STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	X2: MULTIPLE	CONSTRUCTION	FORM APP
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(X4) (D SUMMARY ST	ATEMENT OF RECOGNISMO	IGTON, NC 27889		
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This Rule is not met as	s ev denced by:			
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the walls and floors in fi	Is in two resident hallways,			
bathrooms and two dina	ne two common-use	į.		
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of Health Service Regulation ORY DIRECTOR'S OR PROVIDER/Sylep		· w	an will de woo	ry check in
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AND PLAN OF CORRECTION ATT PROVIDER SUPPLIER (X2) MULTIPLE CONSTRUCTION A. BUILDING:	Division of Health Service Regi	ulation			PRINTED: 05/15/201 FORM APPROVE
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kitchen from the dining room on 5/2/17 at 11:05am revealed: The door had to be forced open because of the buckling of the floor where the door rubbed against the tile. The cook had used her shoulder to force open the door when entering the room. Interview with the cook on 5/2/17 at 11:10am revealed: The doors had always stuck since the floors were uneven. The administrator had been notified about the doors being stuck. They had been stuck for over a year. Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed in the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining room at pathway of the residents entering the door pathway of the residents and an advantage of the door pathway of the residents and an advantage of the door pathway of the residents and an advantage of the door pathway of the residents and	Observation of the doo	If all the entrance of the	10 10		1
The door had to be forced open because of the buckling of the floor where the door rubbed against the tile. The cook had used her shoulder to force open the door when entering the room. Interview with the cook on 5/2/17 at 11 10am revealed: The doors had always stuck since the floors were uneven. The administrator had been notified about the doors being stuck. They had been stuck for over a year. Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	kitchen from the dining	100m on 5/2/17 at	4 9	a handed or	ed one of a
against the tile. The cook had used her shoulder to force open the door when entering the room. Interview with line cook on 5/2/17 at 11 10am revealed: The doors had always stuck since the floors were uneven. The administrator had been notified about the doors being stuck. They had been stuck for over a year. Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	i i voain tevested.		!	, 0	\mathcal{G}_{i}
against the tile. The cook had used her shoulder to force open the door when entering the room. Interview with line cook on 5/2/17 at 11 10am revealed: The doors had always stuck since the floors were uneven. The administrator had been notified about the doors being stuck. They had been stuck for over a year. Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	The door had to be for	Ced onen harauna atus	لع	mouth suite	ex and no
The cook had used her shoulder to force open the door when entering the room. Interview with the cook on 5/2/17 at 11 10am revealed: The doors had always stuck since the floors were uneven. The administrator had been notified about the doors being stuck. They had been stuck for over a year. Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	Sociality of the 1100t Mile	ere the door arbbod		heits	أستران المستران
The cook had used her shoulder to force open the door when entering the room. Interview with the cook on 5/2/17 at 11 10am revealed: The doors had always stuck since the floors were uneven. The administrator had been notified about the doors being stuck. They had been stuck for over a year. Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	against the tile.				
Interview with the cook on 5/2/17 at 11 10am revealed: -The doors had always stuck since the floors were uneven -The administrator had been notified about the doors being stuckThey had been stuck for over a year Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardty into the pathway of the residents entering the dining.	-The cook had used her	Shoulder to form	u	lay of Causen	a hain to
Interview with the cook on 5/2/17 at 11 10am revealed: -The doors had always stuck since the floors were uneven -The administrator had been notified about the doors being stuckThey had been stuck for over a year Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	the door when entering	the room			/ 1
Interview with the cook on 5/2/17 at 11 10am revealed: -The doors had always stuck since the floors were uneven -The administrator had been notified about the doors being stuckThey had been stuck for over a year Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	9		α	regore - Man	age will 1
were uneven The administrator had been notified about the doors being stuck. They had been stuck for over a year Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	Interview with the cook of	OB 5/2/17 of 11 10-		LUD WAR BOY CO	0 , ~ ~ 1
were uneven The administrator had been notified about the doors being stuck. They had been stuck for over a year Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	revealed:	on orzar at it loam		me water the	weeky
were uneven The administrator had been notified about the doors being stuck. They had been stuck for over a year Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining.	-The doors had always s	Stuck since the se	G	end Maintanes	new Man
Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining	were uneven	ABOK SINCE THE HOOFS		1.1.70	al whim our
Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining	-The administrator had h	ICOn polified about the	0	muer de meern	1 Cheer
Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.60pm revealed the left side had a nisted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining	doors being stuck.	sen nomen about the	,	the dacilitis-	•
Observation of the baseboard heater cover to the right of the entrance door of the dining room at 5/2/17 at 1.00pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining	-They had been stuck for	r over a vear		0	. }
5/2/17 at 1.60pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining			1		1
5/2/17 at 1.60pm revealed the left side had a nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining	Observation of the baset	oard heater cover to the	i i		1
nusted metal plate measuring 6-inches by 3-inches which protruded outwardly into the pathway of the residents entering the dining	right of the entrance door	of the dining room at			ļ.
3-inches which protruded outwardly into the pathway of the residents entering the dining	5/2/17 at 1.00pm reveale	d the left side had a	i i		!
pathway of the residents entering the dining	nisted metal plate measur	Find fainched by	8		ļ
pastway of the residents entering the dinfing	3-inches which protruded	Outwards into the	**		7
foom.	pathway of the residents	entering the dusing	j		
•	room.		1		Ţ.
	6-6)		į		
Confidential interview with a resident revealed	Confidential interview with	a resident revealed			i
All residents had to force the doors fully open by	-Aut residents had to force	the doors fully open by			
using their shoulders to open both doors all the	daing their shoulders to op	pen both doors all the	i		
way	way		İ		1
-The residents in wheelchairs required staff	 The residents in wheelch; 	airs required staff	į		1.

Transmentation shoes 3 of 31

STATEMENT OF DEFICIE AND PLAN OF CORRECT		(X1) PROVIDER/SUPPLIE/POLIA IDENTIFICATION NUMBER:		CE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL007014	B. WING.		R
NAME OF PROVIDER OR	SUPPLIER	SIREET	ADORESS CITY S	TAIR 20 CANE	05/04/2017
CLARA MANOR			MLICO STREET		
			NGTON, NC 278		
(X4) IO PREFIX (EA	SUMBMARY S'	IATEMENT DE CIFERCIENCISE	. 10	· · · · · · · · · · · · · · · · · · ·	
nati ne	OCATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE COME THE APPROPRIATE DA
D 074 Continue	d From pag	e 2	D 074		
assistanc	e with onen	ing the doors			
-The door	s were usu	ally left open because of the			
difficulty i	n opening a	nd closing the doors			
-The resid	lents had no	otified the Administrator of		ř	
the rusted	l vents	Control (Strate) G			
Atternited	l interview u	with the maintenance	78	E.	
director or	5/3/17 uns	wer tre maintenance successful			
				9	
Interview	with the Adr	ninistrator on 5/2/17 at		d f	
1:20pm re	vealed:				
-She was	aware of the	dining room doors inability	46		
to complet	ely open.			# 2	
- I ne dinin	g room door	rs ability to open was	85		
affected "v	when the flo	ors swell up now and then "	of the second	*	
-She Would	pul in a m	aintenance request to have			
the aining	room doors	fixed.		er.	
MIJOW DIKE	nave me t	aseboard heater repaired.	í.	an and an analysis of the second	
in the hath	rooms repai	paseboards and rotted wood	11		
She was r	oenoseible	for a constant			
-The facility	had acces	for overseeing all repairs s to the mainteriance			
nerson whi	a could com	s to the maintenance plete any repair request.			
person ma	COBIG COM	piete any repair request.		į.	
D 076 10A NCAC	13F .0306(a)(3) Housekeeping And	D 076		
Furnishings	i			The facility	met 5/3
10A NCAC	13F A306	Housekeeping And		assure that a	al demotion
Furnishings	1 00000 1	lousekeeping And	Í	marine that c	me The man we
(a) Adult ca		lich	į.	are clean and	الحدد ، ١
(3) have fur	niture cieso	and in good repair:		Lean and	en gova
This Rule s	hall apply to	new and existing		refere. The fac	ility will
facilities		The We did existing	· ·	ladine that of	mila
				are free from	Charks.
This Rule is	not met as	evidenced by:		and view	1 Curcus
Based on ol	servations	and interviews, the facility	1.	A July	
failed to ass	ure patio ch	airs and porch chairs		The Memoriae ,	will wilk
were kept ci	ean and in (good repair, including		there in will	et - C
chairs with r	ips in the fa	bric on the seat part of the	- 1	Min Lo could	lan weekly
	48 3000	and any tite acres half of file		LACT THE ENTRY IN	

