

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>920656</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ NOV -7 2017 ADULT CARE LICENSURE SECTION	(X3) DATE SURVEY COMPLETED 09/20/2017
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NAME OF PROVIDER OR SUPPLIER
LAWSON'S FAMILY CARE #3

STREET ADDRESS, CITY, STATE, ZIP CODE
**5860 US 29 BUSINESS N
REIDSVILLE, NC 27323**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 09/20/19.	C 000		
C 105	<p>10A NCAC 13G .0317(d) Building Service Equipment</p> <p>10A NCAC 13G .0317 Building Service Equipment</p> <p>(d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure hot water temperatures at 4 of 4 bathroom fixtures (sink, shower stand alone, and shower/tub combination) used by residents were maintained between 100 degrees Fahrenheit (F) and 116 degrees F.</p> <p>The findings are:</p> <p>Observations during the initial tour of the facility on 9/20/17 at 8:40 am revealed:</p> <ul style="list-style-type: none"> -There were five residents residing in the facility. -There were two common resident bathrooms. -The hot water temperature at the sink in residents' common bathroom #2 was 124 degrees F. -The hot water temperature coming from the shower fixture in common bathroom #2 was 122 degrees F. -The hot water temperature at the sink in residents' common bathroom #1 was 124 degrees F. 	C 105	<p><i>Please see attachment A, attachment B attachment C</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Christy Leflore

TITLE
Administrator

(X6) DATE
10/31/17

STATE FORM **QOR311** If continuation sheet 1 of 10

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C 105	<p>Continued From page 1</p> <p>-The hot water temperature coming from the shower fixture in residents' common bathroom #1 was 124.</p> <p>The Administrator and Supervisor-in-Charge (SIC) were immediately informed on 09/20/17 at 8:56 of the hot water temperatures and notified signs needed to be posted at each water fixture to warn residents of the hot water temperatures.</p> <p>Observation on 09/20/17 at 9:38 am revealed signs were posted on the door of each bathroom to warn residents of the hot water and seek staff assistance.</p> <p>Interview on 09/20/17 at 9:11 am with the SIC revealed: -He had worked at the facility since August 2017. -He was unaware the hot water temperature in the common bathrooms were too hot. -He was the regular staff for the facility, but did not check hot water temperatures. -No residents had complained to him about the water in the bathrooms being too hot.</p> <p>Interview on 09/20/17 at 9:20 am with the Administrator revealed: -She was unaware the hot water temperature exceeded the state requirement of 116 degrees F. -She never checked hot water temperatures at the facility. -The only thermometer she had at the facility was a meat thermometer. -She would call "someone" to adjust the temperature down.</p> <p>Interview on 09/20/17 at 11:40 am with the person adjusting the thermostat on the hot water tank revealed:</p>	C 105		

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C 105	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He had adjusted the hot water temperature down. -It would take time for the hot water temperature to go down, so he was running the hot water out. -He wanted the surveyor to wait "a while" before checking the hot water temperature again. <p>A second check of the hot water temperatures on 09/20/17 at 2:15 pm-at the sink in the residents' common bathroom #2 revealed:</p> <ul style="list-style-type: none"> -The hot temperature at the sink was 122 degrees F. -The hot temperature coming from the shower fixture was 120 degrees F. -The hot water temperature at the sink in residents' common bathroom #1 was 122 degrees F. -The hot water temperature coming from the shower in residents common bathroom #1 was 120. <p>Interview with the SIC on 09/20/17 at 2:20 pm revealed:</p> <ul style="list-style-type: none"> -He knew how to adjust the hot water temperature so he would adjust the temperature down. -He would also run the hot water to get rid of the hot water that was in the tank. <p>A third check of the hot water temperature on 09/20/17 at 3:18 pm revealed:</p> <ul style="list-style-type: none"> -The hot water temperature at the sink in residents' common bathroom #2 was 122 degrees F, and the shower was 120 degrees F. <p>Observation on 09/20/17 at 3:44 pm revealed:</p> <ul style="list-style-type: none"> -The Administrator removed two meat thermometers from a drawer that was near the kitchen sink. -One thermometer did not register a temperature. 	C 105		

