Division of Health Service Regulation

STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL032121	B. WING		09/1	5/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
PRESTIG	E ESTATES ASSISTED L	IVING	T SCHOOL ROA	AD.			
		·	NC 27704				
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	The Adult Care Licenary	sure Section conducted an otember 15, 2016.					
C 105	10A NCAC 13G .0317 Equipment	7(d) Building Service	C 105				
	provide an adequate kitchen, bathrooms, a temperature at all fixt be maintained at a m (38 degrees C) and s F (46.7 degrees C). This Rule is not met TYPE B VIOLATION Based on observation failed to ensure hot w maintained at a minin Fahrenheit (F) to a m	nk shall be of such size to supply of hot water to the and laundry. The hot water tures used by residents shall inimum of 100 degrees Fishall not exceed 116 degrees as evidenced by: In s and interviews, the facility water temperatures were num of 100 degrees saximum of 116 degrees F 2 showers, and 1 of 1 tubs					
	water temperatures re-At 11:02 AM, the hot sink and shower of th were 130 degrees F f F for the showerAt 11:15 AM, the hot sink and shower of the	acility on 9/15/16 of hot evealed: water temperatures of the ee 1st residents' bathroom for the sink and 126 degrees water temperatures of the ee 2nd residents' bathroom for the sink and 125 degrees					

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

-At 11:22 AM, the hot water temperatures of the

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL032121	B. WING		09/15/2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	1 00/10/2010
		4120 HOL	T SCHOOL ROA		
PRESTIGE ESTATES ASSISTED LIVING			, NC 27704		
(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 105	Continued From page	21	C 105		
		d residents' bathroom were sink and 121 degrees F for			
	A.M. revealed: -She said the hot wat	nt #1 on 9/15/16 at 11:05 er was too hot in resident			
	bathroom #1. -She tried to "work with the water being so hot." -She added as much cold water as she could to the hot water so she could use it. -She sometimes did not turn the hot water on at				
	all because of how hot it wasShe had informed staff but nothing had been doneShe was not aware of how long the water had				
	been hot but said "it h months."	nad been that way for			
	AM revealed:	nt #2 on 9/15/16 at 11:25			
	-The hot water was to -The water had been almost three months	very hot for a "long time			
	•	e hot water being too hot to n) and nothing had been			
	-She mainly used res	ident bathroom #3 that had rooms had hot water that			
	-She said there was "	no use telling anybody else ld be done because it costs			
	Plummer regarding the and requested he corto adjust them at 11:2	ted she had contacted the ne hot water temperatures ne to the facility immediately 29 A.M.on 9/15/16. Caution all three resident bathrooms			

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and the residents were informed to not use the

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		FCL032121	B. WING		09/15/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		4120 HOL	T SCHOOL ROA	AD	
PRESTIG	E ESTATES ASSISTED LI	VING	NC 27704		
(V4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
C 105	Continued From page	2	C 105		
	hot water by the Adm	inistrator.			
	AM revealed: -The hot water was to she used on her side resident bathrooms # -She was unaware hot been too hot for her to good while." -She did not turn on to because it was too hot -She had not told staff.	ow long the hot water had o use but said "it had been a he hot water sometimes			
	Interview with supervisor-in-charge (SIC) on 9/15/16 at 11:55 A.M. revealed: -Five of the six residents could independently bathe themselvesOnly one resident required setup of bathing items in the bathroom but would bathe herselfNo resident required staff to physically bathe themNo resident had told him the hot water was too hotHe noticed the hot water was too hot while cleaning the bathrooms a couple of months ago but did not report it to anyoneHe was not aware that the hot water was "as hot as it was" because he nor the facility had a thermometer to check the temperatures.				
	the Plummer had not turned down the wate because she had noti "smoking." She requi	ted at 12:50 P.M. on 9/15/16 returned her call and she er pressure valves herself iced the hot water was ested the surveyor recheck atures in all three resident			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	(X3) DATE SI COMPLE	
		FCL032121	B. WING		09/1	5/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PRESTIGI	E ESTATES ASSISTED LI	VING 4120 HOLT	SCHOOL ROA	AD		
		DURHAM,	NC 27704			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 105	Continued From page	3	C 105			
	facility on 9/15/16 rev-At 12:55 P.M., the hosink and shower of the were 87 degrees F for the shower. -At 12:58 P.M., the hosink and shower of the were 90 degrees F for the shower. -At 1:04 P.M., the hosink and shower of the were 98 degrees F for the shower. The SIC was informed of the Administrator, in temperature readings Administrator's earlier	ot water temperatures of the e 1st residents' bathroom or the sink and 84 degrees Foot water temperatures of the e 2nd residents' bathroom or the sink and 83 degrees Foot water temperatures of the e 3rd residents' bathroom or the sink and 90 degrees Foot at 1:10 P.M., in absence regarding the low hot water following the or adjustments of the water SIC stated he would inform				
	3:35 P.M. revealed: -She was aware the has not aware of "hountil we came that da-She was not aware of because she did not have monitoring sheet.	not water was hot but she we hot the hot water was y and had checked them." of how hot the water was have a thermometer. ave a water temperature log				
	-No residents had rec result of the water bei -The residents had co	the water was too hot. seived any injuries as a ing too hot. smplained "about a month or st water being too cold.				