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CO A BUILDING		(X3) DATE SURVEY COMPLETED
				R
	HAL007014	R. MING		05/04/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CHY, STATE	ZIP CODE	
CLARA MANOR		AMLICO STREET		
		INGTON, NC 27889		
MACH DEFICIENC	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION I	PREFIX TAG	PROMDER'S PLAN OF CORRECTI LEACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPROX DEFICIENCY)	DRF CONDUCTE
D 076 Continued From pag	e 3	D 076	4-M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
chair		1		
The findings are:		· ·		78
		2 9		
Observation of the M	vo outdoor porch chairs on			
5/2/17 at 12:00pm re	vealed:	i		
-There were two chair	irs made of metal bar		ë.	
construction covered	in a beige fabric covering.			
- the tabric on the left	t chair seat was completely	i:		
fabric to be end a	and front side causing the			
The fabric on sinks of	rard touching the ground.	r Į		
extending from the fi-	hair seat had a 2-foot tear			
the rear center has of	ont center bar of the seat to	1		
rentar metal base sur	the seal exposing the	1		
bolts sticking upwards	pport which had protruding	e e		
	rered in dirt and mildew			
The chairs were not	able to be used to sit in or	1	~	
you would fall through	them to the ground			
	to the groupid.	: !		
Observation of the 5 of	outdoor patio chairs on			
5/2/17 at 12:10pm rev	realed:			
-All chairs were made	of metal bar construction	j		
covered in a beige tab	ric covering.			
 One of chairs had tori 	n seat fabric extending from			
the front bar to the rea	ir bar of the seat, exposing			<i>i</i> *
ine metal support base	è,			
-All chairs were covere	ed in dirt and mildew.			
-Alf chairs had spots of	frust forming on all parts of	1		
the metal bar construc	tion			
Confidential interviews	with 2 residents revealed:			
-All residents still sat o	n the chairs but "you had to			
straddle the bars so yo	ou didn't fall through the	i i		
chairs."		Į.		
 The patio and porch ci 	hairs had been in a state of			
dishepair for over a yea	ir.	- in		
 The fabric is so dry an 	d brittle that residents had			
to be careful "not to tea	or the chair more than it			
already was."	100	1		

AND DIAM	ENT OF DEFICIENCIES (X.1) PROVIDER/SUPPLIET/CLIA (X.2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X.2) MULTIPLE CONSTRUCTION				
0 1. CHU	OF GUMEREE HON	IDENTIFICATION NUMBER	IDENTIFICATION NUMBER. A BUILDING:		(X3) DATE SURVEY COMPLETED
				 _	OOMFLERED
		HAL007014	B. WING		R
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS CITY, STATE	NE CARC	05/04/2017
CLARA M	ANOR		MLICO STREET	ZII- CODE	
			IGTON, NC 27889		
(X4) ID	SUMMARY ST	ATEMENT OF DESIGNACIAS		450.00	West of the second seco
PREFIX IAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV OROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE COMP ET TWEE
D 076	Continued From page	e 4	· D 078		
	-The Administrator wa	as aware of the condition of			
	the chairs.				
	 The residents had to 	ld the Administrator of the	į		
	condition of the chair.	5.	į		
	 The residents had st 	opped reporting the need			
	over the past year for	replacement chairs			
	because they felt the	facility did not place high			
	importance on outdoo	r furniture.			
	Interview with the RCI	C /Davids-t A			
	Coordinator) on 5/3/1:	7 at 10:05am revealed.	ĺ		
	-The chairs had been	identified before as being in	ì		
	need of repair by anot	her agency that visited the	1		
	facility a month ago.	agency that visited the			
	The chairs had rips in	them for over a year	1		
	The residents still sit	in the chairs but some of			
	the chairs just were no	at able to support any			
	residents.	or o			
	There were no restrict	tions prohibiting use of the			
o 1	tom chaus.	3 440 01 010	:		
,	Attempted interview wi	in the engine	1		
	director on 5/3/17 unsu	in the maintenance			
	and displaying the	OCESSIA.			
ı	nterview with the Adm	inistrator on 5/3/17 or	÷ i		
1	3:30am revealed:	and the second of the second o			
		fied as being in need of			
r	epair by another agen	CA a mouth and			
-	The maintenance direct	ctor dealt with all identified			
n	epair needs.	acon with an identified			
-	The maintenance direct	for worked for the owner			
W	no was assigned to of	ther properties in addition			
to	the facility.		2		
•	The residents had neve	er informed her of the	İ		
n	eed for the patio and p	orch chair renairs		•	
-5	She was unaware of th	e condition of the chairs			
-5	she would put in a requ	uest to the owner to have			
14.	ne chairs repaired or re	to the second of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER	(X2) MULTING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007014	B. WING	- Address	R
NAME OF PROVIDER OR SUPPLIER	ETREEY	and relien	- The state of the	05/04/2017
GLARA MANOR		address, city, 5t/		
VEARA MAROR		MLICO STREET NGTON, NC 2788		•
(X4) IC SUMMARY	STATEMENT OF DESIGNATES			
THE TAX (DAVE DE NOISE)	NCY MUST BE PRECEDED BY FULL RISC IDENTIFYING INFORMATION!	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	N (XE
	A COC INCOME INDICE INTO DESIGNATIONS	TAG	LRUSS REFERENCED TO THE APPROP	BE COMPL
P.670 Cartian J.			DEFICIENCY;	
D 079 Continued From pa		U 079		
D 079 10A NCAC 13F .03I	06(a)(5) Housekeeping and	D 079	<u> </u>	
Furnishings		5019		
***************************************			:	
10A NCAC 13F ,03(06 Housekeeping and		! !	
Furnishings		ı.		
(a) Adult care home	es shall			
Orderiv manner free	n an uncluttered, clean and of all obstructions and	i i		
hazards;	or an obstructions and	ļ		
	to new and existing	ř Si		
facilities.	to non and existing			
		i		
		i i		
· - ·· = * *		# .		
This Rule is not met	as evidenced by:			
Based on observation	ns and interviews, the facility			
raised to assure the fa	icility's walkway railings, the	:	At Lanks	-1 -1
exterior telephone an	d cable wires by the wooden	. '\	The paciting will	5/19/1
toilet support railinge	common-use bathroom	20	MANUALL ORIA	
clean manner and fre	were in maintained in a	1	and that cut	
Section in the man in the	e ui nazaros.	1 -	The facility will assure that all exterior objects of Wiring are proper installed to prevent	W.
The findings are:			Williams Alla Allen	lu
			the party and	0
Observation of outdoo	or ramp on 5/3/17 at	: (installed to prevent	
10:00am revealed:		Ľ	emy vargueta - The	
-The 16-foot long railir	ngs on both sides of the	i j	Manager will do w	<i>wikly</i>
"Floor wide ramp lead	Ing to the side door hart	1	walk in 1 and	0
rolling wood, 7 loose i	vertical stats and 12 naile		walk through and	· C
promoting from the top	of the raitings	1	Content puper compa	ings
and fough odges with	gs had wooden splinters		regards their exterio	u'
and rough edges with	peeling paint.		equipment that is o	ut
in mold.	and railings were covered		of slace. Maintans	nces
		1	regards their exterior equipement that is or of place. Maintains han check in on face	lity
Observation of hathro-	om #1 on 5/2/17 at 11:12am	: #	man creck in infill	~~ 7
revealed there was a u	instable metal average		weekly-	
railing to the left of the	toilet which was loosely	· ·	J	
attached to the wall an	d floor mounts causing the	ii T		
railing to easily be mov	ed side-to-side	l a		
of Health Service Regulation	THE PARTY OF THE			

