

Division of	Heatth	Service	Regulation
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AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL018035	8. WNG		R 10/20/2016
vame of Pi	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	1
PIEDMON	T VILLAGE AT NEWTON	1915 ML	IAPMAN LANE		
			N, NC 28658	·····	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
000 G	Initial Comments		D 000		
	The Adult Care Licen annual and follow-up 2016.	sure Section conducted an survey on October 19-20,			On-going
D 074	10A NCAC 13F .0306 Furnishings	i(a)(1) Housekeeping And	D 074		Õ
	10A NCAC 13F .0306 Furnishings (a) Adult care homes (1) have walls, ceiling coverings kept clean a	shall: js, and floors or floor			
	failed to replace a cell common living rooms, paint a dirty and marrie paint the dining room flo on the dining room flo dead insects from dini a floor stain under a to and clean the adjoinin ceiling vent, repair two	s and interviews, the facility ing light cover in 1 of 2 clean 2 fans, clean and ed exit door, prime and ceiling, remove dirt build-up or, remove cobwebs and ng room windows, remove oilet in a resident bathroom g wall, clean dust from a o areas of peeling and g and replace blown light		Light Covers Replaced Maintenance Staff will Patrol Facility weekly to Ensure that all light covers Are properly replaced. Maintenance routine task	10/20/1
	ceiling.light fixture. -An oscillating floor far was on).	off the haliway with		Fans were cleaned. Maintenance Staff will Patrol Facility weekly to Ensure that all personal And facility fans are clean And free from dust build up HSKP routine task.	10-23-2

	I OF DEFICIENCIES DF.CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		X3) DATE SURVEY COMPLETED R
· ·		HAL018035	B. 99996		10/20/2016
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS; CITY, STA	TE, ZIP CODE	
PIEDMON	T VILLAGE AT NEWTO	N	APMAN LANE 1, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
D 074	Continued From pag	je 1	D 074		· ·
	door to the smoking -Paint was scraped section of the interio -Dirt build up along t	area revealed: across the entire lower 1/3		Owner to repair and Complete at a later date	10/26/1
	room revealed the e drywall sections and drywall panels seale	9/16 at 9:30AM of the dining ntire celling with unpainted the seams between the d and spackled. etary Manager on 10/19/16 at		Owner to repair and Complete at a later date	10/26/16
	-The ceiling in the di unpainted since she -She had worked at years. -The maintenance p on the ceiling in the back.	ning room had been worked at the facility. the facility for about 3 1/2 erson had done some work dining room several months ning room use to have paint		Floors were cleaned and Scrubbed. HSKP Staff will Patrol Facility daily to Ensure that all floors are Clean and free dirt build up HSKP routine task.	10-20-1
	the dining room reve -A patch of tiled floor door to the kitchen, r feet by 6 feet, which sticky when walked -Dead insects and c window frames.	r immediately adjacent to the measuring approximately 2 had dirt build-up and was on. ob webs on the tops of the of the ceiling fan blades were		Insects and cob webs were Cleaned from window ceils HSKP Staff will Patrol Facility daily to ensure that All window ceils, corners, etc Are free from cob webs and Insects HSKP routine task.	10-21-16
	Observation on 10/1 common bathroom a revealed: -An approximately 1 floor around the base	9/16 at 10:01AM of a across from the dining room inch wide dark stain on the			On-going

