

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/20/2017
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NAME OF PROVIDER OR SUPPLIER NANAS ASSISTED LIVING FACILITY # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2276 OAKLAND ROAD FOREST CITY, NC 28043
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(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
D 000	Initial Comments The Adult Care Licensure Section and Rutherford County Department of Social Services conducted an annual and follow-up survey on September 19-20, 2017.	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure walls, ceilings, and floors or floor coverings were kept clean and in good repair for 8 resident rooms (Room #6, #7, #11, #13, #14, #15, #16, and #21), the ceiling of Hallway #3, a common shower/tub bathroom on Hallway #1 and the kitchen area.</p> <p>The findings are:</p> <p>Observation of Room #21 on 9/20/17 at 9:19am revealed: -The wall paper border surrounding the top of the room wall was peeling and coming loose. -The ceiling had multiple areas of brown stains. -A wooden door to a shared bathroom had a hole filled with masking tape.</p> <p>Observation of Room #7 on 9/20/17 at 9:28am revealed:</p>	D 074	<p>Manager/STC will monitor this on a daily basis to ensure rule area is met</p> <p>All rooms (resident) have been painted & Stripped & also waxed and ceiling have been painted also.</p> <p>Bathroom Door has been repaired.</p> <p>All rooms have been repaired, painted & Stripped wax & ceiling painted →</p>	<p>11/31/17</p> <p>11/31/17</p> <p>11/31/17</p>

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

Alenia Fisher - TITLE: Manager/RCC DATE: 11/16/2017

STATE FORM

6895 DHQR11

If continuation sheet 1 of 25

Reviewed and accepted with revisions Jender 12/18/17

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D 074	<p>Continued From page 1</p> <ul style="list-style-type: none"> -The wall paper border surrounding the top of the room wall was peeling and coming loose. -The ceiling had multiple areas of brown stains. -There were two wall lamps; one with no bulb or shade cover lying on the ground, and one detached from the base and hanging/unsecured from base with bulb turned on. <p>Observation of Room #16 on 9/20/17 at 9:19am revealed:</p> <ul style="list-style-type: none"> -The wall paper border surrounding the top of the room wall was peeling and coming loose. -A closet with resident personal possessions with a large amount of rodent droppings on the floor. <p>Observation of Room #14 on 9/20/17 at 9:32am revealed:</p> <ul style="list-style-type: none"> -The paint on right wall of the room had multiple areas that were damaged and had exposed dry wall material present. -A closet with resident personal possessions with a large amount of rodent droppings, dust and debris on the floor. <p>Observation of Room #15 on 9/20/17 at 9:34am revealed a closet with resident personal possessions, with a large amount of rodent droppings, dust and debris on the floor, discarded wall molding, and a discarded curtain hanger.</p> <p>Observation of Room #13 on 9/20/17 at 9:35am revealed:</p> <ul style="list-style-type: none"> -The wall paper border surrounding the top of the room wall was peeling and coming loose. -An air conditioning vent hanging from the ceiling that was secured by only one screw. -A closet with resident personal possessions with a large amount of rodent droppings on the floor. -A plastic storage bin, in the closet, with resident personal possessions, had rodent droppings on 	D 074	<p>The following rooms have been done 6, 7, 11, 13, 14, 15, 16, 21</p> <p>Sign contract with monthly exter Bug company to get control of bugs, rats etc.</p> <p>Staff take shot vaccum around to closet and clean 3 times a week. SIC will monitor on a daily basis to make sure rule area is met</p>	<p>12/10/17</p> <p>9/15/17</p> <p>12/10/17</p> <p>12/10/17</p>
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D 074	Continued From page 2 top of the storage bin. Observation of Room #6 on 9/20/17 at 10:25am revealed a closet with resident personal possessions, with a large amount of rodent droppings, dust and debris on the floor. Observation of Room #11 on 9/20/17 at 9:39am revealed a large amount of rodent droppings on the floor of the closet. Observation of the ceiling at the end of Hallway #3 on 9/20/17 at 10:05am revealed: -A 4 by 4 ft. section of ceiling, on the right side of the hall, that was damaged by water. -The plaster was covered in a brownish-black substance in a one foot diameter circular area. -There was a 4-inch diameter area, in the center of the circular area, that was filled with yellow foam sealant. -Multiple areas of brown stains surrounded the water damaged area. Observation of the common shower/tub/bathroom on Hallway #1 adjacent to Room #9 on 9/19/17 at 12:00pm revealed: -The ceiling of the shower stall had a 6 x 6 ft. section of ceiling that had been partially repaired. -There was exposed original ceiling material that was covered with a black, mold-like substance around the edges of the 6 x 6 ft. area. -The ceramic tiles of the shower floor were dirty, stained and had debris. -Shower wall paneling with moderate water damage, coming from the wall above and surrounding where the showerhead comes out of the shower wall. Interview with a Medication Aide on 9/20/17 at 10:40am revealed:	D 074	Manager & STC will Monitor on daily basics to make sure rule rule area is met. Ceiling has been repaired to met rule area Ceiling has been repaired to met rule area. and tiles also repaired.	12/10/17 12/10/17 12/10/17	

