	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB			E CONSTRUCTION		SURVEY PLETED
				A. BUILDING.			
		HAL078082		B. WING		07/2	27/2017
NAME OF	PROVIDER OR SUPPLIER	S	TREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROMAI	RTIE SPRING VILLAG	IE RESTHOME		TH STREET ULS, NC 28	384		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
	The Adult Care Licensure Section and the Robeson County Department of Social Services conducted an annual and follow-up survey on July 25 - 27, 2017.						
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings			D 074			
	Furnishings (a) Adult care hom (1) have walls, ceil	806 Housekeeping And nes shall: lings, and floors or floor an and in good repair;					
	Based on observat failed to assure the residents' bedroom	et as evidenced by: ions and interviews, the walls and floors in two ns, the community bathr e hallway were kept clea	room,				
	The findings are:						
	7/25/17 revealed: - The tiles in the rig room, next to the rocentral hallway, we off-white in color The off-white tiles black smudges There was a 1/4tr this area There were scrap	dining room at 11:00am  ght front corner of the di com's entrance door fro ere beige, medium brow s were covered in gray a n inch gap between 7 til- ces and peeling paint on le tops touched the wa	ning om the n and and es in				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL078082	B. WING		07/	27/2017
	PROVIDER OR SUPPLIER RTIE SPRING VILLAG	F REST HOME 508 WOF	DDRESS, CITY, S RTH STREET AULS, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 074	the dining room.  The air-conditioning dirty.  The floor of the diniperown stains through the revealed:  The kitchen walls scrapes on the wall.  The pantry door he paint, one spot about a eye level on the molding arous scrapes, black smultiple of the molding arous crapes, black smultiple of the molding arous crapes, black smultiple of the molding arous crapes, black smultiple of the central hall's room had black smultiple of the central hall's room had black smultiple of the central hall's room had black smultiple of the length of the end of door.  The lines on the with the mop bucket and the height of the bulling the height of the bulling the height of the bulling the molecular of the control of the door.  Observation of Roomer present on the control of the door by the door's revealed:  A hole was punched door by the door's revealed:  The room's heating the door's revealed:  The room's heating the molecular of the door had gray handprints.	ing unit vents were dusty and sing room had rust, gray, and ghout the dining room.  kitchen at 11:30am on 7/25/17 were dirty and had multiple s. ad 2 large areas with peeling ve a hinge lock and a larger the door. In the pantry door had adges, and peeling paint.  center hallway at 12pm on wall to the right of the dining udges and two horizontal gray he hall, at approximately 15 es from the floor. In mop and wheeled bucket was feeled bucket				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	HAL078082	B. WING _		07/2	7/2017
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE	0112	112011
	508 WOR	TH STREET	51A1E, 211 GODE		
CROMARTIE SPRING VILLAG	E REST HOME SAINT PA	ULS, NC 28	384		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
wall near the bed or above the height of - The air-conditioning with gray debris The air-conditioning surrounding it, attact air-conditioning unit the air-conditioning seal gaps between and air conditioning.  Observation of Roorevealed: - The air-conditioning and dirty. Small bits approximately 1/4th from the vents at the Caulking and pain air-conditioning unit were covered with opaint.  Observation of the of 7/25/17 at 3:00pm re The floor at the enhad brown, gray, and There were black bathroom door, scrainches from the floor The back of the bath dirty brown and blacedges, and peeling - The wall-mounted - Electrical switch plasmudges.  Interview with the Caulting and positioning unit wall-mounted - Electrical switch plasmudges.	es and missing paint on the in the left side of the room, just the bed. In gunit was dusty and covered and unit was dusty and covered and unit had a wood frame when the wall. The street is the wall, and window above unit had a white substance to the wall, wood frame, window, unit.  In 2 at 2:30pm on 7/25/17  In gunit in the room was dusty of dust and dirt, inch in size, were hanging the front of the air-conditioner. It on the top of the street and the lower window sash dust, grainy dirt, and peeling community bathroom on revealed:	D 074			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL078082	B. WING		07/2	7/2017
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CROMAI	RTIE SPRING VILLAG	E REST HOME	TH STREET ULS, NC 28	384		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 074	Continued From pa	age 3	D 074			
