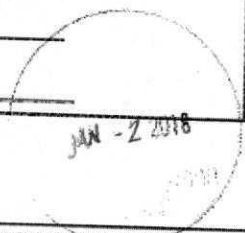


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 66 TORRE'S DRIVE BREVARD, NC 28712
--	--



(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 completed an Annual survey on November 16, 2017 and November 17, 2017 with a telephone exit on November 20, 2017.	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: TYPE B VIOLATION</p> <p>Based on observations, interviews and record review, the facility failed to assure hot water temperatures in the sinks of 6 of 6 individual resident bathrooms were maintained between 100 degrees Fahrenheit (F) and 116 degrees F.</p> <p>The findings are:</p> <p>Review of the current facility license revealed the facility was licensed for 6 beds.</p> <p>Review of the facility's current resident room roster revealed the current census was 6 residents.</p> <p>Review of the facility's water temperature log from 10/25/17 through 11/16/17 revealed temperatures ranging from 110 degrees F to 121</p>	C 105		

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

[Handwritten Signature]

TITLE

PROSIDENT

(X6) DATE

0-18-17

STATE FORM

6809 IVHV11

If continuation sheet 1 of 17

Reviewed And Accepted with Revisions. RM 1/3/18

Division of Health Service Regulation

PRINTED: 12/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712		
(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 105	Continued From page 1 degrees F. Interviews with 6 of 6 residents between 9:30am and 10:00am on 11/16/17 revealed: -"The water is not hot enough for me." -There were no issues with the hot water being too hot. -They knew how to adjust the water if it was too hot. -They had no concerns about the hot water. Observation on 11/16/17 at 9:56am resident room #2 revealed the hot water temperature at the bathroom sink fixture was 124 degrees F. Observation on 11/16/17 at 10:00am in resident room #1 hallway revealed the hot water temperature at the bathroom sink fixture was 126 degrees F and 126 degrees F in the shower. Observation on 11/16/17 at 10:31am with the Facility Maintenance Director in resident room #1 revealed the hot water temperature at the bathroom sink fixture was 124 degrees F. Observation on 11/16/17 at 10:33am with the Facility Maintenance Director in resident room #2 revealed the hot water temperature at the bathroom sink fixture was 124 degrees F. Observation on 11/16/17 at 10:36am with the Facility Maintenance Director in resident room #3 revealed the hot water temperature at the bathroom sink fixture was 124 degrees F. Observation on 11/16/17 at 10:42am with the Facility Maintenance Director in resident room #4 revealed the hot water temperature at the bathroom sink fixture was 122 degrees F.	C 105	<ul style="list-style-type: none"> upon realizing that the hot water temps were above 116° immediate action was taken to adjust the temps to regulations (100°-116°). Water temps will be checked <u>ON</u> day shift and day shift will alert maintenance and manager if temps are out of range and immediate action will be taken to correct. The hot water monitoring log was revised to include both 	11/16/17 11/20/17	RM

Division of Health Service Regulation

PRINTED: 12/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712		
(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 105	<p>Continued From page 2</p> <p>Observation on 11/16/17 at 10:44am with the Facility Maintenance Director in resident room #5 revealed the hot water temperature at the bathroom sink fixture was 124 degrees F.</p> <p>Observation on 11/16/17 at 10:47am with the Facility Maintenance Director in resident room #6 revealed the hot water temperature at the bathroom sink fixture was 124 degrees F.</p> <p>Interview on 11/16/17 at 10:17am with the day shift Supervisor-in-Charge (SIC) revealed: -The procedure was for the night shift SIC to take the water temperatures nightly on night shift and that the SIC was responsible for letting the facilities manager or maintenance know of any issues. -She was not aware of the hot water temperatures being high. -She had not noticed any problems with the hot water being too hot when she had used the hot water. -Night shift staff were responsible for taking the water temperatures each night. -She was not aware if the SIC for nights had told the Facilities Manager or Maintenance about the hot water temperatures. -The night shift staff had not mentioned anything to her about the water temperatures being too high. -The staff kept a log of the water temperatures and kept the log on the side of the refrigerator in the kitchen. -She had been trained by the Facility Maintenance Director on how to check the water temperatures if she needed too.</p> <p>Interview on 11/16/17 at 10:30am with the Facilities Manager revealed: -She was not aware of any problems with the hot</p>	C 105	<p>water heating systems in the home.</p> <p>• Plan of correction put in place by 11/20/17</p>	<p>11-16-17 11/20/17 RM</p>