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D 074	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Residents used the common shower/tub/bathroom adjacent to Room #9. -The common tub/bathroom adjacent to room #7 was for staff only. <p>Observation of the kitchen on 9/19/17 and 9/20/17 revealed there were 12 floor tiles missing in the food preparation area that revealed exposed rough concrete flooring underneath.</p> <p>Interview on 9/19/17 at 10:45am with a resident sitting on a sofa in the living by the piano revealed:</p> <ul style="list-style-type: none"> -"A mouse lives under or in the piano and will run over your feet if you're sitting here." -"He runs across the floor from one side of the living room to the other." -"Sometimes if I'm reading, I'll hear him before I see him." -"He can move pretty fast." -"The staff know we have mice. They have seen them." <p>Interview on 9/19/17 at 3:30pm with a resident sitting in the living room in his wheelchair revealed:</p> <ul style="list-style-type: none"> -There was a mouse that lived in a pile of his clothes in the bottom of his closet. -The mouse had lived there for only a short time. -He had named the mouse [Name] after a staff person who took good care of him. -It didn't bother him to have the mouse living in his closet. <p>Interview on 9/20/17 at 7:45am with a staff person revealed:</p> <ul style="list-style-type: none"> -There had been mice in the facility for several months. She had seen them. -When it was really, really quiet she could hear them running across the floor. 	D 074		

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D 074	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The other staff knew there were mice because "we've all seen them". -The residents keep food in their rooms and that's probably why we have the mice." <p>Interview with the Kitchen Manager on 9/20/17 at 9:22am revealed:</p> <ul style="list-style-type: none"> -She had worked in the kitchen for 2 months. -The tile floors had been in this condition since she started working in the kitchen. -The facility was "getting ready to repair the floors." -She swept and mopped the kitchen area daily. <p>Interview with the Maintenance/Housekeeping Director on 9/20/17 at 12:20pm and 3:15pm revealed:</p> <ul style="list-style-type: none"> -He had worked in the facility for 3 to 4 years. -He was unaware that several rooms had issues with the wall papered border falling or paint damage exposing dry wall. -He was unaware that one room had an air vent hanging loose from the ceiling or one room with damaged wall lamps. -He was unaware of the water stains in several rooms and would paint over them. -He was unaware that the ceiling in Hallway #3 was an issue and stated "it has always been like that." -He had started to repair the shower wall and ceiling of the common shower/tub/bathroom on Hallway #1 "about 3 to 4 weeks ago", but had another issue come up that needed his attention. -He had made attempts to clean rodent droppings on a "regular basis", but was unaware that rodent droppings were currently in the closets of several resident rooms. -The facility had placed sticky traps out for the mice in the past. -He and the housekeeping staff had checked the 	D 074		

