STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         HAL007014         NAME OF PROVIDER OR SUPPLIER       STREET ADE			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING		_	
		DDRESS, CITY, STATE, ZIP CODE		01/	21/2016	
			MLICO STREE			
	MANOR	WASHIN	GTON, NC 278	389		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	The Adult Care Lice annual survey on 1/	ensure Section conducted an /21/2016.				
D 074	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	D 074			
	<ul> <li>10A NCAC 13F .0306 Housekeeping And Furnishings</li> <li>(a) Adult care homes shall:</li> <li>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</li> </ul>					
		terviews revealed that the ntain the ceilings in resident				
	The findings are:					
	at 9:00am revealed -There was a 5-foot stains in the far left -There was a 3-foot	ceiling in room #7 on 1/20/16 : t by 3-foot area of brown corner of the celing. t by 1-foot area of brown g near the entry door.				
	-The stains in Room when the roof leake -Room #7 was unor the occasional leak	ccupied until yesterday due to				
	-No repairs had bee prior to the new res	en performed in that room				
	Interview with the A	dministrator and Supervisor ir	1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL007014	B. WING		01/	21/2016
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	MANOR		MLICO STREE			
	SUMMARY STA		GTON, NC 27	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLE DATE
D 074	Continued From pa	ige 1	D 074			
	-Room #7 was uno (1/19/16). -The Administrator of the ceiling stains -The Administrator maintenance and h painted. -The Administrator rooms for any evide Observation of all c	6 at 12:05pm with revealed: ccupied until yesterday and Supervisor were unaware in Room #7 until now. told the Supervisor to contact ave the ceiling repaired and would check all the other ence of staining. other resident rooms on o signs of needing repairs or				
D 113	10A NCAC 13F .03	11(d) Other Requirements	D 113			
	(d) The hot water s provide an adequat kitchen, bathrooms closets and soil util temperature at all f be maintained at a (38 degrees C) and	11 Other Requirements system shall be of such size to be supply of hot water to the , laundry, housekeeping ity room. The hot water ixtures used by residents shall minimum of 100 degrees F I shall not exceed 116 degrees . This rule applies to new and	8			
	interviews with the the facility was una 100 degrees Fahre bathroom, six resid	et as evidenced by: facility's hot water system and residents and staff revealed ble to maintain a minimum of nheit hot water to the one staf ent bathrooms, four vers, and the laundry room				

P0M611

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL007014	B. WING		01/	21/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
CLARA	MANOR		MLICO STREE GTON, NC 278				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 113	Continued From pa	ige 2	D 113				
	The findings are:						
	at the facility after a a minimum of 10 m revealed:. -Room 15's bathroot temperatures of 95 -Room 18's bathroot temperature of 92 c -The bathroom sink a water temperature -The bathroom sink had a temperature -The sink in the lau of 89 degrees Fahr	c used by the kitchen staff had e of 94 degrees Fahrenheit. c and shower in Room 12 both of 96 degrees Fahrenheit. ndry room had a temperature enheit.					
	showers at the facil to run for a minimu 12:00 p.m. revealed -Room 15's bathroot temperatures of 94 -Room 18's bathroot temperature of 94 d -The bathroom sink a water temperature -The bathroom sink had a temperature	om sinks revealed a water degrees Fahrenheit. om sink revealed a water degrees Fahrenheit. (used by the kitchen staff had e of 89 degrees Fahrenheit. (and shower in Room 12 both of 95 degrees Fahrenheit. ndry room had a temperature					
	-The water had bee month. -Each resident had cold water issue. -The bathroom sho was the only warm	ews with 8 residents revealed: en cold for approximately one told the Adminsitrator of the wer at the front of the facility shower. had told each resident that the					

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL007014	B. WING		01/	21/2016
IAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, ST			
CLARA N	IANOR		MLICO STREE GTON, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 113	Continued From pa	ge 3	D 113			
	water temperature would be addressed after each complaint. -Each resident ceased to complain after their initial complaint because they were told each time that it was being worked on. -The water temperatures remained the same regardless of the time of day.					
	1/21/16 at 11:00 a.r -The heating eleme -He had increased being informed of th residents on 1/18/1 -After adjusting the was able to obtain a temperature. -He had not receive adjusting the water	ents needed to be replaced. the temperature setting after ne cold temperatures by the 6. water heater on 1/18/16 he a 116 degree Fahrenheit water ed any complaints after heater setting on 1/18/16. log book of water temperature				
	11:45 a.m. revealed -She speculated that new elements. -She would correct immediately. -She had already not to analyze the probi- The residents had water temperature. -They did not maint book.	at the water heater needed the cold water situation otified the maintenance man				
	10A NCAC 13F .09		D 282			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL007014	B. WING		01/	21/2016
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
	MANOR		MLICO STREE GTON, NC 278			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 282	Continued From pa	age 4	D 282			
	(a) Food Procurem Homes: (1) The kitchen, din	04 Nutrition and Food Service ent and Safety in Adult Care ning and food storage areas erly and protected from				
	Observation of the a.m. revealed there multiple areas inclu freezer and ice mad of maintenance and	et as evidenced by: kitchen on 1/21/16 at 10:30 e were dried food particles in iding around the reach-in chine, an ice machine in need d cleaning, rusted refrigerater zer with a dirty exterior.				
	The findings are:					
	kitchen at on 1/21/ -The ice machine h the inside lid. -The ice machine h on the exterior. -The air intake vent dust. -The air filter was c	ice machine located in the 16 at 10:30 a.m. revealed: ad frosting-like substance on ad multiple greasy hand prints t had a sticky film covered with clogged with brown dust. he incorrect size which partially vent.				
	kitchen on 1/21/16 -The bottom of the of frozen liquid. -There was a seale with liquid drippings the meat stored dir -The ventilation inta cooler was covered	reach-in cooler located in the at 10:35 a.m. revealed: cooler had multi-colored pools of package of chicken thighs s on the outer packaging from ectly above. ake grate at the base of the d in dried white liquid spatter. cooler shelves had several	5			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		HAL007014	B. WING			21/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	MANOR		MLICO STREET GTON, NC 278			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 282	Continued From pa	ge 5	D 282			
	<ul> <li>areas of rust beginning to form.</li> <li>The cooler handle was sticky with dried white spatter around the handle edges.</li> <li>There were crumbs at the bottom of the handle insert.</li> <li>Interview with a dietary aide on 1/21/16 at 10:40 a.m. revealed:</li> <li>There was no cleaning schedule for the cooler or ice machine.</li> <li>The walk-in cooler racks needed to be replaced.</li> <li>The dietary aide did not inform the Administrator of the need for the ice machine repair.</li> <li>The dietary aide would clean the refrigerator by the end of the day.</li> </ul>					
	11:40 a.m. revealed -He was unaware th -No policy existed for areas. -He was going to cl end of day. -Dietary staff should needed to be repair	ne ice machine needed repair or the deep cleaning of kitcher ean the reach-in cooler by the d report to him when things red in the kitchen.	n			
	10:45 a.m. revealed -The kitchen should each meal including -She was going to a cleanliness issues. -She was going to a the kitchen. -She was going to a repair the ice mach	d be cleaned regularly after g floors and walls. address the kitchen create a cleaning schedule for alert the maintenance man to ine. that the reach-in cooler				

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