	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONTROL OF THE CON	IDENTIFICATION NOWIBER.	A. BUILDING:	<del></del>		
		HAL049010	B. WING		03/1	२ 8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROWN	CROWN COLONY 291 COM					
		MOORES	VILLE, NC 2	8115		T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual and follow-up survey on March 17 and 18, 2016.					
D 074	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	D 074			
	10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;					
	This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain floors clean in 7 bathrooms on A and B halls (Bathroom shared by A7 & A9, A8 & A10, A1 & A3, A2 & A4 and bathrooms in A6, B2, and B6) and one resident room (B1).					
	The findings are:					
	2016 beginning at a revealed: -The bathroom sha A3 had a toilet plun corner of the bathroom sha A9 had a toilet plun corner of the bathrotiny black insects will floor which was covarre bathroom sha A10 had a toilet plucorner of the bathro	g initial tour on March 17, 10:00am through 11:00am red by resident rooms A1 and ger standing upright in the com behind the commode. red by resident rooms A7 and ger standing upright in the com behind the commode, 6-8 rece crawling on the bathroom vered with debris/grit. red by resident rooms A8 and nger standing upright in the com behind the commode. red with a heavy build-up of				

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL049010	B. WING		03/1	8/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROWN	COLONY		MERCIAL DF VILLE, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
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D 074	Continued From pa	ge 1	D 074			
	with a heavy build-uwash cloth was in the last and A4 was highly sheavy build-up of grand and A4 was highly sheavy build-up of grand and A4 was highly sheavy build-up of grand and above the covered with a heaven-the bathroom floo covered with grit/desubstance with a urbeside the shower and last inches in diameter-the bathroom floo	por in B1 of resident room was by build-up of dark brown approximately 10 inches he door handle. The floor was by build-up of grit/debris. In Resident room B6 was bris. A large pool of yellow rine odor was on the floor and commode approximately				
	Random interviews with four residents in these rooms during the tour revealed no issues or concerns with the housekeeping.  Follow-up observations on March 17, 2016 at 2:55pm revealed no change in the above areas with the exception of the pool of yellow substance in B6's bathroom floor had been cleaned, however the odor remained.					
	2016 at 3:00pm rev housekeepers assign there was no house halls todayShe had been have housekeeping on the -She expected staff housekeeping issue any of the issues list	f to keep her informed of es but she was not aware of				

Division of Health Service Regulation

STATE FORM 6899 KQT711 If continuation sheet 2 of 8

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
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	HAL049010		B. WING		03/1	8/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CROWN	COLONY		MERCIAL DF VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 074	Continued From pa	ge 2	D 074			
	company who came once every 30 days for inspections and treatments if needed.  Interview with the housekeeper on A and B halls on March 17, 2016 at 9:00am revealed: -She had worked at the facility 1 ½ yearsShe was assigned to A and B halls, however she had not worked yesterdayHer cleaning schedule consisted of different rooms daily regarding sweeping and moppingShe did not sweep and mop every room every day, just the scheduled rooms on each particular dayShe dusted every other day or as needed.					
	Review of the Division of Environmental Health annual inspection dated 11/25/2015 revealed: -A score of 90.5 -A demerit for bathroom floors not being clean.					
D 076	10A NCAC 13F .03 Furnishings	06(a)(3) Housekeeping And	D 076			
	Furnishings (a) Adult care home (3) have furniture cl	06 Housekeeping And es shall: ean and in good repair; ly to new and existing				
	failed to maintain a repair in good repair	et as evidenced by: ons and interviews the facility furniture clean and in good r in 7 resident rooms on A and B1, B2, B4, B5, B6 and B7).				
		g initial tour on March 17, 0:00am through 11:00am				

Division of Health Service Regulation STATE FORM

KQT711 If continuation sheet 3 of 8

STATEME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CROWN	COLONY		MERCIAL DF VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
D 076	revealed: -The dressers and covered with a head dresser top finish wapproximate 10 X 5-One night stand in missing a knob on the drawers were missing. Room B5's dresse rings, a glass of daitiny black insects or had a heavy build-u-Resident room B7 on the night standThe finish on the todrawers in resident scuffed down into the properties of a small room B4 was covered with a dark stainsThe chest of drawers covered with food sliquid stains.  Random interviews room during tour rewith the housekeep Follow-up observations.  Interview with the A 2016 at 3:00pm revenue.	TVs in resident room A7 were by build-up of dust. The as marred and scuffed in an inch area.  resident room B1 was the top drawer. Both chest of any knobs for the top drawer. It top had a residue of sticky the colored liquid and several awling on the dresser. The TV pof dust. The dust of room B6 was worn and the fiber board approximately table by the chair in resident the with debris, crumbs and right arm of the cloth chair theavy amount of smeared the ers in resident room B2 was pills, rings of dried smeared with three residents in these wealed no issues or concerns ing.  Ons on March 17, 2016 at the chair chair the above areas.  dministrator on March 17, ealed: In thousekeepers assigned to there was no housekeeper	D 076			