S1GQ11

	IT OF DEFICIENCIES				
AND PLAN	OF CORRECTION	(X1) PROVICER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(8)	E CONSTRUCTION	(X3) DATE SURVEY
ļ			A. BUILDING,		COMPLETED
					6
		HAL007014	B. WING		R 05/04/2017
NAME OF F	POMDER OR SUPPLIER	WIDEET	VOIDRESS, CITY, 817		05/04/2017
	and the common heads at the grant of the state of the sta				j
CLARAM	ANOR		MLICO STREET IGTON, NC 2781		
(X4) (O	SHAMARY	ATEMENT OF DEFICIENCIES	1010H, NC 2780	19	
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY ME.	10	PROVIDER'S PLAN OF CORRECT	CTIKON (K5)
TAC	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE COMPLETE
			ı	DEFICIENCY	STAIR STAIR
D 079	Continued From page	e 6	0 079		
	approximately 1-foot.				
	approximatory (1900).		72	1	¥
	Observation of bathro	oom #2 on 5/2/17 at 11:19am		The facility w	Masine 1121
	revealed there was a	unstable metal support	14	one facility is	(1)
	rading to the left of the	e toilet which was loosely		that all equips	nent
	attached to the wall a	nd floor mounts causing the		in the law out	\A. 10 -
	railing to easily be mo	oved side-to-side	1.	in use for pury	<i>E</i> 1
	approximately 1-foot			of disabled are	purply
	ia.		1	in Smooth surfa	nea and
	Observation of the tel	ephone and cable boxes at		good working c	
	The base of the woode	en ramp on 5/3/17 revealed:	,	<u> </u>	
	Timere was a proken i	box cover for the telephone		Free from any o	spections
	wires which was hang	Ing 2 feet exposing	1	pashing up for	in will
	approximately 25 wire facility's exterior wall	s which went into the	Î	p = 300 0	Kild
		sharp metal telephone wire		or metal of an	y mence.
	tips near the walk out	approximately 4 feet from		Manage che	cic
	the ground within rear	th of residents passing by		i vi a	Maintanence
	the phone box.	or residents passing by		Weekly and	
		cable wires that were	1	manager che Weekly and Check in wee	iclin -
	protruding outwardly to	OWards the walkway		Crock	3
	approximately 2-feet fr	om an open plastic	33		1
	encasement which wa	s unable to contain the	D		1
	bulky cables		į		1
	Confidential inter-				1
	The bathroom bare	with 5 residents revealed	1		
	tried to stand up from t	ere unsafe when residents			Į
		ne tollet. Thed the Administrator on	2		
5	several occasions but	could not recall the dates			
	of the notifications.	codic not recall the dates	1		
		had been seen in the	. [
8	acility in the past sever	ral months but had not	į		
ē	addressed the railings in	in the bathrooms.			1
	The wooden ramp out:	side the facility needed	İ		1
r	epairs.				
,	The ramp was covered	d in mold and had nails	1		İ
9	ticking out of the railing	QS.			İ
ē	The ramp had been the	e same for over a year.			
	The telephones in the	facility often had static	i		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVICER/SUPPLIERICUA	(X2) MULTIPLE C	ONSTRUCTION	
THE CHANNES I ON	IDENTIFICATION NUMBER	A. BUII DING:		(X3) DATE SURVEY COMPLETED
	HAL007014	8. WING		R
NAME OF PROVIDER OR SUPPLIER	Ether.			05/04/2017
	DINELI	ADORESS, CITY, SYATE.	. ZIF GOO€	
CLARA MANOR		MUICO STREET		
(X4) (D St. WMAD	Y STATEMENT OF DEFICIENCIES	NGTON, NC 27889		
TAG REGULATORY	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D DE
D 079 Continued From p	page 7	D 079		
during the rain be- cables.	cause of the exposed phone			
-The wires for the	telephone and television cables	1		
were never fixed e	iven though residents had fold	į		
the administrator (over a year ago.			
-There was an occ	asion that the facility had no			
telephone service	after a rain storm.			
¥000 €		i		
interview with the i	Maintenance Director ori 5/4/17			
at 8:45am revealed				
Cables protruction t	e phone cables and television	:		
He thought it was	rom the facility's exterior. The responsibly of the phone	. !		
company and cable	company to five the phone	î		
-He had never calle	ed the telephone company or			
cable company to t	ell them of the protruding	E.		
cables and broken	containment boxes.	ļ		
-He would call the p	ohone and cable company to	:		
have the cables an	d boxes repaired	į		
		1		
Interview with Resid	dent Care Coordinator (RCC)			
revealed 5/3/17 at 1	10.30am revealed			
The facility did not	have a dedicated			
maintenance person	n but had shared one			
facilities.	n among the owner's other	i i		
-The loose wires by	the walkway and wooden	!		5
ramp were function:	I but needed to be repaired			
 -No residents had b wiring. 	een injured by the exposed			
	rained, the telephone service			
Interview with Admir revealed:	sistrator on 5/3/17 at 11:45am	[
	f the phone wire containment	40		
-She had not seen th	te exposed wires	58		
-She had not seen the	e exposed television cable			

Division of Health Service Reg				FORM APPROVE
STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	10 ac ac	E CONSTRUCTION	(X3) DATE SURVEY
· · · · · · · · · · · · · · · · · · ·		A BUILDING		COMPLETED
	HAL007014	B. WING	<u> </u>	R
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	AIE ZP CODE	05/04/2017
CLARA MANOR		MLICO STREET		
	WASHI	GTON, NC 278		
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	PE COLUMN
D 979 Continued From pag	e 8	D 079		
She had not been no	otified by the residents of the			
phone wires and the of the pathway	television cables at the base			
-She was responsible	e for overseeing the	35		
maintenance of the b	uilding			
-She would notify the	maintenance man of the			
the base of the ramp	elephone and cable boxes at			6
are on the ramp			:) 	
D 113 10A NCAC 13F .0311	(d) Other Requirements	D 113	The facility will that the water of maintains the re desired terr perate times - assure to temp does not ex	. 6
10A NCAC 13F 0341	Other Requirements		the facility wil	l assure
(d) The hot water sys	stem shall be of such size to		the start of	Garage Her.
provide an adequate :	supply of hot water to the	728	that the water !	or agreement to
kitchen, bathrooms, la	aundry, housekeeping		maintakes the re	earminanalled
closets and soil utility	room. The hot water ures used by residents shall		desired theory record	ue atall
be maintained at a mi	nimum of 100 degrees F	Ì	deside 1	hat water
(38 degrees C) and sh	nall not exceed 116 degrees		times - assure.	
F (46.7 degrees C). T	his rule applies to new and		temp does not ext hat a down to	coex 10
existing facilities.			hat a down to	cold bor
			resident personal C	our neiche -
This Rule is not met a	s evidenced by	į	Manager Ordhue	00
Based on observations	s, interviews, and record		Check temp on eve	ry Shift
reviews, the facility fail	led to maintain hot water		with the proper in	strument
system at a minimum of	of 100 degrees Fahrenheit		I- I- Mais	Acrenco.
hot water to 2 of 7 bath	nroom fixtures in the ns and a resident's private		TO the linear - 11 (color	la a i list
bathroom.	no arro a resident s buyate		Main Check in	occupied .
The findings are.			to be used - Mais Main Check in Weekly-	
Observation of the hatt	rroom sinks and showers	er er		
at the facility after allow	ving each faucet to run for			
a minimum of 10 minut	es on 5/2/17 revealed:			
-Common-use bathrooi	m #2 bathroom sink			· ·
revealed a water temper	eratures of 96 degrees	19		

Division of Health Service Regulation

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If continuation sheet, 9 of 31

AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIST/CHA IDENTIFICATION NUMBER	(X2) MULTIPLE (A BUILDING.	CONSTRUCTION	COMPLETED
		HAL007014	B WING		05/04/2017
KAME OF PI	ROVIDER OR SUPPLIER	STREET	NODRESS, CITY, STATE	. ZIF CODE	03/04/2017
LARA MA	ANOR	1218 PA	MLICO STREET IGTON, NC 27889		
(X4) ID	SUMMARY ST	ATEMENT OF CEFICIENCIES			
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IC PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE
D 113	Continued From page	9	D 113		
	Fahrenheit at 8:10am				
		om #4 bathroom sinks	ļ		
	revealed a water temp	peratures of 99 degrees			
	Fahrenheit for the sin	k by the door (4A) and 90			•
	degrees for the secon	d sink (4B) at 8:32am	1		
	 Common-use bathros 	om #5 bathroom sink			
	revealed a water temp	perature of 99 degrees			
	r anrenheit at 8:26am.				
8	-The facility's only priv	rate bathroom sink revealed	ĺ		
	a water temperature o 8:50am.	f 94 degrees Fahrenheit at			
	A second observation	of the bathroom sinks and			
	showers at the familie	after allowing each faucet	22		
t r	o run for a minimum o evealed:	f 10 minutes on 5/3/17			
-	Common-use bathroo	m #4 bathroom sink 4B			
r F	evealed a water temp ahrenheit at 11.05am	erature of 94 degrees			
_	The facility's only priva	ate bathroom sink revealed			
а	water temperature of 1:25am.	94 degrees Fahrenheit at	2		
R	Review of the facilities.	monthly temperature logs	4		
to	or May 1-3, 2017 reve:	aled:	:		W.
g:	egrees	om 101.3 degrees to 110	:		
16	08 1 degrees	from 102.3 degrees to			
a	egrees.	om 103 degrees to 110.5			
-t: 11	Bathroom #5 ranged fr 13.1 degrees.	om 103.7 degrees to			
O	bservation of the Mana	ager checking the water			
te	mperatures on 05/03/	17 at 9:00 AM revealed	; j		
sn	e was using a meat trater temperatures.	nermometer to check			
Co	onfidential interviews v	vith 3 residents revealed:			

Division of Health Service	Regulation			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE (CONSTRUCTOR	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING:	9 (MACCOUNT)	X3) DATE SURVEY COMPLETED
		" DOICONIG,		COMPLETED
	MAL 007044	D March		R
	HAL007014	B. WINO		05/04/2017
NAME OF PROVIDER OR SUPPLIE	R STREET.	ADDRESS, CHY, STATE	E, ZIP CODE	
CLARA MANOR		MLICO STREET		
		GTON, NC 27889		
(X4) ID SUMWA	RY STATEMENT OF DEFICIENCIES	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
PREFIX (EACH BEF)	CIENCY MUST BE PRECEDED BY \$111	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X 5)
IAG REGULATOR	Y OR LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE DATE
	·	1	DEFICIENCY)	
D 113 Continued From	page 10	D 113		
The water had t	peen cold sometimes throughout			
the day.	roan cad sometimes throughout			
	peratures had occurred several			1
times over the pa	asi few months			1
-Fach resident h	ad told the Administrator of the			Ĭ
cold water issue	on each occasion when they			1
experienced cold	water temperatures.	į.		ļ
-The Administrate	or had told each resident that the	1		.55
water lemneratur	e would be addressed after each	'		
complaint.	e would be addressed after each			
	eratures remained the same			
regardless of the	time of day			
-94.4.000 01 1110	une or day,	į		
Interview with the	Resident Care Coordinator on			
5/2/17 at 10:00an	n teveslad:	5. d 5. d		
	temperature dial setting had	#		•
been increased a	tter being informed of cold			
temperatures earl	er that morning			į
-After adjusting th	e water heater on 5/2/17 she	8		
was able to get te	mperature readings above 100			
degrees Fahrenhe	eit water temperature in all	! !		
bathrooms using a	a meat thermometer.			
-She had not rece	ived any complaints related to			
water temperature	es over the last few months	į		
-She did keep a lo	g book of water temperature			
checks at the facili	ity which showed they were in			
compliance accord	ling to the thermometer that	7		
they used.	of the state of th			
·The water temper	atures were to be checked			ĺ
daily by staff.	The second			
		ľ		
Interview with the	Administrator on 5/3/17 at 11:45			
a.m. revealed:				
 She would correct 	the cold water situation			
immediately		ļ		ľ
-She had already n	otified the maintenance man			1
to repair the proble	m.	1		1
	not complained about the	ļ		ĺ
water temperature.				. [
·They did maintain	a water temperature log book.			
sion of Health Senage Regulation	,			ı