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D 074	Continued From page 5 resident rooms and closets weekly, and had cleaned out the resident's belongings to assure there were no rodent droppings. -He thought all the mice were caught, and had the traps removed. -Residents would take food to their rooms from the kitchen. -He had contacted pest control on 9/19/17 and they were onsite today to put down rodent traps and bait. Interview with Administrator on 9/19/17 at 11:00am revealed: -She was aware the floors throughout the facility needed to be repaired. -They had started work on the floors in the common areas. -They had been cleaning out the closets in the resident rooms. Interview with Administrator on 9/20/17 at 4:10pm revealed: -She started working at the facility on 8/31/17. -She was unaware of the water stains in resident rooms, the ceiling of Hallway #3, and paint damaged in resident rooms. -She was aware of issues with the housekeeping staff and would begin a "deep clean schedule" that the Administrator would monitor for 1 month and the Maintenance/Housekeeping Director would monitor the next, and rotate monthly. Review of the Food Establishment Inspection Report completed on 5/31/17 revealed: -A score of 90.5. -"Item #53: Repairing Premises, Structures, Attachments and Fixtures-Methods: Continue to work to repair the walls and floors, they must be smooth, easily cleanable and in good repair."	D 074			

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D 074	Continued From page 6 Review of the Facility Inspection Report completed on 6/6/17 revealed: -A score of 90. -"Item #3: Repair and repaint walls as needed throughout the facility, especially on the women's hall. The ceiling in the shower is damaged in the hallway restroom on the women's hall. There was a board put over the damaged area on the wall but it was not properly repaired, just covered." -"Item #24: There were rodent droppings observed in room 10 and 12."	D 074		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes 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 facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews the facility failed to assure the building was maintained in an uncluttered, clean and orderly manner, free of all hazards, which resulted in a rodent infestation as evidenced by rodent droppings throughout the facility, including the kitchen food preparation area, 4 resident rooms, and 3 vacant resident rooms.	D 079	<p>* Revised Correction date = 11/4/17 (JF)</p> <p>Rest Home has sign 9/15/2017 (JF) contract with Bug Control. They will spray on a monthly basis Staff will take shot 12/1/17 (JF) Vacuum to closet and Clean 3 times a week. SIC will monitor on a</p>	

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D 079	<p>Continued From page 7</p> <p>The findings are:</p> <p>Interview with a resident on 9/19/17 at 11:10am revealed the resident had seen a rodent in the common living room that morning running along the wall and behind a couch near the TV.</p> <p>Observation of the kitchen area on 9/19/17 at 12:15pm and 9/20/17 at 8:07am revealed:</p> <ul style="list-style-type: none"> -There were rodent droppings in cardboard containers where canned sliced carrots and applesauce were stored on the metal shelving in the dry storage area. -There was a wooden three tier shelving unit in the basement walk-in cooler/freezer area with moderate amounts of rodent droppings on the cookware and on all shelf surfaces. -The same shelving unit was used to store metal baking pans, glass cookware lids, plastic cake plates with lids, metal colanders, plastic serving trays and metal cake pans. -Two shelves adjacent to the 3 compartment sink in the food preparation area of the kitchen had rodent droppings on each shelf. -The same shelves were used to store sink stoppers, detergent, and bleach for the kitchen. <p>Observation of 4 resident rooms on 9/20/17 from 9:19am to 9:35am revealed:</p> <ul style="list-style-type: none"> -The closets in Rooms #14, #15 and #16, with resident personal possessions stored within, had large amounts of rodent droppings in the floor. -A closet in Room #13 with resident personal possessions stored within, had large amounts of rodent droppings in the floor and on top of a plastic storage container. <p>Observation of 3 vacant resident rooms on 9/20/17 from 9:39am to 9:47am revealed the closets in Rooms #9, #10, and #11 had large</p>	D 079	<p>daily basics to ensure rule area is met.</p>	
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D 079	<p>Continued From page 8</p> <p>amounts of rodent droppings on the floor.</p> <p>Review of the Food Establishment Inspection Report completed on 5/31/17 revealed: -A score of 90.5. -Item #36 Controlling Pests: There were rodent droppings throughout the kitchen, especially in the cabinet on the counter, in front of the window, on the floor in front of the window, and in the basement walk-in cooler room. Must continue to work with pest control to eliminate the rodents and prevent their entry -Item #47 Non-food Contact Surfaces: Need to clean the cabinets and counters, there were rodent droppings present at the time of the inspection. -Item #53 Repairing Premises, Structures, Attachments and Fixtures-Methods: Clean the floors to remove rodent droppings.</p> <p>Review of the Facility Inspection Report completed on 6/6/17 revealed: -A score of 90. -"Item #24: There were rodent droppings observed in room 10 and 12. Must work with a licensed pest control company to control mice in the facility and kitchen."</p> <p>Interview on 9/19/17 at 10:45am with a resident sitting on a sofa in the living by the piano revealed: -"A mouse lives under or in the piano and will run over your feet if you're sitting here." -"He runs across the floor from one side of the living room to the other." -"Sometimes if I'm reading, I'll hear him before I see him." -"He can move pretty fast." -"The staff know we have mice. They have seen them."</p>	D 079		