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C 105	<p>Continued From page 3</p> <p>-The second thermometer only accelerated hot water temperatures up to 80 degrees.</p> <p>Calibration on 09/20/17 at 3:55 pm of the facility's meat thermometer and the surveyor thermometer revealed:</p> <p>-The facility's meat thermometer calibrated at 30 degrees F.</p> <p>-The surveyor thermometer calibrated at 28 degrees F.</p> <p>A fourth check of the hot water temperature on 09/20/17 at 4:47 pm using the surveyor thermometer and the facility's thermometer revealed:</p> <p>-The hot temperature at the sink in residents' common bathroom #2 was 124 degrees F using the surveyor thermometer.</p> <p>-The hot temperature using the facility's thermometer was 120 degrees F.</p> <p>Interview with the SIC on 09/20/17 at 4:55 pm revealed:</p> <p>-He must have turned the knob to the hot water temperature the wrong way, causing the temperature to go up.</p> <p>-He would go and turn the "knob" the other way to get the temperature to go down.</p> <p>Interview with the Administrator 09/20/17 at 5:10 pm revealed:</p> <p>-She was going to buy a new thermometer.</p> <p>-She was going to check the hot water temperature every hour to ensure the temperature was going down.</p> <p>-She was going to document the hot water temperature results.</p> <p>Interview on 09/20/17 at 9:00 am with a resident who resided in the bedroom near bathroom #2</p>	C 105		

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C 105	Continued From page 4 revealed: -One resident said that he used the bathroom several times daily including a shower in the morning. -He used the hot water and always mixed in cold to adjust the temperature to his comfort level. -He had never had a problem with the water being too hot. Interview with a resident on 09/20/17 at 8:50 am revealed: -He used the common bathroom daily. -He had never burned himself on the hot water from sink or shower in the bathroom. -He had not told the staff the water was too hot in the bathroom. -He did not remember how long the water had been very hot at the sink in the bathroom. Interview with a second resident on 9/20/17 at 2:55 pm revealed: -He has resided in the facility for "a few months" -He used the common bathroom near the back of the facility daily. -He had never burned himself on the hot water from the sink or shower in the bathroom. -He adjusted the water in the bathroom to meet his comfort needs daily. -He stated "the water has felt the same since I moved in."	C 105		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry	C 145	<i>Please see Attachment D Attachment E</i>	

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C 145	<p>Continued From page 5</p> <p>according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Health Care Personnel Registry (HCPR) check was completed prior to hire for 1 of 3 sampled staff (Staff A).</p> <p>The findings are:</p> <p>Review of personnel records for Staff A revealed: -Staff A was hired as Supervisor-in-Charge (SIC) on 8/1/17. -There was no documentation of a HCPR check.</p> <p>Interview on 9/20/17 with Staff A revealed: -He had worked at the facility "since the beginning of August". -He did not know anything about a HCPR check or whether or not the Administrator checked it when he was hired.</p> <p>Interview on 9/20/17 with the Administrator at 1:50 pm revealed: -Staff A was hired in August 2017. -She stated that HCPR was checked for Staff A upon hire, however was unable to provide documentation of completion.</p> <p>A HCPR check was completed on 9/20/17 for Staff A revealed there were no substantiated findings listed.</p>	C 145		
C 280	<p>10A NCAC 13G .0904(d)(3)(H) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p>	C 280	<p><i>Please see Attachment F</i></p>	

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C 280	<p>Continued From page 6</p> <p>(d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that residents were being served water at every meal.</p> <p>The findings are:</p> <p>Observation of the lunch meal on 09/20/17 at 12:40 pm revealed: -There were 5 place settings on the table for the meal. -The place settings consisted of a plate dressed with the meal, spoon, fork, and a 20 ounce cup of tea. -There were 5 residents present for the lunch meal. -None of the residents consuming the meal were served water with their meal.</p> <p>Review of the facility's seven day menu for the week of 9/17/17 to 9/23/17 revealed: -Residents were to be given tea/water as desired for each meal.</p> <p>Interview on 09/20/17 at 1:20 pm with the Administrator revealed: -She had not told the Supervisor-in-Charge (SIC) that he needed to set water on the table during the meal. -There was a "jug" of cold water in the refrigerator she would have the SIC put the water on the table.</p>	C 280		

