## PRINTED: 03/31/2016 FORM APPROVED

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		R
		HAL049010	B. WING		03/18/2016
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE	
ROWN C	OLONY	291 CO	MERCIAL DRIV	Ε	
		MOORE	SVILLE, NC 281	15	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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
D 000	Initial Comments		D 000	Administrator and	lor Skille
	The Adult Care Licen	sure Section conducted an		designed will an	
		survey on March 17 and 18,		all walls, ceilings floors or floor cover are kept clean and	e
	2016.			all walls, certings	, and
				floors or floor nous	
D 074		δ(a)(1) Housekeeping And	D 074	and kant al	ings
	Furnishings			are nepr clean and	din
	10A NCAC 13F .0306	S Housekeeping And		good repair.	
1	Furnishings	i house he coming i the		0	
	(a) Adult care homes				
		gs, and floors or floor			
	coverings kept clean	and in good repair;			
- 1				Allstaff willhave training on housekee policy and procedu and assignments.	5/5/14
	This Rule is not met			FILISTUST WITHACE	Spjit
		ns and interviews the facility rs clean in 7 bathrooms on A		training on housekee	Dim
		n shared by A7 & A9, A8 &		Dolice and provedu	5"8
		4 and bathrooms in A6, B2,		pod acciert	ies
	and B6) and one resid	dent room (B1).		una ussignments.	
	The findings are:			Training document	tat'a
	The findings are:			L'IL DE PERI	anon
	Observations during i	nitial tour on March 17,		will be Kepton fil	e onsite
		:00am through 11:00am		at the facility.	
	revealed:	· · · · · · · · · · · · · · · · · · ·		9.	
		d by resident rooms A1 and r_standing upright in the			
		m behind the commode.			
		d by resident rooms A7 and			
		r standing upright in the			
		n behind the commode, 6-8 e crawling on the bathroom			5/5/14
	floor which was cover			Administrator and/or	
	-The bathroom shared	by resident rooms A8 and		designer will do -	conclut
	A10 had a toilet plung	er standing upright in the		Collin	unpiere
		n behind the commode. I with a heavy build-up of		tucility review wal	K through
	grit/debris.	a man a neavy bullu-up of		designee will do a facility review wal two times a mon	th to 11
on of Healt	th Service Regulation		//		at the facility
RATORY D	RECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATUR	Ihuttel	The state	
E FORM			TT Wat	The Humistrate	r Tally

Approved and accepted by Joseph Cline on 4/25/16

Jaryt Cline

	of Health Service Regu T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING	B. WING		R
					03	3/18/2016
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ROWN	COLONY		IMERCIAL DRIVE			
		MOORES	SVILLE, NC 28115			
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
TAG		SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP		COMPLET
				DEFICIENCY)		DATE
D 074	Continued From page	e 1	D 074			_
			0014			
2		oom floor in A6 was covered				
	with a heavy build-up	of grit/debris and a wet				
		floor behind the commode.				
		room shared by rooms A2				
	and A4 was highly sc	uffed and covered with a				1
	heavy build-up of grit					
	-The edge of the door	r in B1 of resident room was				
	covered with a heavy	build-up of dark brown				
		pproximately 10 inches				
		door handle. The floor was				
		build-up of grit/debris.				
		n Resident room B6 was				
	covered with grit/debi	is. A large pool of yellow				
		e odor was on the floor				
		d commode approximately				
	18 inches in diameter	-				
		resident room B2 was build-up of grit/debris.				
	Random interviews w	ith four residents in these				
		revealed no issues or				
	concerns with the hou	isekeeping.				
	Follow-up observation	is on March 17, 2016 at				
		hange in the above areas				
		he pool of yellow substance				
	in B6's bathroom floor	had been cleaned.				
	however the odor rem					
0	Interview with the Adn	ninistrator on March 17,				
		led there were different				
	housekeepers assigned	ed to the halls, however,				
	there was no houseke	eper working on A and B				
	halls today.					
	-She had been having	some issues with				
	housekeeping on thes	e two halls.				1
	-She expected staff to					
	housekeeping issues I	but she was not aware of				
	any of the issues listed					