STATE FORM

0EXG11

If continuation sheet 2 of 17

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Health Service Requerts of deficiencies correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			R
HAL018035		8. WING		0/20/2016
OVIDER OR SUPPLIER	STREET A	DRESS, CITY, STATE	E, ZIP CODE	
		APMAN LANE		
VILLAGE AT NEWTON	NEWTON	I, NC 28658		2
(FACH DEFICIENC	TY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Continued From pag	je 2	D 074	Ceiling Fans were cleaned.	
bor was sniattered w	ith a dried vellow-brown		Maintenance Staff will	- 16
	nei a anoa yonon oronn			10-21-16
-A ceiling vent grill o	over was covered in dust and			
cobwebs.				
			-	
Observation on 10/1	9/16 at 10:10AW of Resident		And free from dust build up	
ducty grill cover and	dusty fan blades (the fan		Maintenance/HSKP routine	
was on).			task	
Interview on 10/19/1	I6 at 10:10AM with the			Later Laterative Provide State
resident using the fa	an in Room #8 revealed she			
had no problems wi	th the cleanliness of the fan.		Complete at a later date	
	10110 at 0.20 PM of the		Vents were cleaned	10-26-1
Observation on 10/	off the hallway with filed floor)		Maintenance Staff will	10-20-1
			Patrol Facility weekly to	
-Brown stained ceili	ing and peeling popcorn		· · ·	
ceiling covering in t	he vicinity of the celling heat			
vent.	the second s			1
-A three bulb light fi	e third bulb was on).	-		
Observation on 10/	19/16 at 2:38PM of a second		Fans were cleaned.	
common tub room	(off the hallway with carpeted		Maintenance Staff will	
tioor) revealed an a	approximately officer by a mon		Patrol Facility weekly to	10-23-1
section of celling, if	sing papcom ceiling covering			10-25-1
			-	
				umonitere et
Confidential intervi	ews with residents revealed no			1
concerns with facili	ty cleanliness or maintenalice.		HSKP routine task.	
Interview on 10/20	/16 at 1:35PM with the			
			Owner to repair ceiling and	
Executive Director	revealed:			10-21-2
-The facility had a	part-time Maintenance staff			
person who came	to work by 4:00PM		-	
-The Administrativ	e Assistant walked through the starting at the front lobby, to		Maintenance Staff will	
	DEPERCIENCIES CORRECTION OVIDER OR SUPPLIER VILLAGE AT NEWTOP SUMMARY S (EACH DEFICIENC REGULATORY OR Continued From page bar was splattered w substance. -A ceiling vent grill c cobwebs. Observation on 10/1 Room #8 revealed a dusty grill cover and was on). Interview on 10/19/7 resident using the fa had no problems wi Observation on 10/1 common tub room (revealed: -Brown stained ceili ceiling covering in t vent. -A three bulb light fi two blown bulbs (th Observation on 10/ common tub room floor) revealed an a section of ceiling, in enclosure, with mis and brown staining Confidential intervi concerns with facili Interview on 10/20 Administrative Ass Executive Director -The facility had a person who came -The Administrative	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA CORRECTION HAL018035 OVIDER OR SUPPLIER STREET AT VILLAGE AT NEWTON 1345 CHJ SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSTBE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSTBE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 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 Executiv	SF DEPIGLENCIES (M) PROVIDERSUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE C A. BULDING: HAL018035 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT 1345 CHAPMAN LANE NEWTON, NC 28558 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 D 074 bar was splattered with a dried yellow-brown substance. D 074 -A ceiling vent grill cover was covered in dust and cotwebs. D 074 Observation on 10/19/16 at 10:10AM of Resident Room #3 revealed a small personal fan with a dusty grill cover and dusty fan blades (the fan was on). D 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. D 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 2:36PM of a second common tub room (off the hallway with tiled 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 10/20/1	bit Deficiency (2) PROVIDENSUMPLEACUAL (2) AULTIPIC CORRECTION (2) AULTIPIC CORRECTION HAL01825 a WNS (1) OVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZP CODE (1) VILLAGE AT NEWTON STREET ADDRESS, CITY, STATE, ZP CODE (1) VILLAGE AT NEWTON STREET ADDRESS, CITY, STATE, ZP CODE (2) SUBMARY CITY OWNERS DEPENDENT OF DESCRIPTION INC 28558 (2) (2) Continued From page 2 D 074 Ceiling Fans were cleaned. Maintenance Staff Will Patrol Facility weekly to Ensure that all personal and the add a colwebs. Observation on 10/19/16 at 10:10AM of Rasident Revealed as small personal fan, with a dusty fan blades (the fan was on). Maintenance Staff Will Observation on 10/19/16 at 2:30PM of the common tub revealed and peeling popcorn ceiling covering in the vicinity of the ceiling heat vert. Owner to repair tile and Complete at a later date Vents were cleaned. Observation on 10/19/16 at 2:30PM of the common tub revealed an approximately 6 inch by 8 inch section of ceiling, in the comer of the shower endowere with satind ceiling covering and brown staining. Complete at a later date Clean and free of dust and Cobweels Maintenance Staff Will Observation on 10/19/16 at 2:30PM of the common tub revealed an approximately 6 inch by 8 inch section of ceiling, in the common tub revealed in a by 8 inch sectin of ceiling, in the common tub revealed in