	- The air-conditioned cleaned yet this sure The floors were mot get rid of the blushoes Walls had not been active There was no deen facility.  Interview with the Another active. Interview with the Another active He was in charge The residents we with their hands, who is the stability, and coord to keep from stumble He knew he need planned to buy a been scrubbed He planned to repthe walls. Most go	er had not been dusted and mmer. hopped daily, but mopping did ack marks from residents' en washed. ep-cleaning schedule for the administrator at 4:00pm on of Maintenance of the facility. The always smudging the walls heelchairs or walkers. The ave problems with walking, ination, so they use the walls				
	and 3 at 4:45pm or complaints about the Confidential intervious condition of the confloors revealed not Daily checks of the residents' bedroom bathroom, the kitch - All floors were mor 7/27/17.	idents who resided in Rooms 2 in 7/25/17 revealed they had no he walls or floors in the facility.  ews with three residents on the mmunity bathroom's walls and complaints.  e walls and floors in two ins (#2 and #3), the community inen, and the hallway revealed: opped on 7/25/17, 7/26/17, and alls and floors had not been				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						E SURVEY PLETED	
		HAL078082		B. WING		07/2	27/2017
	PROVIDER OR SUPPLIER	E REST HOME	508 WOR	DRESS, CITY, S TH STREET ULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 074	Interview with the A 5:30pm revealed: - Walls will be repair quality paint that ca - Floors will be repair - No timelines were cleaning and repair - He stated "Repair ends".	dministrator on 7/27, anted, he will buy a hin be scrubbed. Aired to ensure residence by the Administres of the walls and flows and maintenance he	gher ent safety. ator for or. nere never	D 074			
D 076	Furnishings  10A NCAC 13F .03 Furnishings (a) Adult care home (3) have furniture of this Rule shall app facilities.  This Rule is not me based on observatifialed to assure the bathroom, the ches Room 3, and the chin Room 2 were kept the findings are:  Observation of Roorevealed:  The chest of draw missing a drawer.	ean and in good reply to new and existing the as evidenced by: ons and interviews, the chair in the community of drawers and nightest of drawers and in good of the arrow at 2:00 pm on the ers on the left wall was and the control of the left wall was and in good of the arrow at 2:00 pm on the left wall was and in good of the arrow at 2:00 pm on the left wall was and in good of the arrow at 2:00 pm on the left wall was and in good of the arrow at 2:00 pm on the left wall was and arrow and arrow at 2:00 pm on the left wall was and arrow and arrow at 2:00 pm on the left wall was a control of the arrow and arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on the left wall was a control of the arrow at 2:00 pm on arrow at	air; g the facility hity htstand in hightstand repair. 7/25/17	D 076			
	drawer should have	the slot where the ne been. had a peeling finish	_				

STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL078082	B. WING		07/2	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROMA	RTIE SPRING VILLAG	IF REST HOME	TH STREET ULS, NC 28	384		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 076	Interview with a resat 2:20pm on 7/25/ - He informed the Afurniture He would like to gethat was missing The nightstand was where the dark, shien The nightstand was had next to the bed personal possessice The furniture was Observation of Rocrevealed: - The chest of draw broken handle on the drawer The small nightstation all four sides of Interview with a resat 4:45pm on 7/25/ - The furniture was - A second chest of scratches and patce finish had worn aware He informed the Astaff of the furniture would be remarked to the furniture would be remarked to the staff of the furniture would be remarked to the seat was a fabric of the seat was tains of unknown of the staffs of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs of the seat was tains of unknown of the staffs.	sident who resided in Room #3 17 revealed: Administrator of the damaged et a drawer to replace the one as scarred with beige spots ny finish had been damaged. as pretty small, but it was all he to keep reading material and ons. not too sturdy.  om #2 at 2:30pm on 7/25/17  vers on the left side had a he right side of the bottom and had the finish worn away the 2 drawers.  sident who resided in Room #2 17 revealed: old, and not very sturdy. If drawers in the room had hes of bare wood, where the ay. Administrator and other facility e damage. ald be nice.  community bathroom at revealed: ocated under the vanity.	D 076			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL078082		B. WING		07/	27/2017
	PROVIDER OR SUPPLIER	E REST HOME	508 WOR	DRESS, CITY, S TH STREET ULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCII MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 076	Continued From pa	ge 6		D 076			