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C 280	Continued From page 7 Interviews on 9/20/17 with 2 residents revealed: -Water was not served with meals daily. -Water was "sometimes placed on the table". -Water was not requested during meals.	C 280		
C 291	10A NCAC 13G .0905 (c) Activities Program 10A NCAC 13G .0905 Activities Program (c) The activity director, as required in Rule .0404 of this Subchapter, shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.	C 291	<i>Please see Attachment G</i>	

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C 291	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that a monthly calendar with the planned activities was posted in the facility and visible to all residents.</p> <p>The findings are:</p> <p>Observation of the facility on 09/20/17 at 8:45 am revealed there was no activity calendar for September 2017 hanging in the facility.</p> <p>Interview with the Administrator on 9/20/17 at 8:50 am revealed: -The calendar had not come in from the printing company -She had been waiting for the large calendar to be printed.</p> <p>Interview with 2 residents at the facility on 09/20/17 revealed: -They do have activities "sometimes". -Sometimes they go out to eat or go out to the movies twice per month. -"Sometimes we play cards with each other". -They knew the activity calendar was located on the wall in the dining room.</p> <p>Observation of the facility on 9/20/17 at 10:30 am revealed: -A calendar for September 2017 posted on the wall in the dining room. -Activities were scheduled for 9/20/17 which included Arts and Crafts at 2 pm and Game Time at 6 pm. -There were no activities observed from 8:45 am-5 pm.</p>	C 291		

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C 291	<p>Continued From page 9</p> <p>Interview with Supervisor-in-Charge (SIC) on 9/20/17 at 2:33 pm revealed: -Activities were facilitated by the SICs or the administrator. -He was unsure of why an activities calendar was not posted. -Activities were normally carried out daily as listed on the calendar.</p> <p>Interview with the Administrator on 09/20/17 at 3:47 pm revealed: -The activity calendar was normally posted at the beginning of the month -A smaller calendar was hanging on the wall, however it was no longer there. -She usually had a calendar up every month. -She was responsible for making sure the calendar was completed and put up for residents to see.</p>	C 291		

Attachment A

PROVIDERS PLAN OF CORRECTION FOR LAWSON'S FAMILY CARE HOME #3

RESPONSE TO STATEMENT OF DEFICIENCIES

REGARDING RULE 10A NCAC 13G .0317(D); Building Service Equipment

Correction Action Implemented Regarding	Expected Completion
<p>Upon being informed by the Licensure Consultant that the hot water temperature exceeded the limit allowed by rule 10A NCAC 13G .0317(d), the administrator immediately posted signs in the men and women's bathroom stating "CAUTION HOT WATER". The residents were also informed of that the water temperature exceed the limit and were to request assistance using the hot water. The SIC adjusted the hot water gauge to lower the water temperature immediately. The maintenance man was contacted to come to the facility to further adjust the hot water as soon as possible. He arrived that afternoon and adjusted the hot water temperature. The hot water temperature was rechecked at 6:00pm and both bathroom's and kitchen water temperature were within allowed limits.</p>	<p>COMPLETED DAY OF ANNUAL SURVEY</p>
<p>Monitoring System put in place to assure continued compliance</p>	<p>Completed</p>
<p>The administrator has implemented a policy that staff will check the hot water temperature at least daily for two weeks and weekly thereafter, and at any time, there is reason to believe the water is not at the recommended temperature of 100 degrees F to 116 degrees F., the administrator will be notified immediately, and precautions taken to correct the issue promptly. A Equipment Service Log that includes the water temperature readings has been adopted for use and will be maintained in the facility. The administrator will check the log at least monthly to assure that this policy is being followed and water temperatures are maintained within acceptable limits. A copy of the current water log maintained by the facility is attached for your review.</p>	<p>SEPTEMBER 21, 2017 COMPLETED AND ON-COMING</p>
<p>Completion date by which the plan of correction will be completed</p>	<p>ALREADY COMPLETED</p>