Division of Health Service Regulation

PRINTED: 12/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORE'S HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712		
(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 105	<p>Continued From page 3</p> <p>water temperatures.</p> <ul style="list-style-type: none"> -Night shift staff were to record hot water temperatures nightly and notify herself or the Facilities Maintenance Director of water temperatures outside the range of 100-116 degrees F. -No one had notified her that the hot water temperatures were too high. <p>Interview on 11/16/17 at 10:00am with the Facility Maintenance Director revealed:</p> <ul style="list-style-type: none"> -After reviewing the hot water temperature log on the refrigerator he commented "We have a problem here." -The temperatures on the hot water log had been 120 degrees F. and no one had informed him of this. -He had told staff the ranges for the water temperatures and the range was also on the log. -He was not sure who had made the log but the way the log was set up the staff were only checking water temperatures on one side of the house not on both as they should be. <p>A second interview on 11/16/17 at 10:50am with the Facility Maintenance Director after water temperatures were taken with him in the 6 resident rooms revealed:</p> <ul style="list-style-type: none"> -There were 2 hot water heaters, one for each side of the house. -He did not know if he had told the staff to notify him or not but he would be sure they knew to notify him of any water temperatures not in range. -"We have a problem and I'll fix it now." -Both hot water heaters were not to be adjusted by anyone except by the Administrator, himself or a Supervisor. -There was no lock on the closet door where the hot water heater was kept so anyone could open the door and adjust it. 	C 105		

Division of Health Service Regulation

PRINTED: 12/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712
--	--

(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 105	<p>Continued From page 4</p> <p>-He would make sure staff knew if there was a problem with water temperatures he was to be notified.</p> <p>Observation on 11/16/17 at 1:00pm in resident room #1 revealed the hot water temperature rechecked at the bathroom sink fixture was 112 degrees F.</p> <p>Observation on 11/16/17 at 1:05pm in resident room #6 revealed the hot water temperature rechecked at the bathroom sink fixture was 114 degrees F.</p> <p>Review of the water temperature checks in the facility log from 11/16/17 through 11/17/17 revealed the hot water temperatures ranged from 103 degrees F to 120 degrees F.</p> <p>Based on observations, record reviews and interviews, the facility failed to assure hot water temperatures at the sinks in 6 of 6 individual resident bathrooms were maintained. A water temperature of 126 degrees F may result in a first degree burn in 45 seconds and a second degree burn in 11/2 minutes. The facility's failure to monitor water temperatures was detrimental to the safety, health and welfare of these residents occur and constitutes a Type B Violation.</p> <p>The facility provided a Plan of Protection on 11/16/17 which included:</p> <ul style="list-style-type: none"> -Maintenance checked water temperatures in all resident rooms. -Signs were posted near all sinks instructing residents and staff water temperatures were too high. -Maintenance lowered water temperatures on hot water heaters and let the water run on both sides to drain hot water in the tanks. -Staff will check and record hot water 	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 66 TORRE'S DRIVE BREVARD, NC 28712
--	--

(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 105	Continued From page 5 temperatures on both sides of the house every hour for the next 24 hours. -After the first 24 hours water temperatures will be checked by the supervisor every morning and the day shift will alert maintenance or the Facilities Manager if the temperatures are out of range. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED January 4, 2017.	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 according to G.S. 131E-256; This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interview, the facility failed to assure 2 of 3 staff (Staff A and Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are: A. Review of Staff A's personnel file revealed: -Staff A was hired as the Supervisor-in-Charge (SIC). -Staff A's date of hire was 12/17/16.	C 145	<p>• NC Health Care Personnel Registry was performed while state was here and placed in employee files immediately. There were no substantiated findings.</p> <p>• manager will be responsible for performing all paperwork needed for employee files.</p>	<p>11/20/17 RM</p> <p>11/20/17 RM</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORE'S HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712		
(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 145	Continued From page 6 -There was no documentation of a HCPR check. Interview on 11/17/17 at 4:09pm with Staff A, SIC revealed: -She was first hired as a personal care aide and then was promoted to the supervisor. -She was not aware if a HCPR had been checked. -She remembered doing a lot of paperwork when she was hired but did not remember all she had signed or completed. Interview on 11/17/17 at 4:15pm with the Facilities Manager revealed: -She had been the Facilities Manager since April 2017. -She was responsible for checking the HCPR when new staff were hired. -The checks should have already been completed and in the employees file. -She was not aware that the check for the HCPR had not been completed for Staff A. -She had not checked the HCPR for Staff A as they were both hired before she started in April 2017. -She could not say why there was no documentation checking the HCPR for each staff person in the staff records. -She would check the HCPR as soon as possible for Staff A. B. Review of Staff B's personnel file revealed: -Staff B was hired as the second shift SIC. -Staff B's date of hire was 9/1/17. -There was no documentation of a HCPR check. Staff B was not available for interview on 11/17/17. Interview on 11/17/17 at 4:15pm with the Facilities	C 145	Facilities manager will perform these checks at the time of employee interviews, and upon hire it will be placed in employee files. All issues to be completed by 11/20/2017	11/20/17 RM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712
--	--