Division of Health Service Regulation STATE FORM

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On-going

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	X3) DATE SURVEY COMPLETED	
	ι.	HAL018035	B. WING	······································	R 10/20/2016	
					, 01200, 200 10	
IAME OF PE	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E. ZIP CODE		
PIEDMON.	I VILLAGE AT NEWTO	IN	IAPMAN LANE N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R.LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
D 074	Continued From pa	έ an	D 074			
10 01-1		-	Durt	Patrol Facility weekly to		
		pplies and housekeeping		Ensure that all lights bulbs		
	needs.	to Expositive Disasteraviolited				
1.		te Executive Director visited		Are properly working		
	building, checking f condition of furnitur -Staff were expecte maintenance needs Assistant and issue or contractors were Representative mai -Fans were to be of Maintenance staff p -The Corporate Re- maintenance issue	or broken blinds and the e and flooring. at to report "minor" s to the Administrative reported to a Corporate naging maintenance issues. eaned by the facility berson. presentative managing s had spackled the dining ple of months ago" but it		Maintenance routine task	On-going	
D 076	10A NCAC 13F .03 Furnishings	06(a)(3) Housekeeping And	D 076	,		
	Furnishings (a) Adult care hom (3) have furniture c	806 Housekeeping And es shalt: lean and in good repair; bly to new and existing		· · · · · · · · · · · · · · · · · · ·		
	failed to repair or m	et as evidenced by: lons and interviews, the facility eplace 5 of 34 dining chairs, an ich prone to tipping`and an				
	The findings are:					
		/19/16 at 8:25AM of the m (off the hallway with revealed:				

STATE FORM

STATEMENT	of Health Service Rec FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL018035	B. WING		10/20/2016
AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	NTE, ZIP CODE	
PIEDMON	T VILLAGE AT NEWTO	1345 CH	APMAN LANE		
120111071		NEWTO	N, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 076	Continued From pa	ge 4	D 076	Table was removed.	
	"A hospitalitune ova	er-bed table with a laminated		Maintenance Staff will	10-23-16
:	table top and metal			Patrol Facility weekly to	T0-22-10
	, ,	g along the edge of the table			
		excessive amounts of dried		Ensure that all broken	
		sulting in a rough, uneven rim		Furniture is removed.	
	around the table.			Staff will report any broken	
		around one corner of the		Furniture to AA	
	board of the table to	ng, exposing the particle		Maintenance routine task	:
		e table top was marred and		i Maintenance i Dutine task	
	dirty.				
	-The metal base wa	as speckled with rust and		~	
	stained.				
	Observation on 100	4DMC -+ 0/20181 -416-			
		19/16 at 8:50AM of the he dining room revealed:		All Bolts were tighten on	
	, ,	n chair placed in the vicinity of		Chairs Maintenance Staff will	10-25-16
	the oxygen supply a				
		chair was noted to be wobbly		Patrol Facility twice weekly to	
	and had loose joint	connections.		Ensure that all bolts are tight	and
		of the chair's finish was		Secure on chairs. Staff will re	10-25-16 and port
		tom of the wood seat back		loose chairs to AA	
	was stained.			1	
	Observation on 10/	19/16 at 9:05AM of the		Maintenance routine task	
· .	exterior smoking an				
	-	at with approximately a one			
		e seat beyond the bench foot			
	brackets.				
		evenly on the concrete pad of		Bench was removed.	
	the smoking area.	lined a grey-black that did not		Maintenance Staff will	
	come off when rubb				
		who sat down with the		Patrol Facility weekly to	
	surveyor on the ber			Ensure that all broken	10-20-16
				Furniture is removed.	10-20-10
	Confidential intervie	ew on 10/19/16 at 9:05AM with		Staff will report any broken	
	a resident revealed:			Furniture to AA	
		Irveyor not to sit on the edge			
	of the bench or it wa alth Service Regulation	ouid tlip.	1	Maintenance routine task	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		DATE SURVEY COMPLETED	
		HAL018D35	B. WNG		10/20/2016
AME OF PF	OVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE	
ICDRACAL	VILLAGE AT NEWTON	, 1345 CH	IAPMAN LANE		
ICDIR(O)14	VILLAGE AT MEWTON	NEWTO	N, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
:D 076	Continued From pag	e 5	D 076		
	flipped, causing her:	the edge of the bench and it to fall without injury. one that she fell due to the			
	room revealed:	9/16.at 9:43AM of the dining		· · ·	
	-2 wood chairs which -1 wood chair with a	n were wobbly when shaken. wobbly arm rest.		· · ·	
	Observation on 10/1	9/16 at 4:01PM of the			
	common living room			SEE PAGE 5	
	chair with a loose an	vealed a wood dining room mrest, exposing a screw from nce held the armrest.			
	Administrative Assis Executive Director n -The facility had a pa	art-time Maintenance staff			
	facility every day, st	Assistant walked through the arting at the front lobby, to plies and housekeeping			
	needs. -When the Corporat	e Executive Director visited			
	maintenance needs Assistant and issue:	to the Administrative s requiring additional supplies reported to a Corporate			
		aging maintenance issues.			
D 079	10A NCAC 13F .030 Furnishings	06(a)(5) Housekeeping and	D 079		
	10A NCAC 13F _030)6 Housekeeping and			