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-She had contacted the Plummer to come out

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL032121	B. WING		09/1	5/2016
	ROVIDER OR SUPPLIER	4120 HOLT	DRESS, CITY, STA SCHOOL ROA NC 27704	·		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 105	hot water to be hotter-She did not check be he was the profession -She wanted the hot was the profession rechecked a third time time to build back up a 100 degrees by now-The SIC had informed temperatures. -She felt she had to twalves down because and smoking when she had called the Pfacility three more time and he had not arrivethese as soon as postone the water tended the wa	water temperature for the chind the Plummer because hal. water temperatures to be to because "the water had in the heater and should be v." d her of the low hot water the hot water pressure the hot water was too hot he had checked behind us. Hummer to come out to the tes since she had last called d. take sure that someone mperatures and readjusted sible.	C 105			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL032121	B. WING		09/15/2016		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		, 50072010		
PRESTIGI	E ESTATES ASSISTED I	_IVING	LT SCHOOL ROA 1, NC 27704	ND.			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 COMPLET	TE	
C 105	Continued From pag	e 5	C 105				
C 912	September 15, 2016 Administrator called 12:30 p.m. regarding at the facility. On 9/ adjusted the hot wat were placed near the warn them of the hot were instructed to su water usage. Effect temperatures would Administrator and re policy and procedure regarding hot water trained on the new p regarding hot water CORRECTION DAT VIOLATION SHALL 30, 2016.	the Plummer on 9/15/16 at the hot water temperatures 15/16, the Administrator er heater. Caution Signs er residents' bathroom sinks to water temperatures. Staff upervised residents with hot tive 9/15/16, hot water be checked daily by the corded in a log book. A exwould be put in placed temperatures. Staff would be olicy and procedure temperatures by 9/16/16.	C 912				
	Every resident shall 2. To receive care a adequate, appropria	nration of Resident's Rights have the following rights: nd services which are te, and in compliance with state laws and rules and					
	review, the facility fa received care and se appropriate and in co	as evidenced by: ins, interviews and record iled to ensure residents ervices which are adequate, compliance with relevant is and rules and regulations					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		FCL032121	B. WING		09	/15/2016
	ROVIDER OR SUPPLIER	IVING 4120 HC	ADDRESS, CITY, STATE OLT SCHOOL ROAD M, NC 27704			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 912	failed to ensure hot we maintained at a minir Fahrenheit (F) to a me for 4 of 4 sinks, 2 of 2 located in the resider	ns and interviews, the facility vater temperatures were num of 100 degrees eaximum of 116 degrees F 2 showers, and 1 of 1 tubs ats' bathrooms. [Refer to Tag 8 G .0317(d) Building Service	C 912			
C 934	Requirements G.S. 131D-4.5B Adul Prevention Requirem (a) By January 1, 20 Service Regulation signification and practices for injection during which bleeding glucose monitoring. Esuccessfully complete program shall receive determined by the Decontinuing education	12, the Division of Health hall develop a mandatory, ning program for adult care es on infection control, safe as and any other procedures g typically occurs, and Each medication aide who es the in-service training e partial credit, in an amount epartment, toward the requirements for adult care es established by the	C 934			
	This Rule is not met Based on record revi failed to ensure 1 (St supervisor-in-charge	ew and interview, the facility aff B) of 1 sampled				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	A.		A. BUILDING:			
		FCL032121	B. WING		09/15/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PRESTIGI	E ESTATES ASSISTED LI	VING 4120 HOLT	SCHOOL ROA	AD		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	I (X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
C 934	Continued From page	7	C 934			
	mandatory annual in- control.	service training on infection				
	The findings are:					
	-He was hired as a su 3/26/14.	ersonnel record revealed: pervisor-in-charge (SIC) on				
	-Documentation Staff infection control traini-No documentation Staff	~				
	another mandatory ar training.	•				
		on 9/15/16 at 3:00 p.m. now if he had completed on control training.				
	4:55 p.m. revealed:	ninistrator on 9/15/16 at annual infection control				
	training on 9/11/14Staff B had not comp					
	be completed annuall	ection control training should y.				
		on control training. ete the annual infection				
	control training by 9/1	6/16.				

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