(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 145	<p>Continued From page 7</p> <p>Manager revealed:</p> <ul style="list-style-type: none"> -She had been the Facilities Manager since April 2017. -She was responsible for checking the HCPR when new staff were hired. -The checks should have already been completed and in the employees file. -She was not aware that the check for the HCPR had not been completed for Staff B. -She had not checked the HCPR for Staff B as they were both hired before she started in April 2017. -She could not say why there was no documentation checking the HCPR for each staff person in the staff records. -She would check the HCPR as soon as possible for both employees. <p>Review of a HCPR check completed on 11/17/17 at 4:48pm revealed both Staff A and Staff B had no substantiated findings.</p> <p>The facility failed to assure that a Health Care Personnel Registry (HCPR) check was made prior to employment and was unable to determine if staff had substantiated findings prior to being hired. The facility's failure to determine if Staff A or Staff B had substantiated findings due to not completing the HCPR check prior to employment which was detrimental to the health and safety of the residents and constitutes a Type B Violation.</p> <p>A Plan of Protection was provided 11/20/17 by the facility and included:</p> <ul style="list-style-type: none"> -A HCPR check was completed during the survey and placed into the employee's record. <p>The Facilities Manager would be the one to perform all required paperwork needed for the employee records.</p>	C 145		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	---	--	--

NAME OF PROVIDER OR SUPPLIER TORE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712
--	---

(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 145	Continued From page 8 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, December 6, 2017.	C 145		11/20/17 Rm 11/17/17
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interview, the facility failed to assure 2 of 3 staff (Staff A and Staff B) had a criminal background check completed prior to employment.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel file revealed: -Staff A was hired as the Supervisor-in-Charge (SIC). -Staff A's date of hire was 12/17/16. -There was no documentation a criminal background check had been done as a condition of hire.</p> <p>Interview on 11/17/17 at 4:09pm with Staff A, Supervisor in Charge (SIC) revealed: -She was first hired as a personal care aide and then was promoted to the supervisor. -She was not aware if a criminal background check had been completed when she was hired. -She remembered doing a lot of paperwork when</p>	C 147	<p>Criminal Background checks were performed immediately online and results were obtained the following day. Results were placed in employee files and communicated with the surveyor.</p> <p>• manager will be responsible for performing all paperwork needed for employee files.</p> <p>• Background checks will be performed by the facilities manager</p>	11/17 11/20/17 Rm 11/17 11/20/17 Rm

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 66 TORE'S DRIVE BREVARD, NC 28712
--	---