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D 079	<p>Continued From page 9</p> <p>Interview with Administrator on 9/19/17 at 11:00am revealed they had been cleaning out the closets in the resident rooms.</p> <p>Interview on 9/19/17 at 3:30pm with a resident sitting in the living room in his wheelchair revealed: -There was a mouse that lived in a pile of his clothes in the bottom of his closet. -The mouse had lived there for only a short time. -He had named the mouse [Name] after a staff person who took good care of him. -It didn't bother him to have the mouse living in his closet.</p> <p>Interview on 9/20/17 at 7:45am with a staff person revealed: -There had been mice in the facility for several months. She had seen them. -When it was really, really quiet she could hear them running across the floor. -The other staff knew there were mice because "we've all seen them". -"The residents keep food in their rooms and that's probably why we have the mice."</p> <p>Interview with the Kitchen Manager on 9/20/17 at 9:22am and 4:20pm revealed: -She had worked in the kitchen for 2 months. -She was responsible for cleaning the kitchen and all storage areas. -She had not noticed the rodent droppings until she was notified by the surveyor. -She would clean the dry storage area and the shelving unit in the walk-in cooler/freezer room today. -There were currently no mouse traps in the kitchen area. -The Administrator was going to purchase sticky</p>	D 079			

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D 079	<p>Continued From page 10</p> <p>traps for the area. -She swept and mopped the kitchen area daily.</p> <p>Interview with the Maintenance/Housekeeping Director on 9/20/17 at 12:20pm and 3:15pm revealed: -He had worked in the facility for 3 to 4 years. -He was unaware that rodent droppings were currently in the closets of several of resident rooms, a vacant resident room, and the kitchen food preparation area. -The facility had placed sticky traps out for the mice in the past. -He thought all the mice were caught, and had the traps removed. -Residents would take food to their rooms from the kitchen. -He was made aware of the rodent issue on 9/19/17 and had contacted pest control. -Pest control was in the facility on 9/20/17 to put down rodent traps. -He had made attempts to clean rodent droppings on a "regular basis". -He and the housekeeping staff had checked the residents rooms weekly and cleaned out the resident's belongings to assure there were no rodent droppings.</p> <p>Interview with the Administrator on 9/20/17 at 4:10pm revealed: -She was new to the facility and was not aware of the issues with rodent droppings in the resident closet floors or kitchen area. -She started working at the facility on 8/31/17. -She was aware of issues with the housekeeping staff and would begin a "deep clean schedule". -She and the Maintenance/Housekeeping Director will monitor the cleaning schedule on a rotating monthly basis.</p>	D 079			