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STATEMENT	f Health Service Reg of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		<u>, , , , , , , , , , , , , , , , , , , </u>	LETED
	,	HAL018035	B. WNG	4	R 20/2016
NAME OF PF	ROVIDER OR SUPFLIER	.STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
			APMAN LANE		
PIEDMON	T VILLAGE AT NEWTO	N NEWTON	N. NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIES	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR 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 079	Continued From pa	ge 6	D 079		
	orderly manner, fre hazards;	es shall in an uncluttered, clean and e of all obstructions and ly to new and existing			
	TYPE B VIOLATIO Based on observat failed to properly s residents with an o remove a non-surg extension cord fror	ions and interviews, the facility tore 3 oxygen tanks for 1 of 5 order for oxygen therapy, to ge protected household n use in 1 of 20 resident rooms issing electrical outlet		Oxygen tanks were properly stored In racks. MT/SIC/AA will ensure That all O2 tanks are stored correctly When they are received. MT/SIC/AA Will patrol facility at beginning of the Shift and end of shift to ensure O2 tan Are properly placed in racks. Staff is to report to AA/SIC any O2 tan Not properly stored MT/SIC/AA routine task	
	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				On-going
	-All of the cylinders stems where the g indicating the tank -Next to the reside oxygen concentral oxygen tank with a wheels. -The resident was	ders were not secured in a rack. Is had plastic seals over the gauges would be attached, is were full. In the where a resident was an tor and an M-24 size type a gauge, secured in a rack with not wearing the oxygen nasal ached to the oxygen		Resident's rooms arranged so No extension cords are needed. Maintenance/HSKP Staff will Patrol Facility twice weekly to Ensure that no resident is using extension cords Maintenance/HSKP routine task	10-20-

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILOING: R B. WING HAL018035 10/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1345 CHAPMAN LANE** PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 SLIMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 1D (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 079 Continued From page 7 D.079Interview 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 SEE PAGE 7 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 Division of Health Service Regulation 6899

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		HAL018035	B. WING		R 10/20/2016
	OVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE		
ANNE OF PP	CMDER OR GDFFEIER		APMAN LANE		
PIEDMON	VILLAGE AT NEWTO	N	N, NC 28658		
(X4) ID PREEIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL RLSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLET
D 079	Continued From pag	ce 8	D 079	, <u>1997 - Frank Frank Frank († 1987 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>	
	oxygen.	he proves tasks for the			
		he oxygen tanks for the 15 were not in a rack.			
		chnician from the supply			
		ered these tanks probably did			
	not put them in a ra				
		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, r				
	-The door to the clo				
		e door, numerous oxygen			
	tanks were observe				
	floor of the closet	ank racks were sitting on the			
	B. Observation on	10/19/16 at 12:20PM of		ATT DACE 7	
	Resident Room #1			SEE PAGE 7	
		esident bed on the right side of			
	<u>}</u>	ite household extension cord			
	that was not surge-				
		xtension cord was a table n), an oxygen concentrator			
		an unidentified black plug			
	which went under t				
~	Interview on 10/19	/16 at 12:20PM with a resident			
	in Room #1 reveale	ed:			
		ht side of the room was hers,			
	as was the oxygen	concentrator.			
	-She was not sure had been used in f	how long the extension cord			ar as i bi cilin A
	nad been used in r				A or factored
		/16 at 11:26AM with the			
	Administrative Ass		1		
		t permit the use of non-surge			
	protected extensio				
	-The use of surge	protected "power strips" were			

