side door entere -There were two reside of the hallway and on side of the hallwayThere was a light sw	ed the hallway. dent rooms on the right side e resident room on the left				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		FCL009022	B. WING		0;	R 3/05/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	, ,	
		7264 NC	HWY 211 W			
COMFOR	T LIVING FAMILY CARE I	HOME BLADEN	IBORO, NC 28320			
(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 ACT CROSS-REFERENCED TO DEFICIENCE)	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 078	Continued From page	÷ 1	C 078			
018	-The light would not of was moved up or dow -There was a cracked foot (ft) by two ft propright wall of the hallward reference ft propped on the hallway behind the hallway behind the hallway were was a standar against the hallway were considered to be servation of the side of the side of the hallway for the hallway fo	definition of the switch with with a mirror approximately three ped on the floor against the ay. approximately four ft by the floor against the right of the mirror. It walker folded and propped wall by the mirror and picture. The entrance hallway on the evealed a resident was from the outside door. The evealed two residents way with no light where the cture laid against the wall. The entrance hallway on the evealed two residents way with no light where the cture laid against the wall. The entrance hallway are sident on 03/05/20 at 3:27pm and the wall in the hallway and resident on 03/05/20 at the hallway had been out for walked into the mirror and the hallway wall because				
	-The hallway was ver light bulb was out.	y dark at night because the				

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STATE FORM 5899 5HCR11 If continuation sheet 2 of 16

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		FCL009022	B. WING		03	R 3/ 05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
COMEOD	T I IVING FAMILY CADE	7264 NO	HWY 211 W			
COMPOR	T LIVING FAMILY CARE	BLADEI	NBORO, NC 28320			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 078	Continued From pag		C 078			
	the hallway because not want to fall. -She had told the Ac was out a few days	walk very carefully at night in she could not see and did lministrator the hallway light ago. ad to get light bulbs.				
		Iministrator on 03/05/20 at had just replaced the light				
	on 03/05/20 at 8:56a -There was a white phanging inside the tobrown grimy coating -There was a navy-bethe plastic shower country with an approximate at the bottomThere were brown in the tub where the tupurate wall of the tubThere were large bethe wall beside the test the tubThere was a brown baseboard on the lest the service was a work to service was a brown baseboard on the lest the tub.	plastic shower curtain ub with an approximate 6-inch				
	Interview with the Ac 10:04am revealed: -He was responsible -He cleaned the batl -The last time he cle 03/04/20. -When he cleaned the	Iministrator on 03/05/20 at for cleaning daily.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		FCL009022	B. WING		R 03/05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
COMFOR	T LIVING FAMILY CARE I	HOME	WY 211 W	20	
			ORO, NC 2832		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
C 078	Continued From page	e 3	C 078		
C 078	-The shower curtain of placed in the bathrood shower curtain in placing it in the bathrood shower curtain it in the placing it in the bathrood shower curtains down shower curtains down cleaning was his result in the shower curtain in the show	was new and had been m two weeks ago. had not been washed since from. Thower curtains were dirty ason for not taking the hand washing them. Sponsibility. The ent on 03/05/20 at 3:00pm and been soiled for about curtain did not bother him. The ent on 03/05/20 at eaned the bathroom. Was replaced every 3 - 4 as shower curtain and tub (no le" that it was dirty. The ent on 03/05/20 at dirty shower curtain aking a shower because it	C 078		
	3:30pm revealed the	n resident on 03/05/20 at dirty shower curtain feel dirty when in the			
	resident entered the	05/20 at 9:04am revealed a office through a glass walked through the office,			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		FCL009022	B. WING		R 03/05/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
COMEOD	Γ LIVING FAMILY CARE	7264 NC H	WY 211 W		
COMITOR	LIVING FAMILI CARE	BLADENB	ORO, NC 2832	20	
(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 SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 078	Continued From page	e 4	C 078		
		and to the living room.			
	Observation of a side 03/05/20 at 9:30am re-The entrance lead to -There was a full glas -The glass panel in the loose and separated top left and down the -The storm door would placeWhen the storm doo moved freely back and one-fourth inch.	e entrance to the facility on evealed: the facility office. ss panel exterior storm door. he exterior storm door was from the metal frame on the			
	10:04am revealed: -The glass door pane screw had come out the glass panelThe screw on the glareplaced.	I was loose because a of the top latch that secured ass door needed to be been loose maybe a week.			
	-The door also lead to -He was responsible maintenance.	o the resident smoking area. for the facility's			
		ent on 03/05/20 at 3:27pm t recall how long the glass e door.			
	3:45pm revealed: -She would go in and storm door three to fo -The glass in the doo the door.	r would shake when opening ne glass would fall and break			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		FCL009022	B. WING		R 03/05/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
COMFOR	Γ LIVING FAMILY CARE	HOME 7264 NC H			
		BLADENB	ORO, NC 2832	20	
(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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
C 078	Continued From page	e 5	C 078		
	The facility failed to e from hazards as evid hallway dark which of up at night resulting is cracked mirror and glithe hallway wall, and secured to prevent the back and forth in the failure was detriment welfare of the resider Violation. The facility provided a accordance with G.S.	nsure an environment free enced by the main resident betructed vision when getting in a resident walking into a ass picture propped against a glass panel storm door e glass panel from moving metal frame. The facility's all to the health, safety, and its and constitutes a Type B a plan of protection in 131D-34 on 03/05/20.			
C 243	Supervision 10A NCAC 13G .090 Supervision (b) Staff shall provide accordance with each care plan and current This Rule is not met TYPE A2 VIOLATION Based on observation reviews the facility fair residents (#1) was sutheir assessed needs	e supervision of residents in n resident's assessed needs, symptoms. as evidenced by:	C 243		