Completed September 21, 2017

Christy L. [Signature] Admin

<p>N.C. Department of Environment and Natural Resources Division of Environmental Health</p> <p>COMMENT ADDENDUM</p>	<p>Name: <u>LAWSONS FAMILY CARE 3</u></p> <p>ID: <u>3079430031</u></p> <p>Street: <u>5860 US 29 BUSINESS</u></p> <p>City: <u>REIDSVILLE</u></p>
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General Comments:

Date: 9/26/17

No evidence of septic malfunction

Kitchen water - 116F

Front hall bathroom water - 114F

Back bathroom water - 114F

Kitchen refrigerator - <45F

- Item# 8 - fixture in the front hall bathroom sink is slightly loose. The shower curtain in the back bathroom has some pink mold growth.
- Item # 12 - Observed some minor dings and chipped paint on several walls in the home.
- Item # 14 - Observed some mouse droppings under the counter cabinet where pots and pans are stored. Recommend consulting with your pest control specialist.



N.C. Department of Environment and Natural Resources
 Division of Environmental Health
Inspection of Residential Care Facility
 (For facilities, as defined, with not more than 12 residents)

Demerit Score: 2
 Date of Insp/Chg: 09 / 26 / 2017
 Status Code: A

Health Department 79 Rockingham
 Current Facility ID 3079430031
 Old Facility ID _____

Water Supply: <input type="checkbox"/> Municipal/Community <input checked="" type="checkbox"/> On-Site Supply	Water sample taken today? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Name Change
Wastewater: <input type="checkbox"/> Municipal/Community <input checked="" type="checkbox"/> On-Site System		<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Verification of Closure
		<input type="checkbox"/> Visit	<input type="checkbox"/> Status Change

Name of Establishment: LAWSON'S FAMILY CARE 3 Permittee: CHRISTY GWYNN

Location Address: 5860 US 29 BUSINESS Number of Residents: _____

City: REIDSVILLE State: NC Zip: 27320 Mailing Addr. P O BOX 2361

Classification _____ City: REIDSVILLE State: NC Zip: 27323

Approved (20 or less demerits, and no 6-point demerits) Disapproved (More than 40 demerits or failure to improve provisional classification)
 Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

Demerits _____ Comments _____

1. WATER SUPPLY: Public supply; private supply approved 6 (.1611) _____

** SEE COMMENT SHEET ATTACHED **

2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613) _____

3. FOOD SUPPLIES AND PROTECTION:

Supplies: All food clean, wholesome, no spoilage 6 (.1619)
 Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620) _____

4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooling utensils 6; disposable items properly stored and handled, used only once 2 (.1618) _____

5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621) _____

6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612) _____

7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611) _____

8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610) _____

9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617) _____

2

10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616) _____

11. FLOORS: In good repair 1; kept clean 2 (.1607) _____

12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608) _____

13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609) _____

14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615) _____

15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614) _____

Comment Sheet Attached

Yes No

Kept Received Christy Gwynn

TOTAL DEMERIT SCORE 2

Inspection by: Erica Roberts

EHS I.D.# 2024 - Roberts, Erica

Form: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1601 specifies the contents of an inspection form to record the results of inspections made at residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or state as requested). 3. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule R.B.6, for any District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632.

C Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name	LAWSON'S FAMILY CARE 3	Time In	11:18	am
ID	3079430031	Time Out	12:15	pm
Street	6800 US 29 BUSINESS	Total Time	1 hr 5 minutes	
City	REIDSVILLE			

AC Observed minor damage to furniture throughout home. Some dressers were missing handles, had some chipped or missing finishing. tv was not working in one bedroom, and one night stand had a drawer that was off track. Recommend repairing or replacing broken furniture.

Attachment C

EMERGENCY EQUIPMENT MONITORING LOG

Lawson's Family Care Home #3

FACILITY NAME

2017	SMOKE DETECTORS	HEAT DETECTORS	HOT WATER TEMP	EMERGENCY LIGHTS	EXIT DOOR ALARMS	BED / BATH CALL LIGHTS	BEDSIDE LAMPS
SEPTEMBER	9/26/17 CSX	9/26/17 CSX	9/26/17 CSX Kitchen 116 Front hall 114 Back hall 114	9/26/17 CSX	9/26/17 CSX	9/26/17 CSX	9/26/17 CSX
OCTOBER	10/20/17 CSX	10/20/17 CSX	10/20/17 CSX K 116 F 116 B 116	10/20/17 CSX	10/20/17 CSX	10/20/17 CSX	10/20/17 CSX
NOVEMBER							
DECEMBER							

The Supervisor-in-Charge is responsible for checking the equipment monthly to assure that all equipment is in proper working order. If the equipment checked is working properly the SIC should initial in section to the right of the month and date. Equipment not working properly should be reported to the Administrator, **IMMEDIATELY**.

