STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017056	A. BUILDING _____ B. WING _____	R 11/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUNDANT LIVING #2	3816 CHERRY GROVE ROAD ELON, NC 27244

(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
C000	Initial Comments The Adult Care Licensure Section and the Caswell County Department of Social Services conducted an annual and follow-up survey on 11/07/17.	C000		
C074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure floors in the main hallway, living room, dining room and 3 of 4 common bathrooms were clean and in good repair. The findings are: Observation on 11/07/17 of resident common bathroom #1 revealed: - At 11:14 a.m., common bathroom #1 revealed the floor in front of the bath tub and along the base boards of the perimeter had a black/brown colored build-up of dirt. - The floor tiles in the bathroom #1 were stained a brownish color throughout. - At 11:16 a.m., resident common bathroom #2 had a dirty build-up along the perimeter of the room at the base boards. - The floor of the shower had dirt particles and blackish/brown stains. - The tiled area around the commode had a	C074	Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect bathroom daily to insure all bathroom(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and bathroom was cleaned. Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect bathroom daily to insure all bathroom(s)are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and bathroom was cleaned.	11/07/2017 11/07/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Dwight Stem, M/A TITLE Administrator (X6) DATE 12/4/17

12/18/17 Revised and accepted Stem

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C074	Continued From page 1 brownish color to the tiles grout between tiles with a brown/black color, - Where the smaller commode floor tiles met the bathroom floor larger tiles revealed the floor tiles were cracked and colored a dirty brown color. - There was a thick black build-up of dirt on the floors in the corners. - At 11:17 a.m. resident common bathroom #3 had black and brown smears and stains through-out the tiled floor. - There was a thick build-up of black dirt along the baseboards and around the pedestal of the commode, - On the floor was a brownish black ring around the pedestal of the commode and it extended out around the sides and back and front on the floor approximately 3-5 inches. Interview on 11/07/17 at 11:03 a.m. with a resident revealed: - He saw floor mopping being done. - He did not know when the floors had been stripped and deep cleaned. - He thought the housekeeping was alright in the facility. Interview on 11/07/17 at 11 :30 a.m. with another resident revealed: - Staff mopped the floor at night. - He did not know how long the floors had been stained and dirty. - He thought the floors and bathrooms - He was not concerned about the housekeeping in the facility. Observation of the main hallway on 11/07/17 at 12:02 p.m. in front of the sink/cabinets in the hallway revealed: - The hallway floor in front of a closet door and the blue and white cabinets and sink area had a	C074	Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect bathroom daily to insure all bathroom(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and bathroom was cleaned. Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect hallway(s) daily to insure all hallway(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and hallway(s) was cleaned.	11/07/2017 11/07/2017

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C074	Continued From page 2 thick black build-up of dirt. - The hallway floor in the area in front of the dining room and kitchen had a thick build-up of brown-black dirt. - The kitchen door threshold area had a build-up of brown/black dirt. - The floor at both ends of the hallway at the exit doors had a thick black build-up of dirt with smears across the tiles. - The threshold tiles of the floor were cracked with pieces of tile missing. - The corners at each end of the threshold where the walls form a corner were thick with a black dirty build-up. Observation on 11/07/17 at 12:04 p.m. of the dining room floor revealed: - Brownish black stains throughout the tiled floor. - A thick black/brown build-up of dirt was along the baseboards around the dining room. - There were brownish stains on floor tiles in front of the water fountain. Observation of the living room floor on 11107/17 at 12:06 p.m. revealed: - The thresholds to the hallway and the exit door in the living room had a black build up of dirt and black smears on the tiles. - The tile floor had a yellow brownish stained overall color. - The floor of the living room along the baseboards had a black build-up of dirt and brownish stains. - Black smears and marks were on the tiles of the floor in the middle of the living room. Interview on 11/07/17 at 10:00 a.m. with the personal care aide revealed: - Daily cleaning included mopping, sweeping, dusting, and cleaning bathrooms.	C074	Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect dining room floor daily to insure all floor(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and hallway(s) was cleaned. Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect hallway(s) and floors daily to insure all hallway(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and hallway(s) was cleaned.	11/07/2017 11/07/2017