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		FCL009022	B. WING		03/05/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
COMFOR	LIVING FAMILY CARE	HOME	HWY 211 W	_	
			BORO, NC 2832		
(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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
C 243	Continued From page	e 6	C 243		
	Review of Resident # 12/16/19 revealed: -There was a diagnostatusThe resident was veito others and property. Review of Resident # 01/31/20 revealed: -There was an admister - There was an admister - There was no smoking interventions for safety related to removing stresident's roomThe resident was veithed disruptive behaving and was injurious to pure - The resident was originated reminders. Review of the facility's use of Tobacco located revealed: -Residents were to stresmoking area.	sis of schizophrenia. hentation of orientation rbally abusive and injurious y. h's Care Plan dated sion date of 01/07/19. hg assessment, ty, and no alternatives moking materials from the rbally abusive, resisted care, or/socially inappropriate, oroperty. ented but forgetful and s House Rules Policies for ed in Resident #1's record			
	•	wed in resident bedrooms. e as needed those residents			
	who smokedAll smoking materials residents who failed to ensure fire safety fresidentsIt was signed by the Administrator and data. Observation of the factors.	s could be confiscated from o follow the smoking policy or themselves and other resident and the ted 01/08/19.			
		strong smell of cigarette I entrance and living room of			

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DIVISION	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		
					_	
			D WING		R	
		FCL009022	B. WING		03/05/2020	
NAME OF D	ROVIDER OR SUPPLIER	STD	EET ADDRESS, CITY, STA	TE ZIR CODE		
NAME OF T	NOVIDER OR SOLT LIER			TE, ZII GODE		
COMFORT	LIVING FAMILY CARE I	HOME	4 NC HWY 211 W			
	-	BLA	ADENBORO, NC 2832	20		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE	
				DEI IGIENCI)		
C 243	Continued From page	a 7	C 243			
00	Continued i form page	5 1	02.0			
	Observation of Residen	ent #1 at 8:45am revealed				
	he was smoking a cig	garette out the side exit door				
	unsupervised by staff.					
	andaporvious by etail					
	Observation of Reside	ent #1's room on 03/05/20 a	, l			
	8:48am revealed:	CIII # 1 3 100111 011 03/03/20 a				
	-No residents were in	the reem				
	•	smell of cigarette smoke in				
	the room.					
	-On the left wall when	n walking in the room was a				
	white wooden end table.					
	-On the end table wer	re scattered gray ashes that				
	collapsed leaving gra	y debris on the fingers wher	n			
	touched.					
	-There were gravish	black stain marks on the				
	white end table that s					
		ers on the top of a tall				
	dresser to the left of t	•				
		the wall farthest to the left o	f			
	the room.	the wan farthest to the left o	'			
		wooden nightetend to the				
		wooden nightstand to the				
	•	ne bed with scattered ashes				
		eft to the right side of the				
	nightstand.					
		d grayish black smear marks	8			
		e right side of the dresser.				
		and a pack of cigarettes on				
	the top left of the dres	sser closest to the bed.				
	-On the wall facing th	e rooms door was another				
	bed with the foot to th	ne right of the brown night				
	stand.	<u> </u>				
	Interview with Reside	ent #1 on 03/05/20 at 8:48am	n			
	revealed:					
		side door of the facility to				
	smoke.	olde door of the facility to				
		adroom with a lit signs the				
		edroom with a lit cigarette				
		lit cigarette on the wooden				
	nightstands by "dabbi	ing" the tip of the cigarette				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			_
		FCL009022	B. WING		03	R 3 /05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		7264 NC	HWY 211 W			
COMFOR	T LIVING FAMILY CARE I	HOME BLADEN	BORO, NC 28320			
