PRINTED: 08/10/2017

AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION		E SURVEY	
		NOMBER:		A. BUILDING:			
		Las annon-			1	PLETED	
NAME ==	115 Payers III	HAL078082	B. WING			^	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	07/	07/27/2017	
CROMA	RTIE SPRING VILLAG	E REST HOME 508 W	ORTH STREE	ET			
	, 	SAINT	PAULS, NC	28384			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES		ID				
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	I LEAUR CURRECTIVE ACTION	CHAIRA	(X5) COMPLE	
				CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE	
D 000	Initial Comments	%—3 -3-	D 000				
j	The Adult O		0.00				
ļ	Robeson County De	nsure Section and the					
J	conducted an annua	partment of Social Services					
	July 25 - 27, 2017,	al and follow-up survey on					
8			1	1			
D 074	10A NCAC 13F .030	6(a)(1) Housekeeping And	D 074	1	j		
1	Furnishings	And a second septing And	00/4	1	ļ		
1	104 NCAC 405 555	0.11					
1	Furnishings	6 Housekeeping And			J		
Ì	(a) Adult care home	e ehall:		9			
	(1) have walls ceilin	gs, and floors or floor		1			
	coverings kept clean	and in good repair:			1		
į	5 . * 105	ma m good repair,		}	1		
1							
Į							
					9		
j٦	This Rule is not met	as evidenced by:	1		Ĭ		
} C	pased on observation	s and interviewe the facility.	4		ĺ		
[10	aned to assure the M	alls and floors in two					
1.79	esidents bedrooms	the community bothers	1		ļ		
[14]	ne kitchen, and the h n good repair.	allway were kept clean and					
	. good repail.				,		
T	he findings are:						
0	bservation of the din	ing room at 11:00am on					
	ZU/ I/ IEVEAIED.]	D 079-a Repaired / replaced	and cleaned		
- 1	The tiles in the right f	front corner of the dining		an moor covering in identified	2020	304	
	viii, next to the foor	I'S entrance door from the		mentioned.	1	08/16/17	
Ce	and nailway, were t	peige, medium brown and					
, 0,	I - WILLE III COIOI.						
ы	ack smudges.	re covered in gray and					
- 1	There was a 1/4th inc	ch gap between 7 tiles in	ľ				
1	is alba.				1		
- 1	There were scrapes a	and peeling paint on the		D 079-b Any arears that	120 d a - 5 1 1		
1 440	alls where the table to a Service Regulation	ops touched the walls of		D 079-b Any arears that requing (drywall repair, painting e	Am A second		
i Di Health	n Service Regulation RECTOR'S OR PROVIDER/S		F		ic. Laone I a	8/03/17	

IOXR11

Reviewed & A Crepted for J. Chencharick-BR 9/20/17

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL078082 B. WING 07/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 WORTH STREET** CROMARTIE SPRING VILLAGE REST HOME SAINT PAULS, NC 28384 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 074 Continued From page 1 D 074 cont.from page 1 Reconditioning wood the dining room. works in cited areas. - The air-conditioning unit vents were dusty and (D 074-c) AC / HTG units cleaned and 08/27/17 recorked and painted wall in an around The floor of the dining room had rust, gray, and the cited areas brown stains throughout the dining room. D 074-a 08-27-17 Observation of the kitchen at 11:30am on 7/25/17 revealed: The kitchen walls were dirty and had multiple D 079-b scrapes on the walls. 08/ 13/17 - The pantry door had 2 large areas with peeling D 074-b 08/17/17 paint, one spot above a hinge lock and a larger spot at eye level on the door. - The molding around the pantry door had scrapes, black smudges, and peeling paint. D 074-b 08/17/17 Observation of the center hallway at 12pm on 7/25/17 revealed: - The central hall's wall to the right of the dining D 074-b 09/10/17 room had black smudges and two horizontal gray lines the length of the hall, at approximately 15 inches and 30 inches from the floor. A large industrial mop and wheeled bucket was stored at the end of the hall, next to the rear exit D 074-d Staff inservice on housekeeping 08/30/17 approiated storageing of supplies and 09/20/17 The lines on the wall corresponded to the top of paraphernali. Also to discuss all areas 10/25/17 the mop bucket and a plastic ledge halfway down cited for compliance. the height of the bucket - Handprints and black-gray smudges and stains D 074-b were present on the walls. 08/17/17 Observation of Room 3 at 2:00pm on 7/25/17 revealed: - A hole was punched into the wall behind the D 074-b 08/17/17 door by the door's rectangular door pull. - The door had gray-black smudges from D 074-b handprints. 08/17/17 - The room's heating unit with a wire grid on front was dusty and dirty. Gray-black dirt accumulated on the metal frame and the surrounding wall. D 074-c 08/29/17