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Division o	f Health Service Regu	lation			
*	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	` +	HAL018035	.B. WING		R 10/20/2016
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
PIEDMON	T VILLAGE AT NEWTON		IAPMAN LANE N, NC 28658		
(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 APPROP DEFICIENCY)	BE COMPLETE
	extension cord was p -Staff might required never been addresses C. Observation on 10 common Living Room outlet was missing a be visible. Interview on 10/20/16 Administrative Assist -All electrical outlets -She was not aware of A Plan of Protection of from the Administrativ -Moving the oxygen t extra storage racks in -The non-surge prote removed from Room electrical outlets. -Upon arrival of the M missing electrical out- The Administrative A supply company to c delivering oxygen tar -The Corporate Administrative of STHE CORRECTION VIOLATION SHALL 14, 2016. 10A NCAC 13F .040 (a) Upon employme	w the non-surge protected laced in Room #1. training on this as it had d with them before. D/19/16 at 10:16AM of the n revealed an electrical face plate, causing wires to 6 at 11:26AM with the ant revealed: required a face plate. of the missing face plate. dated 10/20/16 was obtained ve Assistant which included: anks from Room #15 to n the oxygen supply closet. octed extension cord was #1 and plugs moved to Maintenance staff person, the let cover would be replaced. Assistant notified the oxygen heck with a supervisor when nks to ensure proper storage, nistrator would provide	D 079	Outlets Covers replaced Maintenance/HSKP Staff will Patrol Facility twice weekly t Ensure that all outlet has cov Staff is to report any missing Outlet covers to AA/SIC Maintenance/HSKP routine t	o <u>10-20-16</u> /ers
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Reviewed and accepted, December 16, 2016.

Patrick Ryan, RN, Nurse Consultant I

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL018035 10/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1345 CHAPMAN LANE** PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION D (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 131 Continued From page 10 D 131 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: On-going Based on intervelw 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. All Sub Contractors -He was hired as a patient transporter and building/grounds maintenance. Will have a File at Facility -No documentation of a TB test being completed. Corp Admin will follow up behind 10-21-16 Facility AA to ensure file is in Interview on 10/20/16 at 1:35PM with the Administrative Assistant and Corporate Executive Regulation policy. Owner will Director revealed: Also keep copy on file -Staff B would transport residents to and from their doctor appointments. Corp Admin/AA routine task -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 Division of Health Service Regulation STATE FORM 5099 0EXG11 If continuation sheet 11 of 17

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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 celling above the dishwashing area, approximately 5 feet by 5 feet, was covered with		-A section of tiled w	all behind the dishwasher,			
had a heavy black stain.The risk of stainsThe 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.The risk of stainsA section of ceiling above the dishwashing area, approximately 5 feet by 5 feet, was covered withThe risk of stains.		approximately 7 fee	et in width and 5 feet in height,			euuce
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 celling above the dishwashing area, approximately 5 feet by 5 feet, was covered with	1				The risk of stains.	
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					Maintenance/Dietary rout	ine task
from the wall. -A section of ceiling above the dishwashing area, approximately 5 feet by 5 feet, was covered with					Trumcenance, bietary roue	
-A section of cetting above the dishwashing area, approximately 5 feet by 5 feet, was covered with		1	substance that was peeling			
approximately 5 feet by 5 feet, was covered with			y 14 attack for a sum			
L L L L L L L L L L L L L L L L L L L	1	approximately 5 fee	et by 5 feet, was covered with			
	Division of H	I lealth Service Reputation		!		<u> </u>