(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	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 243	-The debris on both nashes where he had pashes where he had pashes were where he had pashes were where he had pashes working nights. Observations of the light o	put out the cigarettes. ightstands was cigarette put out his cigarettes. rks on both nightstands ut out his cigarettes. ent on 03/05/20 at 8:40am trator and another staff in the staff bedroom when ving room on 03/05/20 at nell of cigarette smoke. against the opposite wall om from the side entrance at sitting on the left of the erate circular formed ashes a front of the couch to the d ashes on the floor beside shes. and collapsed when touched. of Resident #1's room on evealed: ing in his bed to the left of d with a blanket. smell of cigarettes on the to the right of the head of rcular hole with dark brown th edges on the left side of sident #1's bed.	C 243	DEFICIENC	Υ)	
	Resident #1's blanket					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL009022	B. WING		R 03/05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
COMFORT	Γ LIVING FAMILY CARE I	7264 NC H			
	LIVING FAMILI GARLE	BLADENB	ORO, NC 2832	0	
(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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
C 243	Continued From page	9	C 243		
	of the second bed we of a cigaretteThe ashes smeared color when touchedThe bedspread cove	ors at the foot and left side re ashes the size of the tip easily and turned a white ring the bed of Resident had several circular burn			
	at 9:39am revealed: -He smoked in his bed too cold to go outside -He would smoke in his to go outsideHe had never fallen abedHe did not know how sheet or blankets of his highest of blankets of his highest of the Administrator en ablanketThe resident was lay a blanketThere was an opene	asleep while smoking in his the burn holes got on the is or his roommates' bed. Resident #1's room on evealed: tered the resident's room. ing on his bed covered with d pack of cigarettes on the			
	resident's night stand -The resident stood u his cigarettes from the -Resident #1 paced b -The resident began o Administrator about ta -The Administrator rel cigarettes to Resident -The Administrator sa	ok the cigarettes off the p from bed and reached for e Administrator. ack and forth in the room. questioning the aking his cigarettes. curned the opened pack of t #1. t on the bed beside the and then exited the resident's			

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STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		FCL009022	B. WING		03/05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		7264 NC	HWY 211 W		
COMFOR	T LIVING FAMILY CARE	HOME	BORO, NC 2832	20	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE
C 243	Continued From page	e 10	C 243		
	8:15am revealed: -He and a medication the facilityThere was a staff be	nistrator on 03/05/20 at n aide (MA) rotated staffing			
		om resident bedrooms.			
	couch in the office wh	s, he would sleep on the			
	opposite end of the facility away from resident bedrooms. -It was hard for him to sleep at night because the				
	residents were going	to the bathroom or watching			
	television through out	t the night.			
		ith the Administrator on			
	03/05/20 at 9:45am re				
	-	king area for the residents			
	was on the back pation	ວ. 1 would smoke inside when			
		acility about one year ago.			
	-It had been "a cor	· · · · · · · · · · · · · · · · · · ·			
	Resident #1 smoking				
	_	nes would sneak in the			
	- "If I catch him smok	ing in the house, I limit his			
	· · · · · · · · · · · · · · · · · · ·	e had not caught Resident #1			
		ry to light a cigarette and			
	walk out the facility.				
		tand with the back door			
	partly open and smok				
		vas cold or rainy, Resident			
		e inside the facility exit door			
	with the door partly o	pen. sident #1 had smoked in his			
	room within the past				
		sident #1 was currently			
	smoking in his room.				
		Resident #1 had been			