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D 079	Continued From page 11 The facility's failure to assure the building was maintained in an uncluttered, clean and orderly manner, free of all hazards, which resulted in a rodent infestation as evidenced by rodent dropping throughout the facility, including the kitchen food preparation area, 4 resident rooms, and 3 vacant resident rooms. This failure placed all residents at risk of contracting rodent borne illness and/or disease, and was detrimental to the safety, health and welfare of these residents, and therefore constitutes a Type B Violation. A Plan of Protection was provided by the facility on 9/20/17 and included the following: -The facility's exterminator was contacted and was in the facility at 3pm on 9/20/17. -The exterminator treated the common areas, kitchen, resident rooms, and closets, and put out bait in all areas. -Staff will obtain a dry vacuum to clean closets, rooms, and kitchen areas daily on 1st and 2nd shift. -The Administrator with maintenance and housekeeping will inspect common areas, resident rooms, closets, and kitchen area for signs of mice. -Each will swap off halls to check behind each other and document findings. -Exterminator will continue on monthly visits. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 4, 2017.	D 079			
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements	D 105			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/20/2017
NAME OF PROVIDER OR SUPPLIER NANAS ASSISTED LIVING FACILITY # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043		
(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
D 105	<p>Continued From page 12</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to assure fire safety equipment was maintained in a safe and operating condition related to 7 of 7 fire extinguishers.</p> <p>The findings are:</p> <p>Review of a Fire Inspection Report dated 5/17/17 revealed: -It was a Fire Inspection Report which documented the initial date of inspection as 5/3/17 and a date of reinspection as 5/17/17. -Under Section #10, Fire Extinguishers, "Annual service due". -Under Comments: "Service Extinguishers".</p> <p>Review of the facility floor plan revealed the location of 7 fire extinguishers within the facility. -Fire extinguisher #1 was located on the right wall at the end of Hallway #3, beside the door exiting to the outside. -Fire extinguisher #2 was located on the right wall at the end of a short hallway off Hallway #3 and beside the door exiting to the smoking area -Fire extinguisher #3 was located on the left wall of Hallway #1, beside Resident Room #8. -Fire extinguisher #4 was located by the vending machines at the intersection of Hallway #1 and Hallway #2. -Fire extinguisher #5 was located in the kitchen at</p>	D 105	<p>All Fire Extinguishers have been checked out and ID now up to date. Manager/STC will check on monthly basics to make sure rule area is met.</p>	11/1/17

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER
NANAS ASSISTED LIVING FACILITY # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
**2270 OAKLAND ROAD
FOREST CITY, NC 28043**

(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
D 105	<p>Continued From page 13</p> <p>the end of Hallway #2.</p> <p>-Fire extinguisher #6 was located on the right wall at the end of Hallway #2, beside the door exiting to the outside</p> <p>-Fire extinguisher #7 was located in the basement laundry room.</p> <p>Observations of the fire extinguishers revealed:</p> <p>-Extinguisher #1, an ABC extinguisher (used for organic materials such as wood, fabric, and paper; flammable liquids such as paint, flammable gases and electrical fires) with a yellow NAFED (National Association of Fire Equipment Distributors) tag which indicated, by hole punches, it had last been serviced in July 2015 and was void one year from that date.</p> <p>-Extinguisher #2, an ABC extinguisher with a yellow NAFED tag which indicated, by hole punches, it had last been serviced in July 2015 and was void one year from that date.</p> <p>-Extinguisher #3, an ABC extinguisher, with no tag indicating when it had last been serviced.</p> <p>-Extinguisher #4, an ABC extinguisher, with a yellow NAFED tag which indicated, by hole punches, it had last been serviced in July 2015 and was void one year from that date.</p> <p>-Extinguisher #5, a wet/dry extinguisher (an ABC extinguisher and an F extinguisher used on oil or grease fires) with a yellow NAFED tag which indicated, by hole punches, it had last been serviced in July 2015 and was void one year from that date. On the back of the tag, the only monthly Inspection Record listed 10/22/15 and the initials PA.</p> <p>-Extinguisher #6, an ABC extinguisher with a yellow NAFED tag which indicated, by hole punches, it had last been serviced in July 2015 and was void one year from that date.</p> <p>-Extinguisher #7, an ABC extinguisher with a yellow NAFED tag which indicated, by hole</p>	D 105		