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Division of Health Service Reg	ulation			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MI II TIO	E COMPTONO TO	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	E 00 00 00	LE CONSTRUCTION	(X3) DATE SURVEY
	1	A. BUELING	·	COMPLETED
				R
	HAL007014	5. VANG	the second section of the party of the second section of the section of the second section of the section	
NAME OF PROVIDER OR SUPPLIER	ÉTELET.	ADDRESS, CITY, S		05/04/2017
A) 40				
CLARA MANOR		MLICO STREET		
(X4) ID SUMMARY S	WASHI	IGTON, NC 278	89	
TAG REGULATORY OR	IATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX IAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	N De Cis Defr
D 113 Continued From page		D 113		
-She would purchase	a proper water temperature	1		U:
mennometer.				
-The water temperatu	ires were checked daily and			
recorded.	a and the annual and		1	ā
		w.		
D 278 10A NCAC 13F .0903	(a) Licensed Health	D 070	ļ	
Professional Support	(a) thousand mealth	D 278	Mrs. Land St. Ville	to 612-117
			The faciting un	\sim \leq \leq \leq \leq \leq \leq \leq \leq \leq \leq
10A NCAC 13F .0903	Licopood Coult		The fairlity wi assure that a	Ll resulant
Professional Support	acersed nearin		la a a a a a a a a a a a a a a a a a a	
(a) An adult care bon	ne shall assure that an		has the peoper a	collamen
appropriate licensed t	ealth professional			100000
participates in the on-	site review and evaluation		that is due in a	- ternety
of the residents' health	i status, care plan and care		A CATE A A	Maria Maria
Provided for residents	requiring one or more of		Manner after and	russer.
the following personal	care tester		into facility. The will make sure	NI Augus.
(1) Spolying and remo	oving ace bandages, ted		wo facility.	To the second
hose, binders, and bra	young and patients.		hill make Accus	, to
(2) feeding techniques	tor conducts	İ		
swallowing problems;	S TO TESIDELIES MICH		Contact Litts her	
(3) bowel or bladder to	raining programs to regain		1. Non Carried a	معن
continence	aming programs to regain	Ì	appra cools	
(4) enemas, supposito	ries break up and		resident and	1
removal of fecal impac	tions and regions		to V of time of	trick
douches,]	to Co	maketi.
(5) positioning and em	Olving of the consor	ĺ	report curival of resident and k track of time of Nurse, have to co	[[
catheter bag and clean	ing around the arms	i	Task and Not and ministrator.	this
catheter:	and around the thinary		last ma	4
(6) chest physiotherap	V or postural designs	·	and ministrator.	
(7) clean dressing char	nges, excluding packing		Ce pe ne orace	1
Wouthds and anning that	nges, excluding packing of prescribed enzymatic	.		ļ
debriding agents;	or prescribed enzymatic			
(8) collecting and testing	10 of fingerstick black	:		1
samples	A A BURELSHOW \$1000			N .
(9) care of well-establis	thert enjectomy or			
ileostomy /basing a boo	ded curainal = ** - ***	30 30		
Sutures or drainage).	led surgical site without	į		
(10) care for name	A	Ţ		
a Stage II processes II-	deers up to and including	i		
a Stage II pressure ulce	which is a superficial	ļ		

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STATEMENT OF DEFIGENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE (A BUILDING:	IONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007014	B. WING		R
NAME OF BUILDING OF STREET				05/04/2017
NAME OF PROVIDER OR SUPPLIER	STRECT	Address, City, State	F ZIP CODE	81
CLARA MANOR		MLICO STREET GTON, NC 27889		
PREFIX (EACH DEFICIEN	STATEMENT OF DEHICLENCIES ICY MUST BE PRECEDED BY FIJL! R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APPL DEFICIENCY)	XED BE COME HAVE
D 278 Continued From pag	je 12	D 278		
ulcer presenting as	an abrasion, blister or shallow			
crater;				
(11) inhalation medi	ication by machine:			
(12) forcing and res	tricting fluids:			
(13) maintaining acc	curate intake and output data:	į		
(14) medication adn	ninistration through a	į		
well-established gas	trostomy feeding tube			
(having a healed sur	gical site without sutures or	,		
drainage and through	h which a feeding regimen			
has been successful	ly established)			
(15) medication adm	ninistration through injection:			
Note: Unlicensed sta	iff may only administer			
subcutaneous injecti	ons, excluding			6
anticoagulants such	as heparin.			
(16) oxygen adminis	tration and monitoring:	ps		5-
(17) the care of resid	tents who are physically	· · · · · · · · · · · · · · · · · · ·		
restrained and the us	se of care practices as			
alternatives to restrai	nts:			
(18) oral suctioning;	•			
	ablished tracheostomy, not			
to include indo-trache	al suctioning			
(20) administering ar	nd monitoring of tube	2		
feedings through a w	ell-established gastrostomy			
tube (see description this Rule);	in Subparagraph(e)(14) of			
	f continuous positive air			
pressure devices (CP	AP and RiPAPI-	i i		
(22) application of pro-	escribed heat therapy;	1		
(23) application and	removal of prosthetic			
devices except as use	ed in early post-operative	Í		
treatment for shaping	of the extremity	1		
(24) ambulation using	assistive devices that	1		
requires physical assi-	stance:	į		¥7
(25) range of motion i	exercises			
(26) any other prescri	bed physical or			
occupational therapy:	, - x			
(27) transferring semi	ambulatory or	- ·		
non-ambulatory reside	ents, or	į		
(28) nurse aide il task	is according to the scope of	į		9V6
***************************************	and to ale acope of			

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIERCLIA	(X2) MIN 716 F.	CONSTRUCTION	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING:		(X3) DATE SURVEY COMMPLETED
				- COMMERCIAL COLOR
	HAL007014	B. WING		R
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, GITY, STATE	YIR COCK	05/04/2017
LARA MANOR		ILICO STREET	t. Zir COD e	
	Washing	GTON, NC 27889		
(X4) ID SUMMARY S' PRÉFIX FEACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF COPPRECTION	
ARG REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMMETE TE DATE
D 278 Continued From page	e 13	D 278		
practice as established	ed in the Nursing Practice	-		
Act and rules promule	gated under that act in 21			
NCAC 36.				5
The Order is and		1		
This Rule is not met	as evidenced by:	:		
reviews the facility foi	ns. Interviews, and record	:		
Sampled resident (De	led to assure that 1 of 3			
Licensed Health Profe	sident #2) had a computed essional Support review			
within 30 days of adm	sission and then quarterly for			
a resident receiving fil	DOER Sticks injectable			
insulin, and continuou	s oxygen.	j		
The findings are:				
Review of Resident #2	2's current FL2 dated for	1		·
12/18/16 revealed:		. ř		
-Diagnoses of chronic	obstructive pulmonary			
disease, severe hypox	emia, type 2 diabetes			
mellitus, situational str	ess disorder.	1		
non-compliance, and v	renous insufficiency.			
with breathing 2 is	oxygen (used to assist			
with breathing) 3 liters	per nasar camula			
sugar twice per day.	check finger stick blood			1
A physician's order for	Humalin Nuneulo (a			•
medication used to red	uce blood sugar) 20 units	ļ		İ
in the morning and 30 (units in the evening de	Le *j		ſ
subcutaneous injection	S.	J		
Daviou of Carry	0	1		
Review of Resident #2"	s Resident Register	j		1
on 01/17/17.	as admitted to the facility			1
Review of Resident #2's	Fecord revealed there			
was no documentation (of the Licensed Health			
Professional Support (L.	HPS) review completed.	j		
Observation of Resident		j		
of Health Service Providence	THE OFF UB/UZ/17 8(9:20			1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1X3) DATE SURVEY COMPLETED
		HAL007014	5 WING		R 05/04/2017
NAME OF	PROVIDER OF SUPPLIER	STREETA	ADDRESS, CITY, STATE	ZIP CODE	000452017
CLARA	WANOR		MLICO STREET	THE OWOL	
	1.00		GTON, NC 27889		
(X4) IÛ PREFIX TAG	(EACH DEFICIENC	ALEMENT OF DEFICIENCIES IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLETE SE APPROPRIATE GATE
D 278	Continued From page	e 14	D 278		
	AM revealed:		!		
	-There was a tank of	ovugen eithing at the	1		
	resident's bedside	onygon sitting at the	ļ		
	-He was able to place	e oxygen on his face but did			
	have some trouble cu	itting the oxygen machine on			- 1
	independently	3,3			
	* 2 OF 2 OF		į		
	interview with Reside	nt #2 on 05/02/17 at 9:25			
	AM revealed	7 K1 24			
	-The staff check his fi	st him with using his oxygen.			
	per day every day.	nger stick blood sugar twice			
	The Medication Aide	gave him his insulin every	r		
	day.	gave mill his insulin every	ļ		
	Section Section		Į		₩
	10:30 AM revealed:	cation Aide on 05/04/17 at			
	-The Medication Aide	staff were responsible for	ļ		8
	checking Resident #2'	s finger stick blood sugar	:		,
	daily.				
	administration Deside	staff were responsible for			
	administering Residen	(#2's insulin daily.			
	on his oxygen.	dent #2 before with putting			
	Telephone interview wi	th the Licensed Health			
	Professional Support n AM revealed	urse on 05/04/17 at 10:30			!
	-She was not aware the	at Resident #2 had not had	<u> </u>		
	an LHPS completed sir	nce being transferred to	;		
	this facility.				
	-When Resident #2 wa	s transferred from one			
	facility to another she h LHPS review.	ad forgot to complete the	1		
	-She would come in a s	one alrigeon as 0000			
	renew Resident #2's LI	IPS.			
į	Interview with the Real	dent Care Coordinator on			
	05/04/17 at 10.50 AM re	seur dans députitiater et	· i		:
1	She was not sure why	the LHPS for Resident #2			