Division of Health Service Regulation

STATE FORM

Division	of		Convine	Describertow
DIVISION	U	пеаш	Service	Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
		HAL049010	B. WING		R 03/18/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
CDOWN		291 CON		/E	
CROWN	COLONY	MOORE	SVILLE, NC 281	115	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLE
D 074	e e contrate e e contrate page	2 once every 30 days for	D 074	Administrator and	
	inspections and treatr	nents if needed.		designee will assu all furniture is cl	ire iean
	on March 17, 2016 at -She had worked at th -She was assigned to	ne facility 1 ½ years. A and B halls, however she		and in good repai	
	rooms daily regarding -She did not sweep a	e consisted of different sweeping and mopping. nd mop every room every		All staff will he training on house	
	day. -She dusted every oth	-		training on house and furtishings p and procedures. To documentation will	hald
	annual inspection date -A score of 90.5	o of Environmental Health ed 11/25/2015 revealed: m floors not being clean.		on file at the fa	acility
D 076	10A NCAC 13F .0306 Furnishings	(a)(3) Housekeeping And	D 076	Administrator and	or 5/5/1
	10A NCAC 13F .0306 Furnishings (a) Adult care homes s (3) have furniture clear This Rule shall apply t facilities.	shall: n and in good repair;		designee will do a complete facility through two tim month to assum Notes of any concer documentation will onfile at the faci	walk nesa e complian
0	failed to maintain a fur repair in good repair in	s evidenced by: s and interviews the facility niture clean and in good 7 resident rooms on A and B2, B4, B5, B6 and B7).		documentation willi on file at the faci	pekept lity.
	Observations during in 2016 beginning at 10:0	itial tour on March 17, 00am through 11:00am			

STATE FORM

6899

KQT711

If continuation sheet 3 of 8

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL049010			R 03/18/201		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
CROWN	COLONY		SVILLE, NC 28115				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLE	
D 076	Continued From page	e 3	D 076				
	revealed:						
	-The dressers and T\	/s in resident room A7 were					
	covered with a heavy						
		s marred and scuffed in an					
	approximate 10 X 5 in						
		One night stand in resident room B1 was					
	nissing a knob on the top drawer. Both chest of						
	drawers were missing knobs for the top drawer. Room B5's dresser top had a residue of sticky						
		colored liquid and several					
		wling on the dresser. The TV					
	had a heavy build-up						
	Resident room B7 had a heavy build-up of dust						
	on the night stand.						
	-The finish on the top	right edge of the chest of					
	drawers in resident ro						
	24 inches in length.	fiber board approximately					
		ble by the chair in resident					
		with debris, crumbs and					
		ht arm of the cloth chair					
		avy amount of smeared					
	dark stains.						
		in resident room B2 was					
	covered with food spil	ls, rings of dried smeared					
	liquid stains.						
	Random interviews wi	th three residents in these					
		aled no issues or concerns					
	with the housekeeping	].					
		s on March 17, 2016 at					
		hange in the above areas.					
	Interview with the Adm	ninistrator on March 17,					
	2016 at 3:00pm reveal						
	-There were different h	nousekeepers assigned to					
		ere was no housekeeper					
	working on A and B ha						
	-She had been having	some issues with					

Division of Health Service Regulation

STATE FORM

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6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SU	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		HAL049010	B. WING		R 03/18	/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		291 COM	MERCIAL DRIVE			
	JOLONY	MOORE	SVILLE, NC 28115			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLE DATE
D 076	Continued From page	ge 4	D 076			
	housekeeping on th	ese two halls.				
		to keep her informed of				
	housekeeping issue	s but she was not aware of				
	any of the issues list	ted above.				
		with a local pest control				
		once every 30 days for				
	inspections and trea	tments if needed.				
	Interview with the ho	ousekeeper on A and B halls				
	on March 18, 2016 a					
		the facility 1 and 1/2 years.				
	-She was assigned t	to A and B halls, however she				
	had not worked yest	eroay. ule consisted of different				
		ig sweeping and mopping.				
		and mop every room every				
		led rooms on each particular				
	-She dusted every o	ther day or as needed.				
		Iministrator on March 18,				
	2016 at 9:45am reve					
		Pest Control Company had				
	been 28 days ago.	ad come out yesterday				
	evening and again to					
	Review of a receipt f					
		ch 17, 2016 revealed:				
		t date was February 18,				
	-General comments	on today's visit report				
	included: "Important	in rooms to again avoid				
	storage of food and o	andy in night stands and in				
	closetscover all hy lids on items stored in	giene products and place n rooms"				
	Review of the Divisio	n of Environmental Health				
		ted 11/25/2015 revealed:				
	-A score of 90.5.	te medielito i o rovodicu.				
	-A demerit for furnitur					