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C074	Continued From page 3 - Some of the mopping took place at night. - There was not a specific cleaning schedule. - He was not aware of a deep cleaning schedule but he did pull out beds and clean behind them weekly. Interview on 11/07/17 at 4:38 p.m. with the Administrator revealed: - There was a cleaning schedule. - Staff had different duties to complete. - Staff were to deep clean, strip and buff the floors twice per month. - The cleaning schedule had been modified since he had not been monitoring the cleaning of the facility. - The staff cleaning the floors had been using dirty water to rinse and clean the floors. - He would increase the monitoring of the housekeeping.	C074		
C078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the resident water fountain and the common resident bath tub was kept in a clean and orderly manner.	C078		

Division of Health Service Regulation

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C078	Continued From page 4 The findings are: Observation on 11/07/17 at 12:04 p.m. of the resident water fountain in the dining room revealed: - The front and sides of the metal water fountain were covered with drink drip marks. - The push handle used to start the water fountain had brownish/black fingerprints and smears. - The vents on the sides had drink spill marks and had a layer of gray dust on the vent slats. - The top metal bowl of the water fountain was covered and stained with dried drink marks, pieces of food spills and dirty gray stains. - Along the dried brown drink stains were particles of a brown material. - There was thick white-water stains and build-up along the bowl from the mouth piece to the drain. - There were blue/green water stains from the mouth piece that streaked along the bowl approximately 3-4 inched down toward the drain. - The mouth piece was stained with blue/green water stains; a black mold like substance and brown dirt particles were on and around the area where the water came out of the mouthpiece. Observation on 11/07/17 at 11:30 a.m. a resident was observed bending over drinking water from the dirty mouthpiece. Interview with the resident drinking the water on 11/07/17 at 11:30 a.m. revealed: - Residents drank water from the water fountain all of the time. - Some residents poured there coffee and other drinks down the water fountain drain. - He said it had been in the dirty condition like to day for months. - He had not noticed anyone clean the fountain.	C078	Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect water fountain in dining room(s) daily to insure water fountain(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and water fountain(s) was cleaned by evening shift.	11/07/2017

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C078	Continued From page 5 Interview on 11/07/17 at 12:05 p.m. with the personal care aide (PCA) revealed: - He did not realize it was dirty. - He had worked a short while in the facility. - He had seen residents pour coffee down the fountain drain. - He agreed to put the fountain out of order until thoroughly cleaned. Observation on 11/07/17 at 3 p.m. of the water fountain revealed: - A resident was observed to drink from the water fountain. - The water fountain was still dirty and unclean. - There was no sign up to warn the water fountain was out of order. Interview on 11/07/17 at 4:24 p.m. with the Administrator revealed: - He did not realize the water fountain was in the current condition. - He would ensure the fountains would be "out of order" right away and it would be thoroughly cleaned. - He would assure the water fountain would be kept clean. Observation on 11/07/17 at 11:13 a.m. of the common bathroom bath tub revealed: - The caulking around the top rim of the tub had dried out cracks and had pulled away from the tub in areas. - Some of the caulked areas had a black mildew like substance on it. - There was black substance around the bath tub faucet where it met the tub wall. - The bath tub closure mechanism had some corrosion, and a black rust colored substance all around it where it met the wall of the tub.	C078	Administrator posted cleaning schedule and advised staff responsible for cleaning. SIC to inspect water fountain in dining room(s) daily to insure water fountain(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and water fountain(s) was cleaned by evening shift. Administrator advised maintenance person responsible. Administrator to ensure that all work is completed and bathtub is caulked and cleaned and SIC will monitor daily to bathroom(s) are kept clean on daily basis. Maintenance Person advised on 11/07/2017 and caulking and cleaning was completed	11/08/2017 11/08/2017

