Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018035	A. BUILDING: ____ B. WING ____	R 10/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT VILLAGE AT NEWTON	**1345 CHAPMAN LANE NEWTON, NC 28658**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on October 19-20, 2016.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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 replace a ceiling light cover in 1 of 2 common living rooms, clean 2 fans, clean and paint a dirty and marred exit door, prime and paint the dining room ceiling, remove dirt build-up on the dining room floor, remove cobwebs and dead insects from dining room windows, remove a floor stain under a toilet in a resident bathroom and clean the adjoining wall, clean dust from a ceiling vent, repair two areas of peeling and stained popcorn ceiling and replace blown light bulbs in a bathroom light fixture. The findings are: Observation on 10/19/16 at 8:25AM of the common living room (off the hallway with carpeted flooring) revealed: -A missing light cover for a two-tube fluorescent ceiling light fixture. -An oscillating floor fan with a dusty grill (the fan was on). Observation on 10/19/16 at 8:51AM of the exit	D 074		

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door to the smoking area revealed:
-Paint was scraped across the entire lower 1/3 section of the interior side of the door.
-Dirt build up along the edge of the exterior side of the door in the vicinity of the door lever.

Observation on 10/19/16 at 9:30AM of the dining room revealed the entire ceiling with unpainted drywall sections and the seams between the drywall panels sealed and spackled.

Interview with the Dietary Manager on 10/19/16 at 9:30AM revealed:
-The ceiling in the dining room had been unpainted since she worked at the facility.
-She had worked at the facility for about 3 1/2 years.
-The maintenance person had done some work on the ceiling in the dining room several months back.
-The ceiling in the dining room use to have paint on it.

A second observation on 10/19/16 at 9:43AM of the dining room revealed:
-A patch of tiled floor immediately adjacent to the door to the kitchen, measuring approximately 2 feet by 6 feet, which had dirt build-up and was sticky when walked on.
-Dead insects and cob webs on the tops of the window frames.
-The leading edges of the ceiling fan blades were covered in dust (the fan was on).

Observation on 10/19/16 at 10:01AM of a common bathroom across from the dining room revealed:
-An approximately 1 inch wide dark stain on the floor around the base of the bowl.
-The wall alongside the toilet and under the grab

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bar was splattered with a dried yellow-brown substance.
-A ceiling vent grill cover was covered in dust and cobwebs.

Observation on 10/19/16 at 10:10AM of Resident Room #8 revealed a small personal fan with a dusty grill cover and dusty fan blades (the fan was on).

Interview on 10/19/16 at 10:10AM with the resident using the fan in Room #8 revealed she had no problems with the cleanliness of the fan.

Observation on 10/19/16 at 2:30PM of the common tub room (off the hallway with tiled floor) revealed:
-Brown stained ceiling and peeling popcorn ceiling covering in the vicinity of the ceiling heat vent.
-A three bulb light fixture over the sink mirror with two blown bulbs (the third bulb was on).

Observation on 10/19/16 at 2:38PM of a second common tub room (off the hallway with carpeted floor) revealed an approximately 6 inch by 8 inch section of ceiling, in the corner of the shower enclosure, with missing popcorn ceiling covering and brown staining.

Confidential interviews with residents revealed no concerns with facility cleanliness or maintenance.

Interview on 10/20/16 at 1:35PM with the Administrative Assistant and the Corporate Executive Director revealed:
-The facility had a part-time Maintenance staff person who came to work by 4:00PM
-The Administrative Assistant walked through the facility every day, starting at the front lobby, to

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D 074	Continued From page 3 check bathroom supplies and housekeeping needs. -When the Corporate Executive Director visited the facility, she also would walk through the building, checking for broken blinds and the condition of furniture and flooring. -Staff were expected to report "minor" maintenance needs to the Administrative Assistant and issues requiring additional supplies or contractors were reported to a Corporate Representative managing maintenance issues. -Fans were to be cleaned by the facility Maintenance staff person. -The Corporate Representative managing maintenance issues had spackled the dining room ceiling "a couple of months ago" but it needed to be finished.	D 074		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to repair or replace 5 of 34 dining chairs, an exterior plastic bench prone to tipping and an over-bed table. The findings are: Observation on 10/19/16 at 8:25AM of the common living room (off the hallway with carpeted flooring) revealed:	D 076		