STATE FORM

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010	(X2) MULTIPI A. BUILDING B, WING			SURVEY LETED R 18/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET /	T ADDRESS, CITY, STATE, ZIP CODE				
ROWN	OLONY		SVILLE, NC 28				
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COR				(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
D 076	Continued From page	5	D 076	Administrator a	andlor	5/5/16	
	good repair.			designee will a		0101.4	
				clearge will a	ssure		
D 079	10A NCAC 13F .0306	(a)(5) Housekeeping and	D 079	the facility is m	aintaire	E	
	Furnishings			in an unclutte	red, clear		
	10A NCAC 13F .0306	Housekeeping and		in an unclutte and orderly m free of all obs	Vanner		
	Furnishings	.1 .0		free of all pbs	tanti		
	<ul><li>(a) Adult care homes</li><li>(5) be maintained in a</li></ul>	snall an uncluttered, clean and		and hazards.	ructions	>	
	orderly manner, free o						
	hazards;						
	This Rule shall apply t facilities.	o new and existing				-la-be	
				FILL staff will r	rave	5516	
					iseKeepiva		
	This Rule is not met a	is evidenced by:		and C	eserber	t l	
	Based on observations	s and interviews the facility		a la turnishing	as policy	4	
		nvironment free of clutter in A hall (A1, A3, A7, A9),		min procedure	els, Train	Since	
	Bathroom (A5) and fre	e of hazards in 4 resident		documentation	will	6	
	rooms on B hall (Roon	n B1, B4, B4, and B5).		kept on file,	at the	~	
	The findings are:			facility	me		
	Observations during in	itial tour on March 17.		, <del>G</del>			
	2016 beginning at 10:0						
	revealed:				.1	5/5/16	
	A. 1. The resident's be	d on the right side of room		Administrator a	PICIFIE		
	in B1 had a half rail on	the upper side of the head		designe will do	acomple	te	
		s observed to be loose and les away from the mattress.		designer will do facility walk t	hough		
	approximately 0-0 mon	es away from the mattress.		two times a mo	all b		
		resident room B4 had a		assure as all	x141740		
		eceptacle that ran into the e cord was attached to a		assure complia will be kept or	ancede	acumetat	
		g on a table in the resident		the Capility	Hileat	-	
	bathroom. The cord wa	as intact, however, was	8	the facility			

6899

KQT711

If continuation sheet 6 of 8

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		HAL049010	B. WING		03	R / <b>18/2016</b>
AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE	71	
ROWN		291 COM	MERCIAL DRIVE			
		MOORE	SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
D 079	Continued From page	e 6	D 079			
	crimped from where the closed. 3. Room B3 had a secone resident bed. 4. Room B5 had a secone resident bed. 4. Room B5 had a secone resident bed. 4. Room B5 had a secone the resident bed. B. 1. The bathroom share the end of the resident bed. B. 1. The bathroom share the bathroom in Asternation the sink. 2. The bathroom in Asternation the bathroom in Asternation the bathroom share and A9 had a bar of hand so and A9 had a bar of hand so and A9 had a bar of hand so and	the bathroom door had been atter/throw rug in front of atter/throw rug in front and dent bed. hared by rooms A1 and A3 soap and a toothbrush 5 (shared by two residents) soap laying on the sink and behind the faucet on back ed by resident rooms A7 and soap laying on the sink up laying in the shower. s bathroom had several bars in the sink. with three residents in these aled no issues or concerns g. s on March 17, 2016 at hange in the above areas. of Environmental Health ed 11/25/2015 revealed: bathtubs and showers not				
	the refrigerator cord.	f the bed rail, throw rugs or				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL049010	B. WING	03	R 03/18/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
CROWN	COLONY		MERCIAL DRIVE SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 079	refrigerator removed throw rugs removed. Observations on Mar revealed: -The bed rail had bee repositioned next to t -All throw rugs had be Follow-up interview w March 18, 2016 at 10 sure if the bedrail had	bedrail repositioned, the from the bathroom and the ch 18, 2016 at 10:00am en tightened and he mattress.	D 079			

6899