Division of Health Service Regi	ulation			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	CYD DATE GLODE
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER		>:	(X3) DATE SURVEY COMPLETED
		l		
	HAL007014	B. WANG		R
NAME OF PROVIDER OR SUPPLIER	TIBLEY	ADDRESS, GITY, S	TATE AND CODE	05/04/2017
CLARA MANOR		MLICO STREE NGTON, NC 278		
(X4) IO SUMMARY ST	ATEMENT OF DEFICIENCIES			
PREFIX (EACH DEFICIENC	CY MUST BE PRECEDED BY FIRE	IL) Prefix	PROVIDER'S PLAN OF CORRECTION SHOULD BE ACTION SHOULD BE	N 200
TAG REGULATORY OR	LSC IDENTIFYING INFORMATION	IAG	CROSS-REFERENCED TO THE APPROP	PRIATE COMPLETE PRIATE DATE
			DEFIGIENCY)	
D 278 Continued From page	e 15	D 278		
had not been comple	ted.	1		
-The LHPS nurse mu	st have forgot to complete	!		
the LHPS for Resider	nt #2.			
-Resident #2 was nev	wand had only been at the	;		(0)
facility since January	of 2017.	į		
-one would call the Li	HPS nurse and find out why	0	ŀ	
#2.	en completed for Resident			
D 282 10A NCAC 13F .0904	(2)/1) Nutrition and Ed	1		j
Service	(a)(1) Notingon and Food	D 282		
			,	!
10A NCAC 13F .0904	Nutrition and Food Service	2		
(a) Food Procurement	t and Safety in Adult Care			
flomes.		72		
(1) The kitchen, dining	and food storage areas		i 	
shall be clean, orderly contamination.	and protected from		1 17 160	. 0 1 /0/30/17
Contai Iniglipit.			The facility sold	was of my
This Rule is not met a	is evidenced by:	*	The facility show assure that the diviney and food a areas are clean as	Kitchen
Based on observations	s and interviews the facility			. 7
failed to ensure the kit	chen and dining room	ē	during and food	Jorgan
areas were free of con	itaminiation including the	}	0	
kitchen which had drie	d food particles in multiple	10) 26	allers are cream as	ra well
areas including around	f the reach-in freezer and	959	brigaryua una pier	e ched
ree machine, an ice ma			from contamination	
shelving, a dirty window	ning, rusted refrigerator w unit air conditioner and a		1 · 1	
treezer with a dirty exte	erior		No area should h	ans
,			signo of unclean	
The findings are:		ā	on its extension	such
		*	as steeky filmou;	spilled
Observation of the ice i	machine located in the	,	haids. The facilit	
kitchen on 5/2/17 at 10	:36am revealed:		.0 . //	7.4
inside lid.	greasy substance on the	ĺ	Should assure that	
	multiple greasy hand prints		clean and good rep	Jaired
on the exterior.	number aligned A light built		Shelves and other	appliances
	a sticky film covered with	2	are cleaned. Mana	

	or meanin Service Regu				LOKINI WEAKOAFD
ANDPLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIERCHA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
Ì		1]		
		HAL007014	E WNG		R
NAME OF F	ROVIDER OR SUPPLIER				05/04/2017
			ODRESS CITY STATE	ZIP CODE	•1
CLARAN	IANOR		MLICO STREET		
Series and	A		IGTON, NC 27889	- Total (1997) - 18	
(X4) ID PREFIX	SUMMARY ST (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORRECTIO	N
CAT	REGULATORY OR	LSC IDENTIFYING INFORMATION	PREFIX ;	(EACH CORRECTIVE ACTION SHOULD	RE COMPLETE
			1/1/3	CROSS-REFERENCED TO THE APPRICAL DEFICIENCY)	RIATE DATE
Ď 282	Continued From page	16			
		s 10	D 282		
	dust.		ļ		
	Observation of the air	conditioner located in the	c c		
	kitchen on 5/2/17 at 1	0:39am revealed the 2-foot			
	by 3-foot air intake ve	nt was heavily covered in			
	dust.				Ţ
	Observation of the	and the same of	i		
	kitchen on 5/0/47 - 4	och-in cooler located in the			1
	kitchen on 5/2/17 at 1	U:45am revealed:	ļ		
	puddle of clear liquid.	oler had a 2-foot diameter			ł
	The continue in the				1
	COOLER MODERNIE SERVICE	grate at the base of the	Í		
	-The front adopt of the	dried white liquid spatter.	#I		
	-The front edges of the	cooler shelves had	1		
	several areas of rust b	s sticky with dried white			
	spatter around the har	s sucky with ened white		w.	1
	-There were crumbs at	The bottom of the handle			
	Insert.	the poton of the USIMB			
	Interview with the cook	on 5/2/17 at 11:45am			
	revealed:	The second second	Į	147	
	There was no cleaning	g schedule for the cooler or			
	ice machine.	5 +=			
	-The walk-in cooler rac	ks needed to be replaced.	Í		į
	The cook would clean	the refrigerator and ice	2		
	machine by the end of	the day.	į		
	-The cook would wipe a	down the exteriors of all			
	the refrigerators and co	runter surfaces after every	į		
1	meal.	2.00			
,	Interview with the Resd	ient Care Coordinator on			
	5/2/17 at 12.52pm reve	aled:			
105	She would ensure that	the kitchen was cleaned	:		
á	after each meal service				
×.	The cook was always u	working and did not have	i l		
ŧ	ime to ensure everythin	ig was clean and wined			
C	fown if the day got busy	y	;		:
2	She would create a cle	aning schedule for the]		
k	utchen.				

Division of Health Service Re-	gulation			FORM APPROVE	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	(X2) MULTIPLE CONSTRUCTION		
AND PLAN OF CORRECTION	HOENTHICATION NUMBER	A BUNLDING		(X3) DATE SURVEY COMPLETED	
	HAL007014	B WING		R	
NAME OF PROVIDER OR SUPPLIER	CERCET	ADDRESS OF OR	175 200 200	05/04/2017	
*		ADORESS, CITY, ST AMUICO STREET			
CLARA MANOR		INGTON, NC 278			
IXAHD SUMMARY:	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		
PREFIX (EACH DEFICIENTAG REGULATORY O	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	EDBE PARTE	
D 282 Continued From pa	ge 17	D 262			
10:45am revealed -The kitchen should each meal including -She was going to a cleanliness issuesShe was going to c the kitchenShe was going to a clean and repair the -She was going to a clean the air conditions.	ddress the kitchen reate a cleaning schedule for left the maintenance man to ree machine left the maintenance man to				
0.317 10A NOAC 13F .090 10A NOAC 13F .090		D 317	The facility	will \$ 1/17	
variety of planned grinclude activities that physical interaction, creative expression, tearning of new skills exclusively for reside exempt from this registration of group are dancing, games, exemparties, discussion grouncil meetings, bot appreciation, review is spelling bees.	nts with HIV disease are curement as long as the late planning for each at planning for each at a variety of activities, clivities are group singing, reise classes, seasonal oups, drama, resident ok reviews, music of current events and		The flicity assure that all activities will ly total of required to a week - activitie be those that an physicial, group, Knowledge and lear skills for the resident community outreach be included - Each will be encourage activities will be an around Individual Manager Monitor w	esectives ung 5. Alac hes will resident , and tered involvement:	
This Rule is not met Based on observation	as evidenced by:		anager monter to	nitor Months	

DIVISION OF REGIST SCIVICE AB			and the second s		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	RECTION IDENTIFICATION NUMBER			(XI) DATE SURVEY	
**************************************		A BUILDING.	-	COMPLETED	
	HAL007014	B. WHG		R	
HALF OF DECLARED ON COURSE				05/04/2017	
NAME OF PROVIDER OR SUPPLIER		ADDRESS CITY, STATE	F SJB CODE		
CLARA MANOR		MLICO STREET			
		NGTON, NC 27889		•	
PREFIX (EACH DEFICIE)	STATEMENT OF DEFICIENCIES NOV MUST BE PRECEDED BY FULL PRESCRIPTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	BE SOMPLETE	
D 317 Continued From pa	ge 18	D 317			
failed to provide 14	hours weekly of planned	!			
group activities for	18 of 18 residents	W 102			
The findings are:					
Acres (
	g the survey from 5/2/17 to	· i			
5/4/17 revealed:		1			
- The residents were	watching television in the				
the exit ramp outsid	outside on the porch, or by	Ì			
	vities being done during the				
survey	The stand done done if the				
5/2/17 to 5/4/17 revi-On 5/2/17, from 10 squares" and puzzle -On 5/2/17, from 6p to be offeredOn 5/3/17, from 10 be offeredOn 5/3/17, from 6p offered.	2017 Activity Calendar from ealed: am to 11am, "scramble es were to be offered. in to 7pm, a card game was arm to 11am. BINGO was to in to 7pm, a board was to be arm to 11am, puzzies were to				
the facility on 5/3/17 -There was a partial table in the living roc table in boxesThere was a closet and chips, crossword decks of cards and chips.	activity supplies available at at 10:43 p.m. revealed: by assembled puzzle on a pm, two puzzles under the with a packet of bingo cards d puzzles, coloring books, 2 pather random unidentifiable allaneous items including and coloring utensits				
-The activities calend	v with 5 residents revealed: dar was posted with events activities at the posted	·			