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C078	Continued From page 6 - There were rust colored streaks down toward the drain from the tub closure mechanism, - The drain had black stains on it. - There was a light blue colored stain on the bath tub wall and down toward the drain. - The bath tub walls and bottom of the bath tub were covered with a gray substance with a dirty appearance all around the tub and on the floor of the bath tub. - There was a thicker build-up of dirty areas at the head of the tub that were a brownish/gray color. - There were hairs and dirt particles throughout the bath tub walls and floor bottom. - The bath tub curtains were covered with a whitish soap scum substance and a brown/black build up along the bottom edge approximately 6-8 inches in width and the white soap scum was toward the middle of the curtain, Interview on 11/07/17 at 4:38 p.m. with the Administrator revealed: - There was a cleaning schedule. - Staff had different duties to complete. - Staff were to clean the bath tubs and showers every night. - The cleaning schedule had been modified since he had not been monitoring the cleaning of the facility. - He would ensure the bath tub and showers were cleaned when dirty and when residents were finished their baths, - He would increase the monitoring of the housekeeping.	C078		
C205	10A NCAC 13G ,0702(c)(2) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination	C205		

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C205	Continued From page 7 (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (2) The FL-2 or MR-2 shall be in the facility before admission or accompany the resident upon admission and be reviewed by the administrator or supervisor-in-charge before admission except for emergency admissions. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure 1 of 3 residents sampled had an FL-2 completed and received in the facility before or upon admission which resulted in the resident being the admitted without a level of care and no documentation of current orders. (Resident #1). The findings are: Interview on 11/7/17 at 10:04 a.m., with the personal care aide working in the facility revealed: - Resident #1 had been moved to this facility from the Administrator's other facility about 1-2 weeks ago. - He was not aware there was not a current FL-2 for Resident #1 - "They just brought his books from the other facility." - He knew what to do for the resident by the FL-2 in his record. - All of the MARs came over from the other facility and his medications. - The administrator and the assistant to the administrator get the FL-2's and the medication administration records (MARs) completed.	C205	NP-C was notified and FL2 and transfer documents were completed and placed in Resident #1 Record. Administrator will be responsible to ensure that whenever any resident is moved, that the proper documents are completed and filed in the residents record.	11/09/2017

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C205	Continued From page 8 Review of the resident record for Resident #1 revealed: - There was not a current FL-2 for the admission to the facility. - There was no documentation of a current Resident Register. - There was no documentation of the date of admission to the facility. Review of the previous facility's FL-2 dated 6/15/17 for Resident #1 revealed: - Diagnoses of traumatic brain injury, apparent mental retardation, and seizure disorder. - A level of care was listed as family care home. Observation of Resident #1 on 11/7/17 at 10:47 a.m. revealed the resident was independently ambulatory and was smoking a cigarette. Interview on 117/17 at 10:47 p.m. with Resident #1 revealed: - He had moved from the Administrator's facility next door to this one about 1 week ago. - He had lived in the other facility for a while and moved over to this facility for a change. - He continued to get his previous medications here. - He got a regular diet and snacks during the day. - There no problems of concerns regarding his care in the facility. Interview on 11/7/17 at 1: 18 p.m. with the Supervisor-In-Charge revealed: - Resident #1 was at the Administrator's facility next door. - He was recently moved to this facility. - He was independent. - His medications and records were brought over to this facility when he moved in. - She did not know the exact day of the move to	C205		

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C205	Continued From page 9 this facility. - Recently he had his teeth removed and was getting dentures this week. - He was a smoker and staff would light the Cigarettes outside the facility for him. - The Administrator completed all of the admission paperwork. Interview on 11/7/17 at 1 :20 p.m. with the assistant to the Administrator revealed: - No FL-2 for Resident #1 had been completed since he came to the facility about a week ago. - She was not aware of why there was not a current FL-2 for the resident. - All of the resident's medications and MARs were brought over from the other facility. - He was receiving dental care but he was mostly independent. - The facility cut up his meat because he had no teeth. He was waiting on dentures next week. - The Administrator was responsible for ensuring current FL-2's were obtained on admission. Interview on 11/7/17 at 4:35 p.m. with the Administrator revealed: - Resident #1 had been in the facility at most for 2 days. - All of his paperwork had been brought over to this facility when he was admitted. - He was independent and his previous care level was continued included the medications received at the other facility. - Nothing had changed with his care except he was recently fitted for dentures and was receiving dental care. - The Administrator said he "Just did not get the FL-2 and Resident Register completed for his admission here. - He would ensure the admission paper work would be completed.	C205		