Hot water temperature should be maintained **between 100 to 116 degrees Fahrenheit**. The SIC should check water temperature in all areas accessible to the residents (i.e. bath, kitchen). Temperature readings above this level should be reported to the Administrator, **IMMEDIATELY**.

Attachment D

REGARDING RULE 10A NCAC 13G .0406(a)(5); Other Staff Qualifications

Correction Action Implemented Regarding "Other Staff Qualifications"	Expected Completion
<p>Upon notification by the Licensure Consultant that she did not find the Health Care Personnel Registry (HCPR) report in the Employee Record for Employee staff A. After the administrator looked through her records in the facility and office for the report printed prior to hiring Staff A as SIC and was unable to locate it, she immediately printed a new report and placed it in Employee A record. Staff A prior to working as an SIC was employed by the facility as an on-call housekeeper since 2012. The facility has been able to locate the original HCPR check done prior to hiring as an on-call housekeeper but was not able to locate the new HCPR done immediately before position change to SIC in August 2017. A copy of the original HCPR is enclosed. This new HCPR printed on the date of the annual survey remains in the employee's file in the facility. We are continuing to search files for the report completed August 2017 because we are certain that it was done.</p>	<p>ALREADY COMPLETED</p>
<p>Monitoring System put in place to assure continued compliance</p>	
<p>Upon hire and completion new hire requirements, all the new employee files will be scanned to the local server and then to securesync backup server (cloud). This will eliminate the issue of loss or misplaced employee records. In addition, our quality assurance program will include a quarterly review of selected employee's files by the Administrator to assure continued compliance. The selected employee files will include at least 1 random picks and all new hires.</p>	<p>ALREADY COMPLETED AND ON GOING</p>
<p>Completion date by which the plan of correction will be completed</p>	
<p>Completed September 27, 2017</p>	<p>COMPLETED</p>

Christy L. [Signature], Administrator

Attachment E



FAUSMA Gwynn

NORTH CAROLINA
Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling 919-733-7615.

Social Security Number: XXX-XX-7744

The listing verification is completed. Please record confirmation number **208705736W** in your business files to validate this inquiry which was made on 06/19/2012.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-715-0562 Monday through Friday from 9:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

[Verify More Listings](#)

Attachment F

REGARDING RULE 10A NCAC 13G .0904(d)(3)(H); NUTRITION AND FOOD SERVICE

Correction Action Implemented Regarding "Nutrition and Food Service"	Expected Completion
Upon realization that water was not served with the lunch, the administrator reminded the SIC that water must be served with all meals. An in-service was conducted by the administrator the following day with all staff regarding meal service requirements including the importance of serving water with each meal.	ALREADY COMPLETED
Monitoring System put in place to assure continued compliance	
The administrator will make routine visits to the facility during mealtime to observe meal service at least monthly. She will also talk with resident's during these visit regarding meal service when she is not present in an effort to assure that water is routinely served at mealtime.	ALREADY COMPLETED
Completion date by which the plan of correction will be completed	
Completed September 22, 2017	COMPLETED

Charity Lafuze, Administrator

Attachment C

REGARDING RULE 10A NCAC 13G .0905(c) Activities Program

Correction Action Implemented Regarding "Activities Program"	Expected Completion
A large print activity calendar was posted in the Dining/Activity area for easy review by the residents of the facility. This calendar was posted on the day of the annual visit.	COMPLETED DAY OF ANNUAL REVIEW
Monitoring System put in place to assure continued compliance	
	COMPLETED AND ON- GOING
Completion date by which the plan of correction will be completed	
Completed. The activity calendar has been prepared and posted. Activities are provided as scheduled.	ALREADY COMPLETED

Christy L. [Signature], Admin