(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 147	<p>Continued From page 9</p> <p>she was hired but did not remember all she had signed or completed.</p> <p>Refer to interview on 11/17/17 at 4:15pm with the Facilities Manager.</p> <p>B. Review of Staff B's personnel file revealed: -Staff B was hired as the second shift SIC. -Staff B's date of hire was 9/1/17. -There was no documentation a criminal background check had been done as a condition of hire.</p> <p>Staff B was not available on 11/17/17 for interview.</p> <p>Refer to interview on 11/17/17 at 4:15pm with the Facilities Manager.</p> <p>Interview on 11/17/17 at 4:15pm with the Facilities Manager revealed: -She had been the Facilities Manager since April 2017. -She was responsible for checking the criminal background checks when new staff were hired. -The checks should have already been completed and in the employees file. -She was not aware that the check for the criminal background had not been completed for Staff A or Staff B. -She had not checked the criminal background for Staff A or Staff B as they were both hired before she started in April 2017. -She could not say why there was no documentation checking the criminal background check for each staff person in the staff files. -She would check the criminal background as soon as possible for both employees.</p> <p>The facility failed to assure that a criminal</p>	C 147	<p><u>Cont'd...</u></p> <p>at the time of the interview.</p> <ul style="list-style-type: none"> • RESULTS will be placed in employee files upon hire. • Employee files will be reviewed weekly by the facilities manager. • All issues to be corrected by 11/20/2017 	11/20/17 RM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 66 TORRE'S DRIVE BREVARD, NC 28712		
(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 147	Continued From page 10 background check was obtained prior to employment and could not determine if new staff had a criminal background check prior to hire. The facility was unable to determine if staff had criminal findings in order to determine to hire staff prior to employment which was detrimental to the health and safety of the residents and constitutes a Type B Violation. A Plan of Protection was provided on 11/17/17 by the facility and included: -The Facilities Manager would start doing background checks for all new employees. -A request had been sent online and was pending via email for the criminal background checks for Staff A and Staff B. -The Facilities Manager would be in charge of running background checks on new hires prior to employment. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, December 1, 2017.	C 147			
C 265	10A NCAC 13G .0904(c)(2) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service (c) Menus in Family Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff.	C 265			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	---	--	--

NAME OF PROVIDER OR SUPPLIER TORE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712
--	---

(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 265	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure menus were maintained in the kitchen and identified as the current menu day and cycle for any given day for guidance for food service staff. The findings are:</p> <p>Observation of the kitchen menu on 11/16/17 at 12:15pm revealed: -A single handwritten menu titled "Cooking Instructions" dated November 18 was posted on the front of the refrigerator. -The lunch menu items were handwritten "hotdogs" and "chips". -The supper menu items were handwritten "vegetarian gumbo", "dirty rice" and "German apple cake". -No additional menus were observed to be posted in the kitchen area.</p> <p>Observation of the lunch meal service from 12:31pm to 1:02pm revealed: -There were 6 residents present for the noon meal. -One male resident was served a hot dog on piece of white bread with mustard, a handful of plain potato chips, and a mandarin oranges fruit cup, coffee, milk, tea and water. -The other 5 residents were served a hot dog on a hot dog bun with mustard and ketchup, a handful of plain potato chips, and a pineapple tidbit fruit cup.</p> <p>Review of the week-at-a-glance menus for October, November and December, Fall Cycle week 3, stored in the Supervisor in Charge/ Medication Aide's (SIC/MA) office revealed: -Residents on a regular diet for the noon meal on 11/16/17 were to be served as follows:</p>	C 265	<ul style="list-style-type: none"> Facilities menu were immediately posted on the front of refrigerator for current menu cycle. #11/16/17 11/20/17 Rm substitution log was immediately placed on the refrigerator with the weekly menu. #11/16/17 11/20/17 Rm manager will check weekly to make sure menus are posted and proper diets are being followed. #11/16/17 11/20/17 Rm Plan of correction to be completed by 11/20/2017 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712
--	--