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D 076	Continued From page 4 -A hospital-type over-bed table with a laminated table top and metal base. -The plastic molding along the edge of the table top was glued with excessive amounts of dried yellow adhesive, resulting in a rough, uneven rim around the table. -A piece of molding around one corner of the table top was missing, exposing the particle board of the table top. -The laminate on the table top was marred and dirty. -The metal base was speckled with rust and stained. Observation on 10/19/16 at 8:50AM of the hallway outside of the dining room revealed: -A wood dining room chair placed in the vicinity of the oxygen supply and linen closets. -When shaken the chair was noted to be wobbly and had loose joint connections. -The lower portion of the chair's finish was marred and the bottom of the wood seat back was stained. Observation on 10/19/16 at 9:05AM of the exterior smoking area revealed: -A plastic bench seat with approximately a one foot overhang of the seat beyond the bench foot brackets. -The bench feet sat evenly on the concrete pad of the smoking area. -The bench was stained a grey-black that did not come off when rubbed. -A nearby resident who sat down with the surveyor on the bench. Confidential interview on 10/19/16 at 9:05AM with a resident revealed: -A warning to the surveyor not to sit on the edge of the bench or it would flip.	D 076		

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D 076	Continued From page 5 -She recently sat on the edge of the bench and it flipped, causing her to fall without injury. -She did not tell anyone that she fell due to the bench flipping. Observation on 10/19/16 at 9:43AM of the dining room revealed: -2 wood chairs which were wobbly when shaken. -1 wood chair with a wobbly arm rest. Observation on 10/19/16 at 4:01PM of the common living room (on the hallway with carpeted flooring) revealed a wood dining room chair with a loose armrest, exposing a screw from the seat back that once held the armrest. Interview on 10/20/16 at 1:35PM with the Administrative Assistant and the Corporate Executive Director revealed: -The facility had a part-time Maintenance staff person who came to work by 4:00PM -The Administrative Assistant walked through the facility every day, starting at the front lobby, to check bathroom supplies and housekeeping needs. -When the Corporate Executive Director visited the facility, she also would walk through the building, checking for broken blinds and the condition of furniture and flooring. -Staff were expected to report "minor" maintenance needs to the Administrative Assistant and issues requiring additional supplies or contractors were reported to a Corporate Representative managing maintenance issues.	D 076		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and	D 079		

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Furnishings
(a) Adult care homes shall
(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;
This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on observations and interviews, the facility failed to properly store 3 oxygen tanks for 1 of 5 residents with an order for oxygen therapy, to remove a non-surge protected household extension cord from use in 1 of 20 resident rooms and to replace a missing electrical outlet faceplate in the common living room.

The findings are:

A. Observation on 10/19/16 at 10:05AM of Resident Room #15 revealed:
-Three M-24 size oxygen cylinders standing on the floor, in the corner of the room by the television.
-The oxygen cylinders were not secured in a rack.
-All of the cylinders had plastic seals over the stems where the gauges would be attached, indicating the tanks were full.
-Next to the resident bed where a resident was an oxygen concentrator and an M-24 size type oxygen tank with a gauge, secured in a rack with wheels.
-The resident was not wearing the oxygen nasal cannula tubing attached to the oxygen concentrator.

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Interview on 10/19/16 at 10:05AM with a resident in Room #15 revealed:
-He used the oxygen concentrator only at night and only when needed.
-Regarding the oxygen tanks the resident stated "they are not mine."

Observation on 10/19/16 at 12:30PM of Resident Room #15 revealed:
-The M-24 size oxygen cylinders standing on the floor, in the corner of the room by the television.
-The oxygen cylinders were not secured in a rack.

Observation on 10/20/16 at 6:42AM of Resident Room #15 revealed:
-The three M-24 size oxygen cylinders standing on the floor, in the corner of the room by the television.
-The oxygen cylinders were not secured in a rack.
-The resident in the bed was wearing nasal cannula tubing connected to the oxygen concentrator, which was on.

Interview on 10/20/16 at 10:20AM with Staff A, Medication Aide and Staff C, Personal Care Aide revealed:
-All direct care staff were responsible to ensure proper oxygen tank storage.
-Oxygen tanks were stored in a locked closet near the linen closet.
-Oxygen tanks were to be stored in racks and never on the floor.