Division of Health Service Regu	ulation			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROMIDER/OUPPUER/CLIA	(X2) MUNTHPLE ()	(%:&TPUCTION	T
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		(X3) DATE SURVEY COMPLETED
		The state of the s	Wildelmann, T. House, T. H	
	1/41/00704	9.3500		R
	HAL087014	8 WNG	and the state of t	05/04/2017
NAME OF PROVIDER OF SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	
CLARA MANOR		MLICO STREET		
		IGTON, NC 27889		
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID .	PROVIDER'S PLAN OF CORRECTIO	A.
PRÉFIX (EACH DEFICIENC TAG REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX	TEACH CORRECTIVE ACTION SHOURD	BE COMPLETE
	THE RESERVE OF THE PARTY OF THE	TAG	CRUSS-REFERENCED TO THE APPROP	RIATE DATE
D 317 Cardina - 4 E			DEFICIENCY	
D 317 Continued From page	e 19	D 317		
times.				
-The only activity in the	ne facility was BINGO and it	!		
was never at the post	ted time.			
 There were two puzz 	des on a table besides bingo	1		
that the facility encou	raged residents to work on	1		
 The facility staff did r 	not notify anyone of activities			
when they were about	t to begin.	İ		}
	listed on the calendar were			
not offered				ľ
-Exercise was posted	on the activities calendar			
and no one offered th	e activity.			
-The residents colored	d and painted as activities			ĺ
"when they wanted to				ļ
-The facility did not tal	ke the residents on outings.			
-The residents had no	t told anyone about wanting	11		ľ
to go on outings at the	a facility.			l
-The Activities Directo	r did not encourage			
residents to participate	in activities.	į		1
-BINGO was uffered a	t random times not			1
coinciding with the cal	endar,			
-The facility needed m	ore activities that they	1		
residents enjoyed		î		1
No see activities	around and watching TV."			ł
residents except for ch	e done at the facility with surch services by a visiting		¥	1
pastor.	dical services by a visiting			
	the community came and			1
did church sarvices with	th the residents about 1 to			
2 times per month.	in the residents about 1 to	1 Fig.		
we to the part of the said.		į (
Interview with a Person	nal Care Alde on 5/3/17 at	!		
2:20pm revealed:	Owic Alde Dit 3/3/17 at	i i		
	lo some activities with the	1		
residents on occasion.	Senation AMILI DIE			
	in a variety of activities	Ť		1
like bingo, word games	, coloring, drawing, and	0		1
playing cards	g array, and			1
-She could not recall the	e last time she had	j		1
observed or participated	of in activities with the	-		
cesidents				

Divisio	n of Health Service Req	ulation			FORM APPROVED
STATEM	ENT OF DEFICIENCIES	(X1) PHOVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		
	AN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED
		HAL007014	B, WING		R
NAME OF	F PROVICER OR SUPPLICE		Afronces our	The state of the s	05/04/2017
			ADDRESS, CITY, STATE	ZIP CODE	
CLARA	MANOR		AMLICO STREET NGTON, NC 27889		
(XA) (D	SHMMARY S	TATEMENT OF DEFICIENCIES	NG10H, NC 27889		
PREFI) TAG	((EACH DEFICIENT	CY MUST SE PRECEDED BY FULL LESC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORNECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY:	E COMPLETE DATE DATE
D 31	7 Continued From pag	re 20	D 317		<u> </u>
	(mi = 1				
	1-20 merview with the Ac	tivities Director 5/3/17 at			
	1:30pm revealed:	×	. 1		
	The social activity	ties calendar every month.			
	She did not sell the	ed the activities offered.			
	when activities starte	residents to the activity area	**		
	-Many segmes state	not want to participate	1		
	-She had not receive	d any complaints from	i		
	residents related to a	ctivities and times of			
	activities	extendes and finites Of			
	Residents enjoyed B	IINGO and church-related			
	activities.	and whole related	ļ		
	-All activities were use	ually at the posted times but			
	sometimes she had to	work around the residents	# B		
	time preferences.		i i		
			:		ř.
	Interview with the Adr	ninistrator on 06/07/16 at			
	1:15 p.m. revealed:		,		
	calendar updated.	r kept the posted activities			
	-She had not received	any complaints from the	•		
	residents.				1
	 The residents enjoyed activities. 				
	-The resident activities	s included bingo, card	1		ŀ
	games, puzzies, Scrattelevision.				
	-The residents did not	like to exercise but it			
	remained on the activit	ties calendar.	1		1
	-She had no explanation	on why the activities and			1
	times listed on the cale offered.	endar were not being			
D 344	10A NCAC 13F .1002(a) Medication Orders	D 344		
	100 N/C 0/C 40/C 40/C	• •			Į.
	10A NCAC 13F .1002 /	Medication Orders			}
	the residence shorts:	shall ensure contact with	•		
	residents buysicial	or prescribing practitioner	į		ļ
ion of Hea	Nr Senace Regulation				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPBER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL007014	6. WHG		R
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS CITY, ST.		05/04/2017
CLARA MANOR		MLICO STREET		
		NGTON, NC 2781		
PREFIX (EACH DEFICIE	/ STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS REFERENCED TO THE DEFICIENCY)	VISHOULD RE COURTE
D 344 Continued From pa	age 21	D 344		
medications and to (1) if orders for adm resident are not da of admission or rea (2) if orders are not (3) if multiple admis admission or readm forms are not the si The facility shall en	mission or readmission of the ted and signed within 24 hours admission to the facility; t clear or complete; or ssion forms are received upon mission and orders on the		The facility in that medicate one property of admission or a classified so to will receive potential delivere check of	hear upon re properly hat resident reper ay. Manager rait and
This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to clarify medication orders for 2 of 5 residents (#1, #3) sampled including a resident (#3) whose current FL-2 had missing medication orders for a blood pressure medication, a pain medication and an anxiety medication which differed from a hospitalization discharge medication regimen, as well as a resident (#1) with blood sugar control medication had not been clarified.			med record to the de will follow-up her manitaring.	eninctrota
The findings are.				
4/11/17 revealed the included depressive diffuse arthralgia, be	ent #3's current Ft2 dated resident's diagnoses disorder, diabetes, chronic nign prostate hyperplasia, stability, toothache and neuro			
Review of a Residen Resident #3 was adm	t Register revealed that nitted to the facility on 4/4/17.	,		
Review of hospital ac	dmission and discharge #3 dated 4/11/17 revealed			

F-14191011	or meaning service medi	1000			<u> </u>
	TOF DEPICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	rx2: MULTIPLE CC	WETRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING.		COMPLETED
					1
			CS AAMAA CO		R
		HAL007014	6. WING		05/04/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET	CORESS, CITY, STATE	ZIP CODE	
			MLICO STREET		į
CLARA M	ANOR				
			IGTON, NC 27889		
(X4) (D PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	l5	PROVIDER'S PLAN OF CORRECTION	(iX5)
TAG		LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
		10 10 Table 10 10 10 10 10 10 10 10 10 10 10 10 10	1203	DEFICIENCY)	NATE GATE
5 0		The second secon			
U 344	Continued From page	22	D 344		
	-The resident was tak	en to the emergency	1		
	department on 4/4/17		L.		
	-The resident was ad		1		
	unspecified diagnosis				
		bsequently admitted to the	10		
		the same hospital on	I.		
	4/7/11.	the Same nospital on			
		makaamad faraa bar bar bar saas			
	neuchiatria unit an 4/4	scharged from the hospital's	1		
		11/17 with two separate			
		ckets, one from the main	1		
		the psychiatric unit within			
	the hospital.	E 2 13	10		
	- The nospital's psychi	atric ward discharge packet			
	included "continue ox	ycodone 10/325mg (pain	v.		
		of tartrate 25 milligrams			
		cation) and Haldol (for			
		" as part of the resident's	Ì		
	medication list.				
	 The main hospital dis 	charge packet did not have			
		of and Haldol fisted in the	i I		
	resident's medication	list.	1		
	Review of Resident #3				
	4/11/17 after a hospital		ï		
	medication orders omi	itted oxycodone, metoprolol			.]
	and Haldol on the med	dication list.			
	Review of Resident #3	3's medical record revealed:	1		
	-There were no writter	orders by Resident #3's			İ
	medical provider relate	ed to the continuance of			
	oxycodone, metoprolo		2		
	There were no notes	in the record indicating a			i
	verbal order from the d	doctor was provided after	Ć		
	Resident #3 returned to	to the facility.			a
	Observation of the me.	dication cart containing	8		Ī
	medications for Reside	ent #3 on 5/4/15 revealed			1
	there was a supply of	oxycodone, metoprotol and	į]
	Haldol for the resident	oxycodone, metoprotot and			
	and of the resident				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER** A BUILDING. COMPLETED R HAL007014 A. VANG 05/04/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PANLICO STREET **CLARA MANOR** WASHINGTON, NG 27889 SUMMARY STATEMENT OF DEFICIENCIES X4: (C) 10 PROVIDER'S FLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL exer. PREFIX (EACH CORRECTIVE ACTION SHOULD BE 143 REGULATORY OR LISC IDENTIFYING INFORMATION) COMP: FFE TAG CROSS-REFERENCED TO THE APPROPRIATE CATE DEFICIENCY) D 344 Continued From page 23 D 344 Review of the Resident #3's Medication Administration Records admission between 4/4/17 (the resident's admission date) to 5/4/17 revealed: -The resident had continued receiving his oxycodone 10/325 at 2am, 8am, 2pm and 8pm daily since the resident's return to the facility on 4/11/17. -The resident had continued receiving his metoprolol tartrate 25mg at 8am each morning since resident's return to the facility on 4/11/17. -The Haldol (as needed for behaviors) had not been given due to no observed behavior issues since resident's return to the facility on 4/11/17. Interview with Resident #3 on 5/3/17 at 10:52am revealed: The resident had always been taking the same pain medication, blood pressure medication and other medications prior to the admission to the facility and after his admission to the facility. The resident had been receiving his pain medications four times a day since he came back from the hospital. He couldn't remember what time of day he received his pain medications them but knew it was four times each day. -He needed his pain medications otherwise he needed to go to the hospital again -He could not recall any other medications taken but said there were many. -The staff ensured he received his medications daily Interview with the Administrator on 5/5/17 at 10.05 am revealed: -Resident #3 was admitted on 4/4/17 from another facility where the resident had the same medical provider -A few hours after admission to this facility