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R 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7264 NC HWY 211 W BLADENBORO, NC 28320 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 243 C 244 C 245 C 246 C 246 C 247 C 248 C 2	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVE	Y
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE T264 NC HWY 211 W BLADENBORO, NC 28320 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COntinued From page 11 C 243 Continued From page 11 putting out cigarettes on his nightstandsResident #1 would walk by something and rub the lit end of his cigarette on whatever he walked by to put out the cigarette. He gave an example of the porch railing or a vehicleResident #1 would smoke on the front porch at timesHe would keep Resident #1's cigarettes "locked up" because the resident displayed "child-like" symptoms. He did not say where he kept the				A. BUILDING: _			
COMFORT LIVING FAMILY CARE HOME T264 NC HWY 211 W BLADENBORO, NC 28320 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 243 Continued From page 11 putting out cigarettes on his nightstandsResident #1 would walk by something and rub the lit end of his cigarette on whatever he walked by to put out the cigarette. He gave an example of the porch railing or a vehicleResident #1 would smoke on the front porch at timesHe would keep Resident #1's cigarettes "locked up" because the resident displayed "child-like" symptoms. He did not say where he kept the			FCL009022	B. WING		1	20
COMFORT LIVING FAMILY CARE HOME BLADENBORO, NC 28320 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
READENBORO, NC 28320 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 243 Continued From page 11 putting out cigarettes on his nightstandsResident #1 would walk by something and rub the lit end of his cigarette on whatever he walked by to put out the cigarette. He gave an example of the porch railing or a vehicleResident #1 would smoke on the front porch at timesHe would keep Resident #1's cigarettes "locked up" because the resident displayed "child-like" symptoms. He did not say where he kept the			7264 NC	HWY 211 W			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COMPLETE DATE COMPLETE	COMFOR	T LIVING FAMILY CARE	HOME BLADENI	BORO, NC 2832	0		
putting out cigarettes on his nightstandsResident #1 would walk by something and rub the lit end of his cigarette on whatever he walked by to put out the cigarette. He gave an example of the porch railing or a vehicleResident #1 would smoke on the front porch at timesHe would keep Resident #1's cigarettes "locked up" because the resident displayed "child-like" symptoms. He did not say where he kept the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE CO	MPLETE
-Resident #1 would walk by something and rub the lit end of his cigarette on whatever he walked by to put out the cigarette. He gave an example of the porch railing or a vehicleResident #1 would smoke on the front porch at timesHe would keep Resident #1's cigarettes "locked up" because the resident displayed "child-like" symptoms. He did not say where he kept the	C 243	Continued From page	e 11	C 243			
-He did not know Resident #1 currently had a pack of cigarettes. -He checked Resident #1's room four to five times a day for smoking materials. -He did not document when he checked Resident #1's room for smoking materials. -He would give Resident #1 four or five cigarettes at one time when smoking. -Resident #1's roommate also smoked, but he knew Resident #1's roommate would not give Resident #1's roommate would not give Resident #1's roommate knew that Resident #1 was not supposed to have them. -The debris on the floor in Resident #1's room looked like cigarette ashes. -The cigarette ashes on the floor by Resident #1's roommates bed had to have been dropped there by Resident #1 because that resident always went outside to smoke. -He did not know there were ashes on the living room floor by the couch. -The burn holes in the sheets and blankets were "old". -He did not know how old the burn holes were. A third interview with the Administrator on 03/05/20 at 10:00am revealed:	C 240	putting out cigarettes -Resident #1 would we the lit end of his cigar by to put out the cigar of the porch railing or -Resident #1 would seep timesHe would keep Residup" because the residup" because the residup" because the residup" because the residup because the did not know Resider times a day for smoking-He would give Residup at one time when smo-Resident #1's roomn knew Resident #1's roomn knew Resident #1's roomn knew Resident #1's roomn knew that Resident #1 because the did not know the room floor by the courthe burn holes in the room floor by the courthe burn holes in the room floor by the courthe did not know how the did not know	on his nightstands. valk by something and rub rette on whatever he walked rette. He gave an example ra vehicle. moke on the front porch at dent #1's cigarettes "locked dent displayed "child-like" of say where he kept the sident #1 currently had a nt #1's room four to five ing materials. It when he checked Resident g materials. It when he checked Resident g materials. It when he checked Resident g materials. It was not supposed to have nor in Resident #1's room ashes. In the floor by Resident #1's to have been dropped there use that resident always the re were ashes on the living the sheets and blankets were wold the burn holes were. the Administrator on	0 240			