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NAME OF PROVIDER OR SUPPLIER NANAS ASSISTED LIVING FACILITY # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043
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D 105	<p>Continued From page 14</p> <p>punches, it had last been serviced in July 2015 and was void one year from that date.</p> <p>Interview on 9/19/17 at 3:27pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -She had been an Administrator at another facility. -She had been at this facility since 8/30/17. -She was aware the fire inspectors do not check the extinguishers. -The fire extinguishers had not been checked since 2015. -She was not aware the fire extinguishers needed to be inspected monthly. -Facility staff were unaware that they were responsible to check them each month. -She would find out what company serviced the fire extinguishers and have them checked as soon as an appointment could be made. -She would put a system in place to assure the extinguishers were checked monthly. <p>Review of the National Association of Fire Equipment Distributors (NAFED) guidelines for monthly fire extinguisher inspections revealed:</p> <ul style="list-style-type: none"> -Confirm the fire extinguisher is visible, unobstructed and in its designated location. -Verify the locking pin is intact and the tamper seal is unbroken. -Examine the extinguisher for physical damage, corrosion, leakage or a plugged nozzle. -Confirm the pressure gauge or indicator is in the operable range or position, and lift the extinguisher to ensure it is full. -Make sure the operating instructions instructions on the name plate are legible and facing outward. -Check the last professional service date on the tag. (A licensed fire extinguisher maintenance contractor must have inspected the extinguisher within the past 12 months.) 	D 105		

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D 105	<p>Continued From page 15</p> <ul style="list-style-type: none"> -Initial and date the back of the tag. -Report expired service tags and missing, damaged or used extinguishers immediately to the licensed fire extinguisher maintenance contractor for the facility. <p>Interview on 9/20/17 at 9:00am with the Administrator revealed:</p> <ul style="list-style-type: none"> -She thought they had a fire inspection in May 2017. -She was unable to locate the inspection report. <hr/> <p>The facility's failure to assure 7 of 7 fire extinguishers were maintained in a safe and operating condition placed the residents at risk of poorly functioning and/or non-functioning fire safety equipment being available in the event of a fire emergency. This failure was detrimental to the safety, health and welfare of the residents and constitutes a Type B Violation.</p> <hr/> <p>A Plan of Protection was provided by the facility on 10/19/17 and included the following:</p> <ul style="list-style-type: none"> -The facility will begin a weekly check sheet to monitor the fire extinguishers. -Maintenance and/or housekeeping to complete weekly. -Monitoring will be dated and initialed. -Tags on fire extinguishers will be inspected and dated with name or initial monthly. -Manager and Administrator will check weekly and address in QI (Quality Improvement) staff meetings to assure completeness. -On October 04, 2017 [named] Fire Protection Service came to the facility and tested all fire extinguishers. ABC and carbon dioxide type was updated and a cold test was performed and all were positive. 	D 105			

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D 105	Continued From page 16 -A total of 4 of 5 fire extinguishers were updated, with 1 in compliance. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 4, 2017.	D 105		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure a minimum of 14 hours of planned group activities were provided each week, that promoted socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills for the 17 residents currently living in the facility. The findings are:	D 317	Manager & SIC will make sure residents are doing activities on a daily basis. Staff will write in book on what Activity was done that day.	12/1/2017

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D 317	<p>Continued From page 17</p> <p>Interview with the Administrator on 9/19/17 at 10:30am revealed the facility census was 17.</p> <p>Review of the September 2017 Activity Calendar revealed:</p> <ul style="list-style-type: none"> -There were 18 hours of activities scheduled for the week of 9/17/17 to 9/23/17. -Activities scheduled for 9/17/17: "Sunday Service" (2:00pm to 4:00pm). -Activities scheduled for 9/18/17: "Word Search" (9:00am to 10:00am) and "Pedicure Day" (6:00pm to 7:00pm). -Activities scheduled for 9/19/17: "Choice of Activity" (9:00am to 10:00am) and "Bible Study" (6:30pm to 8:30pm). -Activities scheduled for 9/20/17: "Garden Time" (9:00am to 11:00am) and "Choice of Activity" (6:00pm to 7:00pm). -Activities scheduled for 9/21/17: "Color Favorite Picture" (10:00am to 12:00pm) and "Trip to [Fast food] and [Discount Store] (5:30pm to 7:30pm). -Activities scheduled for 9/22/17: "Nail Day" (9:00am to 10:00am) and "Bingo" (2:00pm to 4:00pm). -Activities scheduled for 9/23/17: "Garden Club" (2:00pm to 4:00pm). <p>Observations during the survey on 9/19/17 between 11:00am and 4:00pm revealed:</p> <ul style="list-style-type: none"> -A Karaoke machine played from 10:30am to 12:00pm with several residents and staff singing along. -No other activity had taken place during that time. <p>Observations during the survey on 9/20/17 between 7:00am to 4:00pm revealed:</p> <ul style="list-style-type: none"> -Bingo was played in the Dining Room for approximately one hour. 	D 317		