	Interviews with two on 7/25/17 revealed - They liked to use to vanity.  - The chair needed - The stains on the - New cushions for appreciated, somet for a bathroom chair Interview with the A 7/26/17 revealed:  - He was aware sor repairs.  - Furniture will be classes.	the chair when using cleaning all over. chair were terrible. the chair would be hing washable would ir.  dministrator at 2:30 me of the furniture in	g the				
D 282	10A NCAC 13F .09 Service  10A NCAC 13F .09 (a) Food Procureme Homes: (1) The kitchen, din shall be clean, order contamination.  This Rule is not me Based on observatifialed to assure the equipment, and mic and in good repair.  The findings are:  Observations at 11: kitchen revealed: - The microwave cardoor on the left sides	04 Nutrition and Forent and Safety in Acting and food storagerly and protected from the state of	od Service dult Care e areas om the facility ept clean f the	D 282			

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL078082	B. WING		07/	27/2017
	PROVIDER OR SUPPLIER  RTIE SPRING VILLAG	F REST HOME 508 WOR	DDRESS, CITY, S RTH STREET AULS, NC 28:	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 282	- The door was proworking hinges to horoworking hinges hing	pped in place, there were no hold it to the cabinet. It door was damaged, and did door. It left door was broken. It be 6-8 quarts in capacity had lease burned onto the outside if the pot. Is smeared with food and It and exterior were dirty and leaven had smeared grease in it. It oven had stains of yellow fat, ains of burnt food, and crumbs of the oven and on the interior cook at 1:45pm on 7/25/17 It knew the door was broken on it made decisions regarding it. It is still functional. It cook and a Medication Aide of a higher priority than cleaning ay. It is to prove the door on the microwave it is door on the microwave it is door on the microwave in the door on the microwave in the door on the microwave in the door was broken on the left door on the microwave in the door on the microwave in the door was broken on the microwave in the door on the microwave in the door on the microwave in the door was broken on the microwave in the door on the microwave in the door was broken on the microwave in the door was broken on the microwave in the coor was broken on the coor was broken.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL078082		B. WING		07/2	27/2017
	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
CROMA	RTIE SPRING VILLAG	E REST HOME		ULS, NC 28	384		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCII ' MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 282	Continued From pa	ge 8		D 282			
	- The staff who prepresponsible for clear equipment used after the will have the structuring appliances shelves, and pots a	ning the kitchen and er each meal. taff deep-clean the l s, storage cabinets,	d the kitchen,				
D934	G.S. 131D-4.5B. (a Requirements	) ACH Infection Pre	vention	D934			
	G.S. 131D-4.5B Add Prevention Require		ction				
	(a) By January 1, 2 Service Regulation annual in-service tra home medication ai practices for injectic during which bleedi glucose monitoring, successfully comple program shall received determined by the Econtinuing education home medication ai Commission pursua	aining program for a dides on infection colons and any other ping typically occurs, . Each medication a detes the in-service to the partial credit, in a Department, toward in requirements for a dides established by	ndatory, adult care introl, safe rocedures and ide who raining an amount the adult care				
	This Rule is not me Based on observati and interviews, the sampled Medication completed the state control course.	ons, personnel reco facility failed to assu n Aides ( Staff A and	ure 2 of 3 I Staff B)				
	The findings are:						
	1. Review of Staff A	A's personnel record	d revealed:				

Division of Health Service Regulation STATE FORM

IOXR11

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	E CONSTRUCTION		E SURVEY PLETED
		HAL078082	B. WING		07/	27/2017
	PROVIDER OR SUPPLIER	F REST HOME 508 WOI	DDRESS, CITY, S' RTH STREET AULS, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D934	-Staff A was hired of AideStaff A completed infection control couthe state mandated course for Staff A s  Interview with Staff revealed: - Staff A had not counce annual infection course.  2. Review of Staff 7/25/17 revealed: - Staff B was hired Aide Staff B completed infection control course for Staff B s  Interview with Staff revealed: - Staff B was hired Aide Staff B was hired Aide Staff B was hired Aide Staff B was no door the state mandated course for Staff B s  Interview with Staff revealed: - Staff B had not counce with a sun was plan for state mandated course.  Interview with Admi a.m. revealed: - The Administrator and Staff B had not annual infection councing staff B had	the state mandated annual urse in 2015. Immentation of completion of annual infection control ince 2015.  If A on 7/25/17 at 2:35 p.m. Impleted the state mandated introl course since 2015. It are of the facility's monitoring lated annual infection control  B's personnel record on on 12/21/09 as a Medication the state mandated annual urse in 2015. It amentation of completion of annual infection control	D934			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR'  A. BUILDING: COMPLETE			PLETED	