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TATEMENT	f Health Service Reg OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
ND ELMIN U	(- 160 GPT 13 SUBSY 2 TVP1 1		B, WING		R 10/20/2016
·	<u> </u>	HAL018035	1		t transferrer to
AME OF PF	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E, ZIP CODE	
		17	APMAN LANE		
IEDMON	T VILLAGE AT NEWTO	N NEWTON	, NC :28658		······
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLE APPROPRIATE DATE
D.282	Continued From pa	ge 12	D 282		
	o number of spots r	sircular in shape, ranging in			
	size from 1/2 inch h	o 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			
		not come clean "even with			
	scrubbing".	me habind the disburgshar			
	- The neavy black a	rea behind the dishwasher for a while, but she could not			
	give a specific time				
	-She had noticed th	ne spots on the ceiling, but did			
	not know how or w	hen they had been made.			
	-She did not have	any way to reach the ceiling to			
	clean it.				
		leaning schedule for the		CTT DAG	SF 17
	kitchen.	the lifebon was		SEE PAG	م علم ما ا
	-Whoever was wor	king in the kitchen was aning the kitchen before their			
	shift ended.				
		y included sweeping, mopping			
	the floors and wipi	ng down the counters.			
	Interview on 10/19	/16 at 9:45AM with the			
	Administrative Ass				
		oing to be getting a new			
		hen the old one was removed, person could replace the		4	
	damaged and dirt	v wall files.			
	-She did not have	a specific time frame for the			
	dishwasher replac	xement.			
	-No one had repo	rted the spots on the celling to			
	her, but she would	get the Maintenance person			
	on it immediatley.				
		wall tile behind the dishwasher			
	was in poor repail				
	-The kitchen staff	was responsible for keeping the			
	needing to be cor	notifying her of any repairs			
	I needing to be COL	npiereu.		1	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: CO HAL018035 B. WING	
HALO18035 HALO18035 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PIEDMONT VILLAGE AT NEWTON 1345 CHAPMAN LANE V(X4) JD SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REQULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 13 D 282 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". D 282	NTE SURVEY DMPLETED
Industry Industry NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PIEDMONT VILLAGE AT NEWTON 1345 CHAPMAN LANE NEWTON, NC 28658 NEWTON, NC 28658 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG D 282 Continued From page 13 D 282 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".	
Industry Industry NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PIEDMONT VILLAGE AT NEWTON 1345 CHAPMAN LANE NEWTON, NC 28658 NEWTON, NC 28658 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG D 282 Continued From page 13 D 282 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".	R
1345 CHAPMAN LANE NEWTON, NC 28658 (X4) JD SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL PREVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG D PREVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) D D D D D D Continued From page 13 D D 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". D	10/20/2016
PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28558 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D.282 Continued From page 13 D 282 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". D 282	
NEWTON, NC 2858 (X4) JD PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 282 Continued From page 13 D 282 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". D 282	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D.282 Continued From page 13 D.282 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". D.282	
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".	(X9) COMPLETE DATE
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 317 10A NCAC 13F .0905 (d) Activities Program D 317	
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: 	
Confidential interviews with 8 residents revealed: -One resident stated she liked to go to bingo and Division of Health Service Regulation	a ng a shin iy

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If continuation sheet, 15 of 17

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R HAL018035 8. WNG 10/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION :ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY 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 Facility has put Activity Sign in sheet sometimes, but they would like to do more. -A seventh resident said they would like to have In effect. Residents & Families are more bingo and residents are bored because Encourage to participate in resident there is not much to do at the facility. -An eighth resident said there were no activities Counsel meetings to discuss activities of done at the facility. 11-14-16 Interest. Facility will consult with outside Agencies about incentive to encourage Observation on 10/19/16 at 11:18AM of the posted activity calendar in the hallway revealed: Participation in activities. To ensure residents **On-going** -An oversized calendar, measuring approximately Are participating in activities Activity Director will 2 feet by 3 feet, for the month of October 2016. -Activities with scheduled times ranging from 20 Monitor sign sheets and update Activity 6mt eval. to 22 hours per week. Activity Director routine task -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. Division of Health Service Regulation STATE FORM 6889

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Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING; R B. WING HAL018035 10/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID in. (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) GROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 317 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. D912 G.S. 131D-21(2) Declaration of Residents' Rights D912 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 Division of Health Service Regulation

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING 10/20/2016 HAL018035 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID. (X4).ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D912 Continued From page 16 D912 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)]. Division of Health Service Regulation STATE FORM 0EXG11

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