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D 317	<p>Continued From page 18</p> <p>-No residents had been seen gathering for, or participating in, "Garden Time".</p> <p>Confidential interviews on 9/19/17 with five residents revealed:</p> <p>-"They have an activities calendar but we never do any of the activities."</p> <p>-"They normally don't do Karaoke. It's only because you're [the State] here."</p> <p>-"I keep busy watching TV in my room and walking the halls so I don't lose the use of my legs."</p> <p>-"I watch TV in my room and I smoke on the porch. That's all there is to do here."</p> <p>-"It is really boring here."</p> <p>-"We don't have no garden club and we sure don't have no garden."</p> <p>-"They have crossword puzzles and word searches listed as activities. Some of us can't even read, some us can't write, some folks eyes are so bad they can't see good, a couple can't hold a pencil and some can't sit still longer than two minutes because they need to go and smoke."</p> <p>Interview with a staff member revealed:</p> <p>-All staff are responsible for telling the residents what activity is being done and asking them to participate.</p> <p>-"We sometimes play Bingo and do Karaoke with the residents."</p> <p>-"A lot of the residents just want to sit on the front porch and smoke."</p> <p>-"Other residents just want to lie on their beds and sleep."</p> <p>Interview with a second staff member revealed:</p> <p>-"Sometimes we do coloring with the residents."</p> <p>-"Sometimes we play Bingo, Karaoke and board games with them, too."</p>	D 317		

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D 317	<p>Continued From page 19</p> <p>- "We have cookouts in the summer for them."</p> <p>Interview with a third staff member revealed:</p> <ul style="list-style-type: none"> -The residents like fast food. - "Sometimes the facility will buy a variety of fast food and have like a buffet." - "The residents are given play money to use and they can buy what they want to eat as long as they have the money." - "That way they get a change from the food they get every day." <p>Interview with the Administrator on 9/19/17 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -The facility did not currently have an Activities Director. -The Resident Care Coordinator was the one who did the activities calendar. -The staff on duty were responsible for running the activities each day. -She was aware the activities were not offered as scheduled. -She was aware there was not 14 hours of activities scheduled each week. -She was aware the residents complained of being bored. -Even when activities the residents asked for were presented, they did not participate. -She had recently started making sure activities were done two hours daily. -There had been no documentation of an Activity Program in the past. -She was not aware of the facility having "fast food buffets" for the residents. -She would be discussing adding an Activity Director with the owners of the facility. <p>Interview with Administrator on 9/20/17 at 4:10pm revealed she was aware that the activities were not being completed or offered 14 hours weekly.</p>	D 317			

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D 319	<p>10A NCAC 13F .0905 (f) Activities Program</p> <p>10A NCAC 13F .0905 Activities Program</p> <p>(f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to assure that each resident had the opportunity to participate in at least one outing every other month.</p> <p>The findings are:</p> <p>Interview with the Administrator on 9/19/17 at 10:30am revealed the facility census was 17.</p> <p>Observation and review of the September 2017 activity calendar revealed there were no outings scheduled on the calendar.</p> <p>Observations of the parking area in front of the facility revealed: -Three dust covered vans parked side by side. -One van had a flat tire. -All three vans had expired tags. -These three vans were the vans observed to be non-operational by the surveyor during the survey completed on 10/27/16. -Another van was parked in the driveway at one end of the facility and had current tags.</p> <p>Interviews on 9/19/17 between 11:00am and</p>	D 319	<p>Stef Manager will make sure residents go on outing every other month. Stef Manger will monitor this on a daily basis to make sure rule area is met.</p>	12/31 2017
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Division of Health Service Regulation