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to the resident.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			-		
					R
		FCL009022	B. WING		03/05/2020
			•		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		7264 NC	HWY 211 W		
COMFOR	ΓLIVING FAMILY CARE I	HOME	BORO, NC 2832	20	
		BEADEN	DONO, NO 2002		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(7.0)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	UATE BATE
				==::::::::,	
C 243	Continued From page	12	C 243		
0 2 10	Continued From page	, 1 <u>C</u>	02.0		
	-The pack of cigarette	es was "almost a full pack".			
		jer issues but was not			
	violent.	jor locado bar was not			
		at bassuss ba bad takan			
		set because he had taken			
	his cigarettes.				
	-He gave Resident #1				
	because the resident	was upset.			
	-He was going to let F	Resident #1 "calm down" for			
	ten minutes then he would talk to himAfter Resident #1 calmed down and they had talked about smoking inside he would take the cigarettes from the residentThe bed linen on both beds in Resident #1's				
	room was changed la	st week.			
	A fourth interview with	n the Administrator on			
	03/05/20 at 10:10am	revealed:			
	-Resident #1 had calr				
	-He had removed Res				
	cigarettes from the re				
	-Resident #1 knew he was not supposed to				
	smoke inside the facil	•			
	discussed not smokin	ig inside the facility in the			
	past.				
	-"I'm on top of him. H	le knows he's not supposed			
	to be doing that."	• •			
		e cigarettes to Resident #1			
	•	•			
	during smoke breaks.	•			
	=	sentative of Resident #1's			
	mental health provide	er on 03/05/20 at 2:30pm			
	revealed:				
	-She visited the reside	ent at the facility twice			
	weekly on Tuesdays				
		istory of aggressiveness.			
		inistrator had problems with			
	Resident #1 smoking				
	-She did not think Res	sident #1 smoked in his			
	room now.		1		

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-She had no specific concerns regarding

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED		
		FCL009022	B. WING		03	R 3/ 05/2020		
NAME OF E	PROVIDER OR SUPPLIER	•	DDRESS, CITY, STATE	ZID CODE	1 3			
NAME OF T	NOVIDER OR SOLT ELEK		HWY 211 W	, ZII CODE				
COMFOR	T LIVING FAMILY CARE	HOME	IBORO, NC 28320					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE				
C 243	Resident #1's safety regarding safety in the A second interview was 3:00pm revealed: -His roommate was Factor and bedroomHe did not know who in the bedroomHe did not know who in the bedroomHe did not know who in the bedroom. Attempted telephone Primary Care Provided 12:18pm was unsucced. The facility failed to paccordance to the factor accordance to the factor accordance to the factor accordance with a schizophrenia, was for became easily anger facility's smoking pol resulted in the resided cigarettes and lighter and bed, dropping cigarettes and lighter and bed, dropping cigarettes and other cigarettes when walk resulted in substantial harm and neglect who violation. The facility provided accordance with G.S. CORRECTION DATE	or the other residents be facility. with a resident on 03/05/20 at Resident #1. Sewent outside to smoke. Resident #1 smoked in his best ashes were on the floor interview with Resident #1's per (PCP) on 03/05/20 at best weed at the control of	C 243					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
FCL009022		B. WING		R 03/05/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRI				TE, ZIP CODE		
COMFORT	LIVING FAMILY CARE	HOME 7264 NC H				
		BLADENB	ORO, NC 2832	20		
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
C 912	Continued From page 14		C 912			
C 912	G.S. 131D-21(2) Declaration of Residents' Rights		C 912			
	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.					
	interviews, the facility residents received ca adequate, appropriate	ns, record reviews, and failed to assure the tre and services which were e, and in compliance with state laws and rules and				
	The findings are:					
	failed to ensure the factean and orderly material evidenced by a dirty or glass in an exterior glass in an exterior glass with a large of propped on the floor at	ns and interviews, the facility acility was maintained in a nner, and free of hazards as resident bathroom, loose lass door, and no light in the cracked mirror and picture against the hallway wall. A NCAC 13G .0315(a)(5) urnishings (Type B				
C 914	G.S 131D-21(4) Decl	aration Of Resident's Rights	C 914			
	_	nave the following rights: cal and physical abuse, cion.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:				
		FCL009022	B. WING		R 03/05/2020		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
COMFOR	COMFORT LIVING FAMILY CARE HOME 7264 NC HWY 211 W						
BLADENBORO, NC 28320							
(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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
C 914	Continued From page	e 15	C 914				
	reviews, the facility fa	as evidenced by: ns, interviews and record illed to ensure residents elated to supervision.					
	The infullys are.						
	reviews the facility fairesidents (#1) was su their assessed needs related to smoking cig	ns, interviews, and record filed to ensure 1 of 3 sampled apervised in accordance with and current symptoms garettes inside the facility. A NCAC 13G .0901(b) upervision (Type A2					

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