Interview on 10/20/16 at 11:26AM with the Administrative Assistant revealed:
-The family of one resident on oxygen (not residing in Room #15) requested it be stored in his room as he was using a supply company different from the other residents on oxygen and due to his anxiety he needed assurance he had

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oxygen.
-She did not know the oxygen tanks for the resident in Room #15 were not in a rack.
-She thought the technician from the supply company who delivered these tanks probably did not put them in a rack.
-There were plenty of extra racks in the facility for proper oxygen tank storage.

Observation on 10/20/16 at 11:30AM of the oxygen supply closet, with the Administrative Assistant present, revealed:
-The door to the closet was locked.
-Upon unlocking the door, numerous oxygen tanks were observed stored in racks.
-Numerous empty tank racks were sitting on the floor of the closet.

B. Observation on 10/19/16 at 12:20PM of Resident Room #1 revealed:
-At the foot of the resident bed on the right side of the room was a white household extension cord that was not surge-protected.
-Plugged into the extension cord was a table lamp (which was on), an oxygen concentrator (which was off) and an unidentified black plug which went under the bed.

Interview on 10/19/16 at 12:20PM with a resident in Room #1 revealed:
-The bed on the right side of the room was hers, as was the oxygen concentrator.
-She was not sure how long the extension cord had been used in her room.

Interview on 10/20/16 at 11:26AM with the Administrative Assistant revealed:
-The facility did not permit the use of non-surge protected extension cords.
-The use of surge protected "power strips" were

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permitted.
-She was not sure how the non-surge protected extension cord was placed in Room #1.
-Staff might required training on this as it had never been addressed with them before.

C. Observation on 10/19/16 at 10:16AM of the common Living Room revealed an electrical outlet was missing a face plate, causing wires to be visible.

Interview on 10/20/16 at 11:26AM with the Administrative Assistant revealed:
-All electrical outlets required a face plate.
-She was not aware of the missing face plate.

____

A Plan of Protection dated 10/20/16 was obtained from the Administrative Assistant which included:
-Moving the oxygen tanks from Room #15 to extra storage racks in the oxygen supply closet.
-The non-surge protected extension cord was removed from Room #1 and plugs moved to electrical outlets.
-Upon arrival of the Maintenance staff person, the missing electrical outlet cover would be replaced.
-The Administrative Assistant notified the oxygen supply company to check with a supervisor when delivering oxygen tanks to ensure proper storage.
-The Corporate Administrator would provide inservice training to staff.

THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 4, 2016.

D 131 — 10A NCAC 13F .0406(a) Test For Tuberculosis — D 131

10A NCAC 13F .0406 Test For Tuberculosis
(a) Upon employment or living in an adult care

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home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.

This Rule is not met as evidenced by:
Based on interveiw and record review, the facility failed to ensure 1 of 3 sampled staff (Staff B) had been tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.

The findings are:

Review of Staff B's personnel record revealed:
-A hire date of July 2009.
-He was hired as a patient transporter and building/grounds maintenance.
-No documentation of a TB test being completed.

Interview on 10/20/16 at 1:35PM with the Administrative Assistant and Corporate Executive Director revealed:
-Staff B would transport residents to and from their doctor appointments.
-If a resident needed assistance with ambulation or other monitoring another staff member would also go with the resident to the appointment.
-Staff B never preformed direct care for residents.
-Staff B also did some building and grounds maintenance as needed.

Attempted telephone interview on 10/20/16 at

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2:30PM with Staff B was unsuccessful.

Telephone interview on 10/20/16 at 3:00PM with the Administrator revealed:
-She did not think that contract employees needed a TB test completed if they did not work directly with the residents.
-She knew that a criminal record, and health care personal registry had to be done.

D 282 — 10A NCAC 13F .0904(a)(1) Nutrition and Food Service — D 282

10A NCAC 13F .0904 Nutrition and Food Service
(a) Food Procurement and Safety in Adult Care Homes:
(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to assure the wall behind the dishwasher and ceilings in the kitchen were clean and in good repair.

The findings are:

Observation on 10/19/16 at 9:15AM of the kitchen revealed:
-A section of tiled wall behind the dishwasher, approximately 7 feet in width and 5 feet in height, had a heavy black stain.
-The same section of tiled wall, approximately 5 feet in width and 2 feet in height from the floor, had a heavy black substance that was peeling from the wall.
-A section of ceiling above the dishwashing area, approximately 5 feet by 5 feet, was covered with

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a number of spots circular in shape, ranging in size from 1/2 inch to 1 inch, of a thick reddish brown substance in a splashed pattern.