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING. COMPLETED HAL078082 B. WING 07/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CROMARTIE SPRING VILLAGE REST HOME **508 WORTH STREET** SAINT PAULS, NC 28384 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG D 074 Continued From page 2 D 074 - There were scrapes and missing paint on the wall near the bed on the left side of the room, just D 074-b above the height of the bed. 08/18/17 - The air-conditioning unit was dusty and covered D 074-c with gray debris. 08/18/17 - The air-conditioning unit had a wood frame D 074-c surrounding it, attached to the wall. The 08/18/17 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. Observation of Room 2 at 2:30pm on 7/25/17 revealed: The air-conditioning unit in the room was dusty D 074-c 08/27/17 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 D 074-a 08-16/17 had brown, gray, and black smudges. - There were black marks at the bottom of the D 074-b bathroom door, scrapes estimated to be 15 09/10/17 inches from the floor, and gray smudges. The back of the bathroom door had peeling paint, D 074-b 09/07/17 dirty brown and black stains along the door edges, and peeling paint around the doorknob. - The wall-mounted heater had dusty vents. D 074-c - Electrical switch plates were grimy with gray 08-21/17 D 074-b smudges. 08/21/17 Interview with the Cook at 11:45am revealed - The facility administrator took care of repairs to the floor.

AND DIA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		APPROV
חווט רבת	N OF CURRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DAT COM	E SURVEY IPLETED
		HAL078082	B. WING		07/	27/2047
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		27/2017
CROMA	RTIE SPRING VILLAC	SE REST HOME 508 WOR	RTH STREET			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	AULS, NC 283	384		
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From pa	ige 3	D 074			
	- The floors were mot get rid of the blashoes Walls had not bee a There was no dee facility. Interview with the Act 7/25/17 revealed: - He was in charge of the residents were with their hands, who many residents has stability, and coordinate keep from stumble. He knew he neede planned to buy a bet be scrubbed He planned to repath walls. Most gout	nopped daily, but mopping did ack marks from residents' n washed. p-cleaning schedule for the diministrator at 4:00pm on of Maintenance of the facility. The always smudging the walls electhairs or walkers. The problems with walking, isation, so they use the walls action, so they use the walls action, so they use the walls				
	complaints about the	ents who resided in Rooms 2 7/25/17 revealed they had no walls or floors in the facility. Its with three residents on the nunity bathroom's walls and				
[re b	Paily checks of the wastidents' bedrooms (athroom, the kitchen All floors were mopp (27/17,	alls and floors in two #2 and #3), the community , and the hallway revealed: ed on 7/25/17, 7/26/17, and and floors had not been				si.

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED HAL078082 B. WING 07/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CROMARTIE SPRING VILLAGE REST HOME **508 WORTH STREET** SAINT PAULS, NC 28384 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE TAG PREFIX TAG DATE DEFICIENCY) D 074 Continued From page 4 D 074 Interview with the Administrator on 7/27/17 at 5:30pm revealed: - Walls will be repainted, he will buy a higher D 074-b quality paint that can be scrubbed. 09/15/17 - Floors will be repaired to ensure resident safety. D 074-a - No timelines were set by the Administrator for 09/15/17 cleaning and repairs of the walls and floor. D 074-b 99/15/17 - He stated "Repairs and maintenance here never ends". D 076 10A NCAC 13F .0306(a)(3) Housekeeping And D 076 **Furnishings** 10A NCAC 13F .0306 Housekeeping And **Furnishings** (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the chair in the community bathroom, the chest of drawers and nightstand in Room 3, and the chest of drawers and nightstand in Room 2 were kept clean and in good repair. The findings are: Observation of Room #3 at 2:00 pm on 7/25/17 revealed: - The chest of drawers on the left wall was The missing draw was replaced reparied 08/17/17 missing a drawer. - Two shirts were in the slot where the missing (D 076-a drawer should have been. - The bedside table had a peeling finish on the Bedside table was replace or refinished 09/07/17 D 076-b Division of Health Service Regulation