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D 319	<p>Continued From page 21</p> <p>3:30pm and on 9/20/17 between 7:30am and 3:00pm with ten residents revealed:</p> <ul style="list-style-type: none"> -Three residents stated the only time the staff took them anywhere was to doctor appointments. -Four residents stated they had never gone on an outing because there were no outings. -One resident said she would really like to go [to a local drive through] for a hamburger or to a local restaurant for fish "like we did a long time ago". -Two residents said they would like to go out in the van, "look at the leaves and stop for hot chocolate". -Several residents said they wished they could go shopping. <p>Interview with a staff member revealed:</p> <ul style="list-style-type: none"> -"The residents don't go on outings because the [facility] vans don't run." -"When they have doctor's appointments, one of the staff takes them in her own car." <p>Interview with a second staff member revealed the facility did not take residents on outings because the vans do not run.</p> <p>Interview on 9/19/17 at 2:55pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -The facility did not have an Activities Director. -The Resident Care Coordinator was the one who did the activities calendar. -The staff on duty were responsible for running the activities each day. -There had been no documentation of an Activity Program in the past. -She did not know if the facility vans were operational or currently being used. -She had been told by the Resident Care Coordinator the residents had been taken on outings. 	D 319		

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D 319	<p>Continued From page 22</p> <p>Interview on 9/19/17 at 4:00pm with the Maintenance Director revealed: -The three vans were not working. -The battery in one van was "dead". -One van had a flat tire. -The other van needed "work". -Transportation of residents to doctor's appointments was done by a staff member using their own vehicle.</p> <p>Interview with the Administrator on 9/20/17 at 1:05pm revealed: -The owner was responsible for transportation. -"I didn't realize [the] vans did not work."</p> <p>A second interview on 9/20/17 at 2:30pm with the Administrator revealed: -She had initially been told by the maintenance person the three facility vans were working. -When she had asked again, the Maintenance Director had told her one of the vans had a flat tire, a second van had "problems" but was fixed, and the third van, the battery had been "dead" but replaced and the van currently working. -All three vans had expired tags. -All three vans were without insurance. -"Several residents, earlier today, had been taken down the street to shop at a discount store in the maintenance person's car." -She will make sure at least one van is running, has current tags and insurance. -She will make sure the activity calendars include outings.</p> <p>Interview on 9/20/17 at 3:15pm with the Maintenance Director revealed: -There are four vans at the facility. -Of the four vans, "one is a personal van that is just parked at the facility". -The other three vans were operational but there</p>	D 319			

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D 319	Continued From page 23 is "no insurance on them or valid license plates". -The facility has to use personal vehicles to take residents out of the facility. -Currently, [the facility] does not take residents on activities outside of the facility.	D 319		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings and fire safety equipment. The findings are: A. Based on observations and interviews the facility failed to assure the building was maintained in an uncluttered, clean and orderly manner, free of all hazards, which resulted in a rodent infestation as evidenced by rodent droppings throughout the facility, including the kitchen food preparation area, 4 resident rooms, and 3 vacant resident rooms. (Refer to Tag D079, 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type B Violation)).	D912	Manager & STC will make sure all resident rights are met on a daily basis by rule & regulation	12/1/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/20/2017
NAME OF PROVIDER OR SUPPLIER NANAS ASSISTED LIVING FACILITY # 2			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043		
(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	
D912	Continued From page 24 B. Based on observations, interviews, and record reviews, the facility failed to assure fire safety equipment was maintained in a safe and operating condition related to 7 of 7 fire extinguishers. [Refer to Tag 105, 10A NCAC 13F .0311(a) Other Requirements (Type B Violation)].	D912			