		HAL078082	B. WING		07/2	27/2017
	PROVIDER OR SUPPLIER  RTIE SPRING VILLAG	E REST HOME 508 WO	ADDRESS, CITY, S RTH STREET PAULS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D934	- The Administrator records regularly to were met The state-mandat	ge 10 reviewed the personnel ensure training mandates ed annual infection control has been scheduled for 8/3/17	D934			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		HAL078082	B. WING		07/2	7/2017
	PROVIDER OR SUPPLIER	F REST HOME 508 WOI	DDRESS, CITY, S RTH STREET AULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	Robeson County D	ensure Section and the epartment of Social Services al and follow-up survey on				
D 074	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	D 074			
	Furnishings (a) Adult care hom (1) have walls, ceil	06 Housekeeping And es shall: ings, and floors or floor in and in good repair;				
	failed to assure the residents' bedroom	ions and interviews, the facility walls and floors in two s, the community bathroom, ing room, and the hallway	,			
	Observation of the 7/25/17 revealed: - The tiles in the rig room, next to the do	dining room at 11:00am on  ht front corner of the dining  oor leading to the central  e, medium brown and off-white				
	in color The off-white tiles black smudges There was a 1/4th this area There were scrape	were covered in gray and inch gap between 7 tiles in es and peeling paint on the le tops touched the walls of				

Division of Health Service Regulation
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(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED		
	HAL078082		B. WING		07/	27/2017	
	PROVIDER OR SUPPLIER	E REST HOME	508 WOR	DRESS, CITY, S TH STREET ULS, NC 28	STATE, ZIP CODE	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 074	the dining room.  The air-conditioning dirty.  The floor of the dinition brown stains through the revealed:  The kitchen walls scrapes on the wall.  The pantry door his peeling paint, one slarger spot at eye less. The molding arous scrapes, black smu.  Observation of the 7/25/17 revealed:  The central hall's room had black smulines the length of the inches and 30 inchest the length of the inchest and black.  Observation of Roorevealed:  A hole was punched door by the door's revealed:  A hole was punched door by the door's revealed:  The room's heating was dusty and dirty on the metal frame.  There were scrap wall near the bed of above the height of the air-conditioning with gray debris.	ing unit vents were dusting room had rust, graphout the dining room. kitchen at 11:30am or were dirty and had mils. ad two large areas wispot above a hinge lockylon the door. In the pantry door hadges, and peeling pacenter hallway at 12pt wall to the right of the udges and two horizone hall, at approximates from the floor. In the walls had handprints marks on both sides. In #3 at 2:00pm on 7 and the wall behind the the wall behind the surrounding walls and missing paint on the left side of the room the left side of the left side of the left side of the room the left side of the left si	ay, and ay, and a 7/25/17 ultiple th ck and a d int. m on dining ntal gray ely 15 s, /25/17 d the on front umulated wall. on the com, just covered	D 074			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '			SURVEY PLETED
	HAL078082	B. WING		07/2	27/2017
	F REST HOME 508 WOR	TH STREET			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE
surrounding it, attact air-conditioning unit the air-conditioning seal gaps between and air conditioning.  Observation of Roorevealed:  The air-conditioning and dirty. Small bit approximately 1/4th from the vents at the Caulking and pain air-conditioning unit were covered with opaint.  Observation of the 7/25/17 at 3:00pm in The floor at the enhad brown, gray, are There were black bathroom door, scrinches from the floor The back of the bath dirty brown and blacedges, and peeling. The wall-mounted edges, and peeling. The wall-mounted Electrical switch promoted in the condition of the confloors revealed no confloors revealed no confloors revealed:	ched to the wall. The the the wall, and window above unit had a white substance to the wall, wood frame, window, unit.  Im #2 at 2:30pm on 7/25/17  Ing unit in the room was dusty so of dust and dirt, inch in size, were hanging e front of the air-conditioner. It on the top of the the and the lower window sash dust, grainy dirt, and peeling community bathroom on revealed: Intrance and under the vanity and black smudges. Intrance and the lower windows and black smudges. Intran	D 074			
the floor.	•				