Division of Health Service Regulation

STATE FORM 6899 KQT711 If continuation sheet 4 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	HAL049010		B. WING		03/1	8/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CROWN	COLONY		MERCIAL DF VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
D 076	housekeeping on the She expected staff housekeeping issue any of the issues lise. She had a contract company who came inspections and treat linterview with the hon March 18, 2016. She had worked at She was assigned had not worked yester cleaning schedrooms daily regardies. She did not sweep day, just the schedular day. She dusted every of linterview with the Ale 2016 at 9:45 am reventing and again from the exterminator he exterminator he evening and again from Review of a receipt Company dated Mathe last service visions. General comments included: "Important storage of food and closets cover all hids on items stored Review of the Division annual inspection of the stores."	nese two halls. It to keep her informed of es but she was not aware of sted above. It with a local pest control e once every 30 days for atments if needed.  Ousekeeper on A and B halls at 9:00am revealed: It the facility 1 and ½ years. It to A and B halls, however she sterday. It dule consisted of different and mopping. In and mop every room every uled rooms on each particular other day or as needed.  In the facility of an an eded.  It the facility 1 and ½ years. It to A and B halls, however she sterday. It the facility 1 and ½ years. It the facility 1	D 076			
	<ul><li>-A score of 90.5.</li><li>-A demerit for furnit</li></ul>	ure not being clean and in				

6899

Division of Health Service Regulation STATE FORM

KQT711 If continuation sheet 5 of 8

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL049010		B. WING			R <b>18/2016</b>	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	-		
CROWN	COLONY		MERCIAL DF VILLE, NC 2				
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 076	Continued From pa	ge 5	D 076				
D 079	10A NCAC 13F .03 Furnishings	06(a)(5) Housekeeping and	D 079				
	Furnishings (a) Adult care hom (5) be maintained i orderly manner, fre hazards;	06 Housekeeping and es shall n an uncluttered, clean and e of all obstructions and ly to new and existing					
	failed to maintain as shared bathrooms of Bathroom (A5) and	et as evidenced by: ons and interviews the facility n environment free of clutter in on A hall (A1, A3, A7, A9), free of hazards in 4 resident oom B1, B4, B4, and B5).					
	The findings are:						
		g initial tour on March 17, I0:00am through 11:00am					
	in B1 had a half rail of the bed. The rail	bed on the right side of room on the upper side of the head was observed to be loose and nches away from the mattress.					
	cord plugged into the resident bathroom. small refrigerator si	in resident room B4 had a ne receptacle that ran into the The cord was attached to a tting on a table in the resident					

6899

Division of Health Service Regulation STATE FORM

KQT711 If continuation sheet 6 of 8

Division of Health Service Regulation				I	1	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		HAL049010	B. WING			8/2016
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CROWN	COLONY	291 COM	MERCIAL DE	RIVE		
OKOWA	OOLONI	MOORES	VILLE, NC 2	8115		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				,		
D 079	р		D 079			
		e the bathroom door had been				
	closed.	and the wither and the free of				
	one resident bed.	scatter/throw rug in front of				
		scatter/throw rug in front and				
	at the end of the re					
		shared by rooms A1 and A3				
	had two bars of har	nd soap and a toothbrush				
	laying on the sink.					
	0 The bethere are in	A.F. (alassed by two social arts)				
		A5 (shared by two residents)				
	had two bars of hand soap laying on the sink and 3 toothbrushes laying behind the faucet on back					
	of sink.	ig bening the laucet on back				
	OI SIIIK.					
	3. The bathroom sh	nared by resident rooms A7				
		f hand soap laying on the sink				
		oap laying in the shower.				
		7's bathroom had several bars				
	of hand soap laying	on the sink.				
	Dandon intensions					
		s with three residents in these				
	with the housekeep	vealed no issues or concerns				
	with the housekeep	ing.				
	Follow-up observat	ions on March 17, 2016 at				
		change in the above areas.				
		-				
		ion of Environmental Health				
		ated 11/25/2015 revealed:				
	-A score of 90.5					
		ed bathtubs and showers not				
	being clean.					
	Interview with the A	dministrator on March 17,				
	2016 at 3:00pm rev					
		e of the bed rail, throw rugs or				
	the refrigerator cord					

Division of Health Service Regulation

STATE FORM 6899 KQT711 If continuation sheet 7 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMPI	
	A. BUILDING:			D		
	HAL049010 B. WING			03/1	8/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROWN	COLONY		MERCIAL DE			
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D 079	Continued From pa	ge 7	D 079			
	-She would have the bedrail repositioned, the refrigerator removed from the bathroom and the throw rugs removed.					
	Observations on March 18, 2016 at 10:00am revealed: -The bed rail had been tightened and repositioned next to the mattressAll throw rugs had been removed.					
	Follow-up interview with the Adminstrator on March 18, 2016 at 10:30am revealed she was not sure if the bedrail had been a hazard and was not sure if it was in the "appropriate place it should be".					

Division of Health Service Regulation STATE FORM