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING: _ COMPLETED HAL078082 B. WING 07/27/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CROMARTIE SPRING VILLAGE REST HOME 508 WORTH STREET SAINT PAULS, NC 28384 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE TAG DATE DEFICIENCY) D 076, Continued From page 5 D 076 Interview with a resident who resided in Room #3 at 2:20pm on 7/25/17 revealed: - He informed the Administrator of the damaged furniture. - He would like to get a drawer to replace the one that was missing. D 076-a - The nightstand was scarred with beige spots 09/15/17 where the dark, shiny finish had been damaged. D 076-b 08/30/17 - The nightstand was pretty small, but it was all he had next to the bed to keep reading material and personal possessions. - The furniture was not too sturdy. D 076- a.b 09/15/17 Observation of Room #2 at 2:30pm on 7/25/17 - The chest of drawers on the left side had a broken handle on the right side of the bottom D 076-a 09/15/17 drawer. - The small nightstand had the finish worn away D 076-b on all four sides of the 2 drawers. 09/15/17 Interview with a resident who resided in Room #2 at 4:45pm on 7/25/17 revealed: - The furniture was old, and not very sturdy. - A second chest of drawers in the room had D 076-a.b scratches and patches of bare wood, where the 09/15/17 finish had worn away. - He informed the Administrator and other facility staff of the furniture damage. - New furniture would be nice. Observation of the community bathroom at 3:00pm on 7/25/17 revealed: - A side chair was located under the vanity. The chair in this area to be cleaned ,re 09/15/17 The chrome tube frame was rusted. paired, or replaced - The chair had an upholstered seat. The tweed fabric of the seat was stained with liquids, brown stains of unknown origin, and stains of red dots similar to paint or nail polish on the cushion and on the chair's woven rattan back and frame. Division of Health Service Regulation

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING: HAL078082 B. WING NAME OF PROVIDER OR SUPPLIER 07/27/2017 STREET ADDRESS, CITY, STATE, ZIP CODE CROMARTIE SPRING VILLAGE REST HOME **508 WORTH STREET** SAINT PAULS, NC 28384 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG DATE D 076; Continued From page 6 D 076 Interviews with two female residents at 5:00pm on 7/25/17 revealed: - They liked to use the chair when using the vanity. - The chair needed cleaning all over. - The stains on the chair were terrible. - New cushions for the chair would be appreciated, something washable would be good for a bathroom chair. Interview with the Administrator at 2:30pm on 7/26/17 revealed: - He was aware some of the furniture needed repairs. Furniture will be cleaned. D 282 10A NCAC 13F .0904(a)(1) Nutrition and Food D 282 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the kitchen appliances, equipment, and microwave cart were kept clean and in good repair. The findings are: Observations at 11:30 am on 7/25/17 of the kitchen revealed: - The microwave cart in the kitchen had a broken door on the left side of the cart. Division of Health Service Regulation STATE FORM

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STATEMENT OF D	RECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION		APPROV	
	RRECTION IDENTIFICATION NUMBER		A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
- 100 M		HAL078082	B. WING				
NAME OF PROVIDE	ER OR SUPPLIER				07/	27/2017	
		STREETA	DDRESS, CITY	, STATE, ZIP CODE		0 10 -	
CROMARTIE SI	PRING VILLAG	E REST HOME SAINT B	RTH STREE				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	St. 1000				
	GULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOURDE	(X5) COMPLE DATE	
D 282 Contin	nued From pag	ge 7	D 282				
- The workir - The not ma - The - A pol brown walls a - The s grease - The c greasy - The e and foo - The in black a of food window	 - The door was propped in place, there were no working hinges to hold it to the cabinet. - The bottom of the door was damaged, and did not match the right door. - The handle for the left door was broken. - A pot estimated to be 6-8 quarts in capacity had brown and black grease burned onto the outside walls and bottom of the pot. - The stovetop was smeared with food and grease. - The oven's interior and exterior were dirty and greasy. - The exterior of the oven had smeared grease and food residue on it. - The interior of the oven had stains of yellow fat, black and brown stains of burnt food, and crumbs of food on the floor of the oven and on the interior window. 		D 282	This supply cabinet (microw wil be repaired, or replaced. D 282-a Existing kitchen sta worker 4 days a week) who responcibility is the cleaning as reference to the surveor will have to be readdress that and increase monitior to a with an asso, check list, to as quality services are met in the	ff (a 4 hr se primary of the kitcheduring the vis at position eekly, meeting	en it	
- The A the mic - The A furniture - The ca - She w for the f - Meal p adminis at this til - She kn thorough - There kitchen.	dministrator kind a comment of the c	d service and medication		D 282-a		9/15/17	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		FORM APPRO (X3) DATE SURVEY COMPLETED	
		HAL078082				
NAME OF	PROVIDER OR SUPPLIER				07/27/2017	
CROMA	ARTIE SPRING VILLAG	508 WO	RTH STREE	7. STATE, ZIP CODE		
		E REST HOME SAINT P	AULS, NC	7		
(X4) ID	SUMMARY STA	TEMENT OF DEGLOSMAN	AULS, NC			
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOLU B B-	(X5) COMPLET DATE
D 282	Continued From pa	ge 8	D 282			<u> </u>
	- The staff who pres	pare and serve food were	5 202			
	. Cabouginie 101 Clea	DIDD the kitchen and it.	70	D282-a		
	· vyvipiniciii used ana	er each meal				09/15/1
	- He will have the st	aff deen-clean the little				
	morading appliances	SIOTAGE cabinate at-				I
	shelves, and pots ar	nd pans.		1		
Dasa	G 9 1210 4 55					į
D304	Requirements (a)	ACH Infection Prevention	D934			
	requirements					
ī	G.S. 131D-4 5B Adu	It Care Home Infection				
	Prevention Requirem	nents			ļ	
Į.					i	
ĺ	(a) By January 1, 20	12, the Division of Health		Dest		
	dervice requiation s	hall develop a mandata		D934 A in service was held or	08/03/17	
37	Annual III-Set Aice Ital	DIDO program for adult		all stall were present and acco	untand	
13	HOLLIC HIPCRICATION SID	es on intection control c		issued certificated accordly for Control	Infection	
1	during which bleading	is and any other procedures by typically occurs, and		Control	1	
1 1	glucose monitoring	ach medication aide who	4		İ	
100	anccessinily complete	as the in-convince to-:-:-	Į		1	
101	Program Strail receive	nartial crodit in an analysis				
	A COLOUR COLDY THE DE	Darment toward the				
11.5	-ununuing education i	requirements for adult				
- 4	some medication alde	S established by the				
- 1	Commission pursuant	to G.S. 131D-4.5	1			
					l,	
. I	his Rule is not met a	as evidenced by:	ļ		į Į	
! -	based on observations	S Dersonnel record review			1	
100	"TO THE PACE ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	HID/ tailed to opening a coll	į		1	
1 9	ambien Menication Vi	IDES (Staff A and Staff D)			į	
C	ontrol course.	andated annual infection			ļ	
6						
T I	he findings are:				1	
1.	Review of Staff A's	personnel record revealed:				ł