	PROVIDER OR SUPPLIER RTIE SPRING VILLAG  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa surrounding it, attact air-conditioning unit the air-conditioning seal gaps between and air conditioning Observation of Roo revealed: - The air-conditioning and dirty. Small bit approximately 1/4th from the vents at th - Caulking and pain air-conditioning unit were covered with o paint.  Observation of the 7/25/17 at 3:00pm i - The floor at the er had brown, gray, ar - There were black bathroom door, scri inches from the floo The back of the bat dirty brown and blace dges, and peeling - The wall-mounted - Electrical switch p smudges.  Confidential intervie condition of the con floors revealed no con Interview with the C revealed: - The facility adminit the floor.	PROVIDER OR SUPPLIER  STREET ADI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  surrounding it, attached to the wall. The air-conditioning unit, the wall, and window above the air-conditioning unit had a white substance to seal gaps between the wall, wood frame, window, and air conditioning unit in the room was dusty and dirty. Small bits of dust and dirt, approximately 1/4th inch in size, were hanging from the vents at the front of the air-conditioner.  - Caulking and paint on the top of the air-conditioning unit and the lower window sash were covered with dust, grainy dirt, and peeling paint.  Observation of the community bathroom on 7/25/17 at 3:00pm revealed:  - The floor at the entrance and under the vanity had brown, gray, and black smudges.  - There were black marks at the bottom of the bathroom door, scrapes estimated to be 15 inches from the floor, and gray smudges.  - There were black marks at the bottom of the bathroom door, scrapes estimated to be 15 inches from the floor, and gray smudges.  - The back of the bathroom door had peeling paint, dirty brown and black stains along the door edges, and peeling paint around the doorknob.  - The wall-mounted heater had dusty vents.  - Electrical switch plates were grimy with gray smudges.  Confidential interviews with three residents on the condition of the community bathroom's walls and floors revealed no complaints.  Interview with the Cook at 11:45am on 7/25/17 revealed:  - The facility administrator took care of repairs to	PROVIDER OR SUPPLIER  RTIE SPRING VILLAGE REST HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUPPLIENCY MUST BE SUPPLIENCY MUST BE SUPPLIENCY MUST BE SUPPLIENCY MUST TAG SUPPLIENCY MUST BE S	PROVIDER OR SUPPLIER  RTIE SPRING VILLAGE REST HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  surrounding it, attached to the wall. The air-conditioning unit, the wall, and window above the air-conditioning unit had a white substance to seal gaps between the wall, wood frame, window, and air conditioning unit in the room was dusty and dirty. Small bits of dust and dirt, approximately 1/4th inch in size, were hanging from the vents at the front of the air-conditioning unit on the top of the air-conditioning unit and blower window sash were covered with dust, grainy dirt, and peeling paint.  Observation of the community bathroom on 7/25/17 at 3:00pm revealed:  - The floor at the entrance and under the vanity had brown, gray, and black smudges.  - There were black marks at the bottom of the bathroom door, scrapes estimated to be 15 inches from the floor, and gray smudges. The back of the bathroom door had peeling paint, dirty brown and black stains along the door edges, and peeling paint around the doorknob.  - The wall-mounted heater had dusty vents Electrical switch plates were grimy with gray smudges.  Confidential interviews with three residents on the condition of the community bathroom's walls and floors revealed no complaints.  Interview with the Cook at 11:45am on 7/25/17 revealed:  - The facility administrator took care of repairs to the floor.	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  508 WORTH STREET SAINT PAULS, NC 28384  SUMMARY STATEMENT OF DEFICIENCIS (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION)  Continued From page 2  Surrounding it, attached to the wall. The air-conditioning unit, the wall, and window above the air-conditioning unit had a white substance to seal gaps between the wall, wood frame, window, and air conditioning unit in the room was dusty and dirty. Small bits of dust and dirt.  - The air-conditioning unit and the lower window sash were covered with dust, grainy dirt, and peeling paint.  Observation of the community bathroom on 7/25/17 at 3:00pm revealed:  - The rewere black marks at the bottom of the bathroom door, scrapes estimated to be 15 inches from the floor, and gray smudges.  - There were black marks at the bottom of the bathroom door, scrapes estimated to be 15 inches from the floor, and gray smudges.  - The wall-mounted heater had dusty vents.  - Electrical switch plates were grimy with gray smudges.  Confidential interviews with three residents on the condition of the community bathroom's walls and floors revealed in community bathroom's walls and floors revealed no complaints.  Interview with the Cook at 11:45am on 7/25/17 revealed:  - The facility administrator took care of repairs to the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED		