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C230	10A NCAC 13G .0801 (a) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register, This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure 1 of 3 residents sampled had a initial Resident Register assessment completed within 72 hours of admission to the facility which resulted in the resident not having an initial functional level of care assessment completed. (Resident #1). The findings are: Interview on 11/7/17 at 10:04 a.m. with the personal care aide working in the facility on the day shift revealed: - Resident #1 had been moved to this facility from the Administrator's other facility about 2 1/2 weeks ago. - He was not aware there was not Resident Register initial assessment completed for Resident #1. - "They just brought his books from the other facility." - He knew what to do for the resident by the FL-2 in his record. - The resident was independent, had a mental illness and was a smoker. - All of the MARs and his medications came over from the other facility. - The Administrator and the assistant to the Administrator get the FL-2's and the medication administration records (MARs) completed.	C230	[redacted]NP-C was notified and FL2, Resident Registry and transfer documents were completed and placed in Resident #1 Record. Administrator will be responsible to ensure that whenever any resident is moved, that the proper documents are completed and filed in the resident's record.	11/09/2017

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C230	Continued From page 11 Review of the resident record for Resident #1 revealed: - There was no documentation of a current Resident Register initial assessment within 72 hours. - There was no documentation of the date of admission to the facility. - There was not a current FL-2 for the admission to the facility. Review of the previous facility's FL-2 dated 6/15/17 for Resident #1 revealed: - Diagnoses of traumatic brain injury, apparent mental retardation, and seizure disorder. - A level of care was listed as family care home. [redacted] Observation of Resident #1 on 11/7/17 at 10:47 a.m. revealed the resident was independently ambulatory and was smoking a cigarette. Interview on 117/17 at 10:47 p.m. with Resident #1 revealed: - He had moved from the Administrator's facility next door to this one about 1 week ago. - He had lived in the other facility for a while and moved over to this facility for a change. - He continued to get his previous medications here. - He got a regular diet and snacks during the day. - There no problems of concerns regarding his care in the facility. Interview on 11/7/17 at 1 :18 p.m. with the Supervisor-In-Charge revealed: - Resident #1 was at the Administrator's facility next door. - He was recently moved to this facility. - He was independent. - His medications and records were brought over to this facility when he moved in.	C230		

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C230	Continued From page 12 - She did not know the exact day of the move to this facility. - Recently he had his teeth removed and was getting dentures this week. - He was a smoker and staff would light the cigarettes outside the facility for him. - The Administrator completed all of the admission paperwork. Interview on 11/7/17 at 1 :20 p.m. with the assistant to the Administrator revealed: - No FL-2 or Resident Register initial assessment for Resident #1 had been completed since he came to the facility about a week ago. - She was not aware of why there was not current paperwork for the resident. - All of the resident's medications and Medication Administration Records were brought over from the "sister facility". - He was receiving dental care but he was mostly independent. - The facility cut up his meat because he had no teeth. He was waiting on dentures next week. - The Administrator was responsible for ensuring current FL-2's and Resident Registers were completed. Interview on 11/7/17 at 4:35 p.m. with the Administrator revealed: - Resident #1 had been in the facility at most for 2 days. - All of his paperwork had been brought over to this facility when he was admitted. - He was independent and his previous care level was continued included the medications received at the other facility. - Nothing had changed with his care except he was recently fitted for dentures and was receiving dental care. - The Administrator said he "Just did not get the	C230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017056	A. BUILDING _____ B. WING _____	R 11/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUNDANT LIVING #2	3816 CHERRY GROVE ROAD ELON, NC 27244

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C230	Continued From page 13 FL-2 and Resident Register completed for his admission here. - He would ensure the admission paper work would be completed.	C230		