Division of Health Service Regulation

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Division of Health Service Rec STATEMENT OF DEFICIENCIES			<u></u>	FORM APPRO
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY
	THE PERSON NAMED IN	A BUILDING	The state of the s	COMPLETED
	HAL007014	3, WING		R
NAME OF PROVIDER OR SUPPLIER				05/04/2017
THE THE THE THE THE THE THE THE THE THE	STREET.	ADDRESS, CITY, STATE	E. ZIP CODE	
CLARA MANOR		MLICO STREET		
	WASHII	NGTON, NC 27889		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES YOY MAJST BE PRECEDED BY FULL	al	PROVIDER'S PLAN O	F CORRECTION (X5)
TAG REGULATORY OR	RESC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE
			DEFICIEN	ICY) DATE
D 344 Continued From pag	ge 24	D 344		
Resident #3 had an	anxiety attack and was			
admitted to the hosp	oital on 4/4/17.	!		
-Resident #3 returne	ed from the hospital with a	1		
hospital written FL-2	and signed by a hospital			
doctor.				
-The FL-2 omitted th	e oxycodone, metoprolot and	F		
Haldol.		r		
-Resident #3's medic	cal provider had not reviewed			Ŷ
the FL-2 from the ho:	spital.			
Resident #3's medic	cal provider had given a	Î		
to continue the Ac	dministrator for Resident #3			
metoroid and Hall-	regimen with oxycodone,			
hospital when the	of upon his return from the			
had returned on 4/11,	as notified that the resident			
	ad not clarified the FL-2 from	1		
the hospital on paper	but had a verbal order from	j		
Resident #3's medica	If provider that she did not			
document.				
Interview with the Res	sident #3's medical provider			
on 5/5/17 at 10:05 am	revealed:	i		
-A few hours after adn	nission to this facility	1		
Resident #3 had an ar	nxiety attack and was	!		
admitted to the hospit.	al on 4/4/17.	į.		
Haldol.	oxycodone, metoproloi and	•		
-She did not catch the	aminning of the			
OXVCORONA motorrole	ornission of the of and Haldol on the F1-2.	1		
She wanted the resid	ent to continue taking the	. i		
oxycodone, metonrolo	if and Haldol as the resident			
had been taking prior !	to admission to the facility			
-She had not reviewed	the FL-2 from the hospital	· ·		
-She had given a verb	al order to the Administrator	į		
for Resident #3 to cont	tinue the same regimen			
with oxycodone, metop	prolet and Haldol upon his	i		
return from the hospita	if when she was notified	i		
that the resident had re	elumed on 4/11/17	}		
-Resident #3 could not metaprolol and Haldol I	be without his oxycodone	å .		

Division of Health Service Req	ulation			FORM APPROVED
STATEMENT OF DEFICIENCIES	IXT PROVIDER'S PUER CLIA	(X2) Med 102(5)	OWSTRUCTION	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING.		COMPLETED
				COMPLE, ED
	MALODZOLA	a wing		R
	HAL007014	21 44410(%		05/04/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS CITY, STATE	ZIP CODE	
CLARA MANOR		MLICO STREET	1000 To 1	
		NGTON, NC 27889		
(X4) ID SUMMARY S	ATEMENT OF DEFICIENCIES			
PREFIX (EACH DEFICIENC	LY MUST BE PRECEDED BY FIRE	D PRETIX	PROVIDER'S PLAN OF CORRECT EACH CORRECTIVE ACTION SHOU	
TAG REGULATURY OR	LSC IDENTIFYING INFORMATION,	TAG	CROSS-REFERENCED TO THE APPRO	LD BE CONNETE DATE
	AND SALES AND SA	<u> </u>	DEFICIENCY)	
D 344 Continued From pag		D 344		
would increase and t	he resident would always			
become defiant.				
-She would write the	documentation and place it			
in his chart.		į		
-She did not observe	nor was notified of any			
behaviors requiring a	dministration of Haldol since			
Resident #3's return t	from the hospital.	1		
-She wanted to keep	the Haldot on-hand even			
though she was awar	e Resident #3 had not			#
	ice his return from the			Ī
hospital				j
-She had sent the oxycodone prescription along				- 1
with the metoprolol and Haldol directly from her				
office to the pharmacy on record.		ļ		
-Resident #3 was on	the medications and proper	2		d i
dosages since his reti	urn from the hospital and			
sne would update the	paperwork in Resident #3's			
	rent orders and medication			
r e gimen.				
2. Bouton of Pasida	. 1641	ł		
1/24/17 reupolod the	t #1's current FL-2 dated	*		
1/24/17 revealed the r	esident's diagnoses	İ		
Cholesterol and mode	a, dementia, obesity, high rate mental retardation.	ļ		
0.000000 01 010 110000	are mental retardation.	į		1
Review of Resident Re	enister revealed that	1		İ
Resident #1 was admi	thed to the facility on	i i		
7/13/12.	nou to the facially off			
		į		
Review of Resident #1	's FL-2 dated 1/24/17	į		i
revealed:				
-A physician order for a	one tablet of glipizide 10mg			
daily (to help control bl	ood sugar)	*		İ
 A physician order for r 	netformin 500mg two			ļ
tablets twice daily (to h	elp control blood sugar)	İ		
Review of Resident #1	's Medication	u i		
Administration Records	s between 1/24/17 and	1		
5/4/17 revealed		•		
There was no docume	ntation of administration of			į

Division of Health		quiation			FÖRM APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIERCEA	(X2) MULTIPLE C	CVA. DOTT C ICHINA	
THE PERIOD CONNECTION		IDENTIFICATION NUMBER	A BUILDING		(X3) DATE SURVEY COMPLETED
		HAL007014	B, WING		R
NAME OF PROVIDER (R SUPPLIER	STREET	ODRESS, CITY, STATE	719.000F	05/04/2017
CLARA MANOR			MLICO STREET	. CF CODE	
CEARA SIANOR	<u> </u>		GTON, NC 27889		
(X4) IB PREFIX	SUMMAPRY S	STATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF	COORCETTON
TAG 6	REGULATORY OF	ICY MUST BE PRECEDED BY FULL. R LSC IDENTIFYING INFORMATION)	PREFIX FAG	(EAGH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE COMPLET THE APPROPRIATE DATE
D 344 Continu	ed From pag	ge 26	D 344		
glipizide	e or metform	in administered to the			ц
residen			į		
-Glipizio	le and metto	rmin were not listed on the			
Medica	tion Administ	ration Record provided by the			
pharma	cy.	, , , , , , , , , , , , , , , , , , , ,			
228					
Observa	ation of the n	nedication cart revealed there			
were no	medication	cards or prescription bottles	!		
of glipiz	ide or metfor	min for Resident #1.			
Intervier	w with the Mi	edication Aide on 5/3/17 at	Ĺ		
2:00pm	revealed:	0010011017 ADE ON 323117 BI			
		lipizide or metformin to			
Residen	t #1 for a lon	to time			
		de or metformin in the carr	12 1121		
for Resid	dent #1	The state of the s	70		
-Glipizid	e and metfor	min were not listed on the			
Medicati	on Administr	ation Record to be given to	1		
Residen	1#1		1		
Interview	with Reside	ent #1 on 5/2/17 at 1.55pm			
revealed	the resident	could not state any	ii .		
medicali	ons he receiv	ved			
leten	ander Distant		•		
6/3/17 of	with Reside 3:05pm reve	nt #1's medical provider			
Series.	S.Ugpmmeve	eated:			
metform	rt → Esticulori n	not have been on glipizide or			
	as an error c	un the EL O	I		
-She had	not ordered	glipizide or metformin for			
this resid	en!	gripizide of metrormin for			
		sugar readings were ok and			
glipizide :	and melform	in were not needed since	L		
she had s	igned the FI	2 on 1/24/17.	Ti-		
-She had	discontinued	glipizide and metformin			
and had r	notified the n	harmacy who in turn had			
discontine	ied the medi	cations.			
		igned, she had not noticed			
that the gi	ipizide and r	netformin had reappeared			
when sign	ing the form	as it was filled out by the	l l		