		HAL078082		B. WING		07/	27/2017
	PROVIDER OR SUPPLIER	E REST HOME	508 WOR	DRESS, CITY, S TH STREET LULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC ' MUST BE PRECEDED I SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 074	Continued From pacticaned yet this sur - The floors were mot get rid of the blashoes.  - Walls had not bee - There was no dee facility.  Interview with the A 7/25/17 revealed:  - He was in charge - The residents wer with their hands, who - Many residents had coordination, they ustumbling and falling. The scrapes were wheelchairs and was - Most gouges were rearranging furnitum much force.  - He planned to reputhe walls.  - He knew he needed better quality paint,  Interviews with resident and was a side of the walls.  - The walls with the A 5:30pm revealed:  - The walls will be repaint that can be so - Floors will be repaint that can be so - Floors will be repaint main and repairs and main repairs and main.	nmer. opped daily, but mack marks from resent washed. p-cleaning schedul dministrator at 4:00 of Maintenance of e always smudging heelchairs or walked to problems with each see the walls to keep or by opening do air the scrapes and ed to repaint the faso it could be cleated to repain the faso it could be cleated to make the walls or the walls or the walls or the country of the walls or the country of the walls and the sof the walls and the walls are wall as the wall and the wall and the wall as th	le for the  Opm on  the facility. g the walls ers. walking and ep from  ts using  nts eors with too d gouges in cility with a ned. in Rooms aled they floors in the  27/17 at gher quality d. dent safety. nistrator for floor.	D 074			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		E SURVEY PLETED		
		HAL078082		B. WING		07/	27/2017
	PROVIDER OR SUPPLIER RTIE SPRING VILLAG	E REST HOME	508 WOR	DRESS, CITY, S TH STREET .ULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 074	Continued From particles Recheck of the wal 7/27/17 revealed no been completed. A units in the rooms what been mopped of	ls and floors at 6:30 o repairs to the facil ir-conditioning and vere dusty and dirty	ity had heating	D 074			
D 076	10A NCAC 13F .03 Furnishings  10A NCAC 13F .03 Furnishings (a) Adult care home (3) have furniture of this Rule shall app facilities.  This Rule is not me based on observatifailed to assure the bathroom, the ches Resident Room #3, nightstand in Residand in good repair.	of Housekeeping A es shall: ean and in good re ly to new and existi et as evidenced by: ons and interviews, chair in the commut t of drawers and nig and the chest of di	and pair; ng the facility unity ghtstand in rawers and	D 076			
	The findings are:  Observation of Res 7/25/17 revealed: - The chest of draw missing a drawer Two shirts were in drawer should have - The bedside table top.  Interview with a res at 2:20pm on 7/25/1- He informed the Afurniture.	the slot where the been. had a peeling finisident who resided in 17 revealed:	was missing h on the n Room #3				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			7. BOILDING.			
		HAL078082	B. WING		07/2	7/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROMAI	RTIE SPRING VILLAG	SE REST HOME	TH STREET JULS, NC 28	384		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 076	- He would like to gethat was missing The nightstand we where the dark, shith and next to the bed personal possessice. The furniture was Observation of Res 7/25/17 revealed: - The chest of draw broken handle on the drawer The small nightstoon all four sides of Interview with a reseat 4:45pm on 7/25/17. The furniture was A second chest of scratches and patch finish had worn away. He informed the Astaff of the furniture. New furniture wow Observation of the 3:00pm on 7/25/17. A side chair was Interview with a research the furniture of the furniture would be a staff of the furniture. The chrome tube of the chair had an fabric of the seat we stains of unknown similar to paint or no on the chair's wover	get a drawer to replace the one as scarred with beige spots iny finish had been damaged. as pretty small, but it was all he d to keep reading material and ons. In not too sturdy.  Sident Room #2 at 2:30pm on wers on the left side had a he right side of the bottom and had the finish worn away the 2 drawers.  Sident who resided in Room #2 drawers in the room had thes of bare wood, where the ay. Administrator and other facility e damage. In all denice.  Community bathroom at revealed: ocated under the vanity. If frame was rusted. Upholstered seat. The tweed was stained with liquids, brown origin, and stains of red dots and polish on the cushion and the rattan back and frame.	D 076			
		the chair when using the				

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
		HAL078082		B. WING		07/2	27/2017