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	Iva s	T 0115
nes succession		IDENTIFICATION NUMBER	A 98 CO		COM	E SURVEY IPLETED
		HAL078082	B. WING			
NAME OF I	PROVIDER OR SUPPLIER		- MSS(M) 15	07/	07/27/2017	
^DOBBAS	OTIC CODING	508340	DDRESS, CITY, S	TATE, ZIP CODE		
CROWA	RTIE SPRING VILLAG	E REST HOME SAINT P	RTH STREET AULS, NC 28:	294		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE IE APPROPRIATE	(X5) COMPLE DATE
D934	Continued From pa	ge 9	D934			
1	-Staff A was hired o	n 12/01/10 as a Medication				
	Alue,					
	infection control cou	he state mandated annual				i İ
Î	-There was no docu	mentation of completion of				1
î.	the state mandated	annual infection control				ĺ
	course for Staff A si	nce 2015.	1			
Ì	Interview with Staff	A on 7/25/17 at 2:35 p.m.				
	revealed:					
i i	- Stall A had not con annual infection con	npleted the state mandated trol course since 2015.				
1 5	- Staπ A was unawar	e of the facility's monitoring				
1.1	plan for state manda course.	ted annual infection control				
1 2	2. Review of Staff B 7/25/17 revealed:	's personnel record on			į	
-	Staff B was hired or Aide.	n 12/21/09 as a Medication			8	
1 41	nection coutrol cont	ne state mandated annual se in 2015.				
+1	There was no document	mentation of completion of			1	
0	ourse for Staff B sin	nnual infection control ce 2015.	2			
16	avealed.	on 7/25/17 at 3:15 p.m.				
-	Staff B had not com	pleted the state mandated	İ			
, a	initial infection contr	Ol Course since 2015				
i pl	an for state mandate	e of the facility's monitoring ed annual infection control	ļ		1	
CC	ourse.	os amuda intection control				
i d.	m, revealed;	strator on 7/26/17 at 10:15				
1 - 7	The Administrator wa	as not aware that Staff A			ļ	
्या	in orall is used not te	Ceived state mandated			ļ	
! ar	inual intection contro	Course (Refer to				
1 11 13	Service Regulation	the two staff members.)			50	

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AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION		APPROVE
		IDENTIFICATION NUMBER		A. BUILDING:		E SURVEY PLETED
		HAL078082	B. WING			
	PROVIDER OR SUPPLIER	SINEELA	DORESS, CITY	. STATE, ZIP CODE	07/	27/2017
CROMA	RTIE SPRING VILLA	GE REST HOME 508 WOR	RTH STREET	T		
(X4) ID	SUMMARY ST	ATEMENT OF DECIDION	AULS, NC 2	8384		
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	THOUSE OF	(X5) COMPLETE DATE
D934	Continued From pa	ige 10	D934	SEI ICIERCI)		
	- The Administrator records regularly to were met.	reviewed the personnel ensure training mandates				
	- The state-mandat	ed annual infection control				
ii ii	course for all staff h	has been scheduled for 8/3/17.		Tentative dates have been r	made for	00/20/04
ļ				next years in-service to assu the Infection Control Program	red that	08/30/20
				maintained by all necessary	staff person	
1				nel.	,	
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