Interview on 10/19/16 at 9:30AM with the Dietary Manager revealed:
-The black area on the wall behind the dishwasher would not come clean "even with scrubbing".
-The heavy black area behind the dishwasher had been like that for a while, but she could not give a specific time frame.
-She had noticed the spots on the ceiling, but did not know how or when they had been made.
-She did not have any way to reach the ceiling to clean it.
-There was not a cleaning schedule for the kitchen.
-Whoever was working in the kitchen was responsible for cleaning the kitchen before their shift ended.
-Cleaning generally included sweeping, mopping the floors and wiping down the counters.

Interview on 10/19/16 at 9:45AM with the Administrative Assistant revealed:
-The facility was going to be getting a new dishwasher and when the old one was removed, the Maintenance person could replace the damaged and dirty wall tiles.
-She did not have a specific time frame for the dishwasher replacement.
-No one had reported the spots on the ceiling to her, but she would get the Maintenance person on it immediatley.
-She did know the wall tile behind the dishwasher was in poor repair.
-The kitchen staff was responsible for keeping the kitchen clean and notifying her of any repairs needing to be completed.

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D 282	Continued From page 13 Review of the facility's Sanitation Report dated 8/3/16 revealed a 95% grade with a notation to "Clean/Repair floors, walls, ceilings as needed". Observation on 10/20/16 at 11:00AM of the kitchen ceiling revealed it had been cleaned.	D 282		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to consistently provide and facilitate activities for residents, as posted on the monthly activity calendar. The findings are: Confidential interviews with 8 residents revealed: -One resident stated she liked to go to bingo and	D 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018035	A. BUILDING: ______ B. WING ______	R 10/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT VILLAGE AT NEWTON	1345 CHAPMAN LANE NEWTON, NC 28658

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D 317	Continued From page 14	D 317		

had a television in her room, but otherwise she was not sure if the facility followed the activity calendar.
-A second resident stated that the facility did "nothing" for activities other than offer a "worship service" on Sundays, Tuesdays and Fridays when a preacher came.
-A third resident stated the facility did "nothing" and "everything on the [bulletin] board is a lie."
-A fourth resident stated activities were "none," the facility did not follow the calendar, she liked bingo and to read her bible and other books, but the facility did not try to get her other books.
-A fifth resident said that during her time in the facility the Administrative Assistant had never meet with residents, which she would like to see happen.
-A sixth resident stated there are some activities sometimes, but they would like to do more.
-A seventh resident said they would like to have more bingo and residents are bored because there is not much to do at the facility.
-An eighth resident said there were no activities done at the facility.

Observation on 10/19/16 at 11:18AM of the posted activity calendar in the hallway revealed:
-An oversized calendar, measuring approximately 2 feet by 3 feet, for the month of October 2016.
-Activities with scheduled times ranging from 20 to 22 hours per week.
-On every Tuesday of the month was an activity "Resident Pay Out" from 3:00PM to 4:00PM.
-For Wednesday, 10/19/16 the planned activity was "Manicures with [proper name]" from 3:30PM to 5:00PM.

Observation on 10/19/16 from 3:30PM through 4:00PM of the dining room and living rooms revealed no staff-facilitated activities taking place.

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PIEDMONT VILLAGE AT NEWTON	**1345 CHAPMAN LANE NEWTON, NC 28658**

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D 317	Continued From page 15 Interview on 10/20/16 at 1:35PM with the Administrative Assistant and the Corporate Executive Director revealed: -The Corporate Executive Director was the Activity Director, but the aides on the floors actually did the activities. -The facility recently moved the horseshoe pits and the basketball hoop to facilitate resident participation. -"We can't get them to do anything." -On 10/19/16 the person who was planned on doing manicures was a resident who ended up not doing the activity as she got a "bee in her bonnet." -A manicure activity would not be of interest to male residents. -The Administrative Assistant had been trying to get a therapist with the mental health provider to help her develop a list of activities of interest to the residents.	D 317		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to	D912		

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D912	Continued From page 16 improper storage of oxygen tanks, failure to remove a non-surge protected extension cord and to replace a missing faceplate on an electrical outlet. Based on observations and interviews, the facility failed to properly store 3 oxygen tanks for 1 of 5 residents with an order for oxygen therapy, to remove a non-surge protected household extension cord from use in 1 of 20 resident rooms and to replace a missing electrical outlet faceplate in the common living room [Refer to Tag 079, 10A NCAC 13F, Housekeeping and Furnishings (Type B Violation)].	D912		