	PROVIDER OR SUPPLIER	F REST HOME 50	8 WORT	DRESS, CITY, S TH STREET ULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION	.L	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 076	vanity The chair needed - The stains on the - New cushions for appreciated, somet for a bathroom chair linterview with the A 7/26/17 revealed:	cleaning all over. chair were terrible. the chair would be hing washable would be ir. dministrator at 2:30pm o	on	D 076			
D 282	Service  10A NCAC 13F .09 (a) Food Procurementumes: (1) The kitchen, din shall be clean, order contamination.  This Rule is not me Based on observation.	ons and interviews, the	ervice Care eas	D 282			
	equipment, and mic and in good repair.  The findings are:  Observations at 11: 7/25/17 of the kitch.  The microwave cadoor on the left side.  The door was projinterior molding in the door to the cabi	art in the kitchen had a be of the cart. pped in place, supported he cabinet. The hinges t	oroken d by				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
	HAL078082		B. WING		07/	27/2017	
	PROVIDER OR SUPPLIER	E REST HOME	508 WOR	DRESS, CITY, S TH STREET ULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 282	- The handle for the A pot estimated to brown and black gr walls and bottom of The stovetop was grease The oven's interior greasy The exterior of the and food residue of The interior of the black and brown stored food on the floor window.  Interview with the Crevealed: - The Administrator the microwave cart The Administrator furniture purchases The cabinet was search administration were at this time of the desired this time of the desired the stored th	e left door was broken be 6-8 quarts in capa ease burned onto the fithe pot.  smeared with food and a management of the pot.  smeared with food and a management of the oven had stains of yearins of burnt food, and of the oven and on the cook at 1:45pm on 7/2 knew the door was because the cook and a Medical and service and service and medical and service and servic	acity had outside and acity and arty and grease allow fat, dicrumbs are interior action actio	D 282			

AND DI AN OF CODDECTION IDENTIFICATION NUMBED:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED		
		HAL078082		B. WING		07/3	27/2017
	PROVIDER OR SUPPLIER	E REST HOME	508 WOR	DRESS, CITY, S TH STREET .ULS, NC 28	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 282	•	s, storage cabinets,	storage	D 282			
D934	Requirements	) ACH Infection Prev		D934			
	Prevention Require						
	Service Regulation annual in-service transmer medication a practices for injectic during which bleeding glucose monitoring successfully comple program shall receip determined by the Econtinuing education home medication a	2012, the Division of shall develop a man aining program for a ides on infection control on and any other program for any typically occurs, and any other program for medication aides the in-service trave partial credit, in a Department, toward to requirements for a ides established by the ant to G.S. 131D-4.5	datory, dult care trol, safe ocedures and de who aining n amount the dult care he				
	interviews, the facili sampled Medication	et as evidenced by: ons, record reviews, ity failed to assure 2 n Aides ( Staff A and e mandated annual ir	of 3 Staff B)				
	The findings are:						
	- Staff A was hired of Aide.	A's personnel record on 12/01/10 as a Methe state mandated urse in 2015.	dication				

Division of Health Service Regulation STATE FORM

IOXR11

AND DIAN OF CORRECTION IN INDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL078082		B. WING		07/	27/2017
NAME OF PROVIDER OR SU		SE REST HOME	508 WOR	DRESS, CITY, STREET	STATE, ZIP CODE		
PREFIX (EACH DE	FICIENC'	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I .SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
the state macourse for S  Interview wirevealed: - Staff A had annual infectory and state course.  Refer to Interview of Staff B was Aide Staff B consinfection corrory and state macourse for S  Interview witerevealed: - Staff B had annual infectory annual infectory and state macourse.  Refer to Interview witerevealed: - Staff B was plan for state course.  Refer to Interview witerevealed: - Staff B was plan for state course.  Refer to Interview witerevealed: - Interview witerevealed: - Interview witerevealed: - Staff B was plan for state course.	no door ndated taff A s th Staff not co tion co tunawate manor rview with the staff B s the staff B	cumentation of come annual infection of control annual infection of completed the state of the facility's related annual infection.  B's personnel reco on 12/21/09 as a North the state mandate wise in 2015.  The state mandate wise	ontrol 35 p.m. mandated 2015. monitoring on control for on rd revealed: fledication ed annual apletion of ontrol 15 p.m. mandated 2015. monitoring on control for on	D934			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY	
		HAL078082	B. WING		07/2	27/2017
	PROVIDER OR SUPPLIER RTIE SPRING VILLAG	E REST HOME 508 WOR	DRESS, CITY, S TH STREET AULS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D934	annual infection con - The Administrator records regularly to were met. - The state-mandat		D934			