	or rigatin Service Requ	nariou			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE DONSTRUCTION	(X3) DATE SURVEY
, ALIGO DE MAIA	OF COUNCE HERA	IDENTIFICATION NUMBER	A BUILDING	š	COMPLETED
		į			_
		HAL007014	8 WING		R
NAME OF F	ROVIDER OR SUPPLIER	•			05/04/2017
IN GAL OCT	NOVIDER OF HUPPINER	STREET	DORESS, CITY, S	TATE, ZIP COOF	
CLARAM	ANOR		MLICO STREE		
			IGTON, NC 27	689	
(X4) (D PREFIX	SUMMARY ST IF ACH DEED JEND	TATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL.	iĐ	PROVIDER'S PLAN OF CORRECTIO	N ,×5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
			120	DEFICIENCY)	RIATE DATE
D 344	Continued From page	e 27	0.24		
		5 £ /	D 344		
	facility staff.				
	-Resident #1 was cur	rently taking the correct	I .		
	medications.	2 Supplementations			
	-She would clarify the	order on 5/3/17 and send	1	•	
	an proer to the facility	to correct the error on the			
	FL-2 dated 1/24/17.		i	Ô	
	Interview with the Aut-	ninistrator on 5/3/17 at			
	2:15pm revealed:	imissitator on 5/3/17 at			
	-She was anticipating	a raidead order for			
	Resident #1's medica	tion regimen which would		i	
	reflect the current mer	dication regimen being		#B	
	administered.	and the second	¥) }	•
-She would ensure that all FL-2's would be			ĺ	1	
	reviewed in the future	for accuracy.	i		
			į		
D 358	10A NCAC 13F 1004	(a) Medication	D 358	a .	
	Administration			1	
			*	The facility would assure that medic would be properly administered as one and prescribed. So	d 5/8/17/
	10A NCAC 13F .1004	Medication Administration			
		e shall assure that the		assure that medic	alcom
	preparation and admir	nistration of medications.		would be properly	
	prescription and non-p	prescription, and treatments	8		1 1
	by staff are in accorda	nce with		administered as one	a le cura
	(1) orders by a license	ed prescribing practitioner	1	and prescribed - St	taff
	which are maintained in the resident's record; and (2) rules in this Section and the facility's policies			will have continue	taling
	and procedures	n and the facility's policies		Control of the transit	, , , ,
	one procedings			in canimination	
				medication ona of	even
	This Rule is not met a	s evidenced by:		will have continue in administration of medication and of he Training was Comple 5/8/17 by Licens Americans	teden
į	Based on observations	interviews, and record		Maining to	ć
	reviews, the facility fail	ed to administer	i i	5/8/11 on hiera	E 4.54
1	medications as ordered	d for 2 of 5 sampled		a agent	ļ
ì	residents (Resident #3	and Resident #5)		Maconomic	
Ĭ	including omitting medi	cations scheduled to be			
ć	administered.		12		1
34	.				1
	The findings are:				

I

Division of Health Service Rec			9,000 to 9,000	101	RM APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIERCUA IDENTIFICATION NUMBER:	(XX) MOLTIPLE C		(X3) DATE SURVEY		
	is easy start out the Missist.	A. BUILDING			COMPLETED	
	HAL007014	B. WANG	PROSECULAR PROSECULAR		R	
AME OF FROVIDER OR SUPPLIER	STREET	DORESS, CITY, STATE	- Walcows	0	/04/2017	
LARA MANOR		MLICO STREET	E. ZAP CLIDAL			
		GTON, NC 27889				
(X4) ID SUMMARY S PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF C	1895C7NOs		
TAG REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI OFFICIENCY)	n should be Eappropriate	(XS) COMPLETE DATE	
D 358 Continued From pag	ge 28	D 358				
The madical and					16	
hy observation of 2	rrate was 6% as evidenced	10				
during the 12:00 DM	errors out of 31 opportunities					
and the 8:00 AM / O:	medication pass on 05/02/17 00 AM med pass on	1				
05/03/17	oo Aw med pass on					
		,				
1. Review of Resider	nt #3's current FL2 dated for					
04/11/17 revealed:						
-Diagnoses of unspe	ecified depressive disorder.					
diabetes meilitus, chi	ronic diffuse arthralgia.					
benign prostate hype	erplasia, hypertension mait	Ĭ.				
instability, toothache.	and unspecified	1				
neurocognitive disord	der.	1				
-A physician's order f	for Artificial Tears (a					
lubricating eye drop t	that helps with dry eyes) 2	1				
drops to both eye's d	aily.					
Observation of the 11	2:00 PM medication pass on					
05/02/17 revealed:	e.co PWI friedication pass on	8 1				
	pulled out a bottle of eye	•				
drops labeled artificia	I tears 2 drops both eye's					
daily for Resident #3.	redical andps both eyes	į				
When all of the other	r medications that Resident					
#3 was to receive wer	re administered, the					
Medication Aide did n	ot administer the eye drops					
to Resident #3.	and of careps	1				
-The Medication Aide	started pulling medications					
from the cart for anoth	ner resident.	i i				
-The Medication Aide	signed off that the eve					
drops were administer	red as ordered.	. !				
Interview with the Mer	dication Aide on 05/02/17 at	i i				
12.12 PM revealed.	at the property of	Ĭ				
	ninister the eye drops to					
Resident #3		2				
-Since she had to roll I	the cart down the hallway to	40				
him she had forgot tha	If he had not already taken	15				
the eye drops.		1				
- She would go and add	minister the eye drops now					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) ARUTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					3	
		HAL007014	8, WING		R 05/04/2017	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CHY, STATE	E. ZIP CODE		
CLARA N	IANOR	1218 PA	MLICO STREET	77		
			NGTON, NC 27889			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION:	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E ດານອາຊາ	
D 358	Continued From page	e 29	D 358			
	Observation of the M	edication Aide on 05/02/17				
	at 12:15 PM revealed	she administered the eye				
	drops too Resident #	3.	ļ			
	Refer to interview with 05/03/17 at 9.50 AM.	h the Administrator on				
	2 Positive of Donistan	t #5's current FL2 dated for				
	08/17/16 revealed:	#3's current FL2 dated for				
	-Diagnoses of hyperte	ancina hilatarat lan			6	
	amputation, and toba	cco use, gastro esophageal				
	reflux disorder, chroni pace maker.	ic pain, hyperlipidemia, and			*	
	-A physician's order for	or Citalopram (a mediation ion) 20 milligrams take 1				
	about by moder derry.					
	Observation of the 8:07:57 AM on 05/02/17	00 AM medication pass at revealed				
	-The Medication Aide		i i			
	medication labeled Cit	talopram 20 milligrams 1				
	tablet daily for Resider	nt #5.				
	-When all of the other	medications that Resident				
	#5 was to receive were	e administered, the	}	er .		
	to Resident #5.	of administer the Citalopram				
	-The Medication Aide :	started preparing				
	medications from the o	art for another resident				
	-The Medication Aide s	signed off that the				
	Citalopram was admin	istered as ordered.				
	Interview with the Med	ication Aide doing the 8:00	*			
	AM medication pass or revealed.	n 05/03/17 at 7:59 AM				
,	She was finished with	Resident #5 and had	İ		949	
;	administered all of his i	medications as ordered.	20			
	She was not aware the	at she had forgotten to				
1	place the Citalopram in	to his medication pill cup.	j			
	She would go back an	d administrative	1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		
100.000 to 70.000 to 70.000 to 70.000 to 70.000 to 70.000 to 70.000 to 70.000 to 70.000 to 70.000 to 70.000 to	IDENTIFICATION NUMBER	A BUILDING _		(X3) DATE SURVEY COMPLETED	
	HAL007014	8 WNG	w11-c	R	
NAME OF PROVIDER OR SUPPLIER				05/04/2017	
		ADDRESS, CITY STATE	S. ZIP CODE		
CLARA MANOR	WASHI	AMLICO STREET NGTON, NG 27889			
(X4) ID SUMMARY PREFIX (EACH DEFICIE)	STATEMENT OF DISFIDIE MOVES	(D	D10.		
TAG REGULATORY O	NCY MUST BE PRECEDED BY FULL R I SC INENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	10.00	
D 358 Continued From pa	ge 30	D 358			
Citalopram to Resid	ent #5 at this time.				
		1			
at 6:00 AM revealed	Medication Aide on 05/03/17 I she administered the	i		<i>#</i>	
Citalopram inedicati	on and administered it to	:			
Resident #5.		Websie			
Refer to interview wi	th the Administrator on				
05/03/17 at 9:50 AM	revealed:				
The training was the Medication Aides. She was not sure whoeen done she thoug February of 2016. She would have a primer Medication Aide staff. She was not aware to been omitting medical.	ation prior to working on the in continued annually for all item the last training had hit sometime in January or marmacist come and train the nat the staff members had tions.				