(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 265	<p>Continued From page 12</p> <p>Tuna salad ¾ cup, 1 tsp mayonnaise, lettuce, tomato ½ slice, 15 green grapes, ¾ ounce (oz.) salt free potato chips and a 8 oz. beverage. -At the bottom of the page it documented "Gluten Free diet (No added salt in preparation or at the table). -The menu had been signed by a licensed dietician.</p> <p>Interview on 11/16/17 at 11:57 am with Resident #4 revealed: -The facility had a variety of meals. -"They ask us what we would like to have." -"If I don't like what their fixing they will make me something else."</p> <p>Interview on 11/16/17 at 12:49 with the SIC/MA revealed: -She had been employed since December of 2016. -She placed the menu on the refrigerator each day for the noon and dinner meals. -She was unaware the facility had week-at-a-glance menus she was supposed to be using for guidance with the resident meals. -She had not used the menus for guidance when preparing meals. -"We all do the menu for the day." -She and the other staff would get together and decide each week what they would fix for the resident meals. -Sometimes the staff asked the residents what they wanted for a particular meal. -If a resident requests an alternative, the facility had tried to accommodate their request. -Everyone is on a regular diet but we have one resident with a "low salt diet". -The staff knew not to give her any salt and to give her low sodium foods. -She did not use any canned vegetables only</p>	C 265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORE'S HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712		
(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 265	Continued From page 13 frozen vegetables. -She did not keep a substitution log for changes to the menus. -Interview on 11/17/17 at 1:35pm with the Administrator revealed: -"We do have menu's the staff are supposed to be using." -He "had to have menu's signed by a dietician to open the facility". -He was not aware the staff were not using the menus signed by the dietician -The Property Manager would find the menus and make sure the staff knew they were to use them. Interview on 11/16/17 at 3:38pm with the Facilities Manager revealed: -The staff are to be using the week at a glance menus. -She was not aware the staff were not using the menus for guidance for the resident's meals.	C 265		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide an activity calendar for a minimum of 14 hours per week of a variety of planned group activities. The findings are: Interview with six of six residents during the initial	C 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712		
(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 288	Continued From page 14 facility tour on 11/16/17 revealed: Observation in the facility dining room on 11/16/17 at am revealed: -There was a November 2017 Activity Calendar posted in the dining room. -There was 14 hours of scheduled activities listed with times for the activities on the calendar. Observation on 11/16/17 between 9:30am to 5:00pm revealed "Beauty Shop" was scheduled with no time listed and no activities were offered during this time. Observation on 11/17/17 between 1:30pm to 6:00pm revealed "painting from 1:00pm-4:00pm" was scheduled but no activities were offered during this time. Observation on 11/17/17 at 5:00pm of the activity supplies located in the facility revealed: -A cabinet in the dining room with 3 shelves containing 3 board games, puzzles, paint sets, adult coloring books, and a reminiscing game. -A basket full of markers and crayons sitting on the counter top by the telephone. -A hall closet with a shelf in the top contained a quilt craft kit, wooden garden kit, a board game and a box with 10 family fun games. Interview on 11/17/17 at 4:50pm with the Supervisor-In-Charge (SIC) revealed: -The facility had an assigned activity director. -The Activity Director (AD) was responsible for the facilities activities. -The AD was not at the facility today as she was working in another facility filling in for staff. Interview on 11/17/17 at 5:25pm with the Facilities Manager revealed: -She was aware there was supposed to be 14	C 288	<p>On the day of observation the activities Director had been pulled to fill in a shift. If at any time the activities Director is not available the staff of the home will perform in-home activities.</p> <p>To prevent this from happening again facilities manager will make sure the supervisors are aware when the activities Director has been pulled and the supervisors</p>	<p>11/17 11/20/17 RM</p> <p>11/17 11/20/17 RM</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORE'S DRIVE BREVARD, NC 28712
--	---

(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 288	Continued From page 15 hours a week of planned activities offered each week. -They had a person designated as the AD and the transportation aide would also assist with activities. -The Administrators policy was that when the facilities are short staffed the AD and the Transportation Aide (TA) are to be pulled first to assist with staffing. -When new staff were hired and trained then the AD and the TA will return to their regular duties. -The Supervisor of each house was responsible to do the activities if the AD and TA were being used for staffing. -"That is what is happening now", the AD and TA are being utilized as "we are short staffed". -The Supervisor should have done the assigned activities for 11/16/17 and 11/17/17.	C 288	will perform the in home activities. • Facilities manager will check the activities daily • Plan of correction completed 11/20/2017	11/17 11/20/17 RM
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based upon observation, staff interview and record review, the facility failed to ensure that each resident received care and services which were in compliance with relevant state rules and regulations. The findings are: Based on observations, interviews and record review, the facility failed to assure hot water temperatures in the sinks of 8 of 6 individual	C 911	• As stated in regulation C 105 the problem has been corrected.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL088010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER TORRE'S HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 65 TORRE'S DRIVE BREVARD, NC 28712
--	--

(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 911	<p>Continued From page 16</p> <p>resident bathrooms were maintained between 100 degrees Fahrenheit (F) and 116 degrees F.. [Refer to Tag 105, 10A NCAC 13G .0317 Building Service Equipment(Type B Violation)].</p> <p>Based on record review and interview, the facility failed to assure 2 of 3 staff (Staff A and Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry [Tag 0145, 10A NCAC 13 G .0406(A)(50) Other Staff Qualifications (Type B Violation).</p> <p>Based on record review and interview, the facility failed to assure 2 of 3 staff (Staff A and Staff B) had a criminal background check completed prior to being hired [Tag 0147, 10A NCAC 13 G .0406(A)(7) Other Staff Qualifications (Type B Violation).</p>	C 911		