	Division C	of Health Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 535 US HIGHWAY 158 WEST YANCEVILLE, NC 27379 PROVIDERS PLAN OF CORRECTION (FAST DEPRICED ADDRESS), CITY, STATE, 2IP CODE 535 US HIGHWAY 158 WEST YANCEVILLE, NC 27379 PROVIDERS PLAN OF CORRECTION (FAST DEPRICED ADDRESS), CITY, STATE, 2IP CODE 535 US HIGHWAY 158 WEST YANCEVILLE, NC 27379 PROVIDERS PLAN OF CORRECTION (FAST DEPRICED ADDRESS), CITY, STATE, 2IP CODE CROSS REFERENCED TO THE APPROPRIATE DATE DOWN Intial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 17, 2018 – April 13, 2018. D 074 10A NCAC 13F. 0306 Housekeeping And Furnishings 10A NCAC 13F. 0306 Housekeeping And F				(X2) MULTIPLE	CONSTRUCTION		
MAME OF PROVIDER OR SUPPLIER CASWELL HOUSE SIS US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 PROVIDERS PLAN OF CORRECTION (SS) HIGHWAY 158 WEST YANCEYVILLE, NC 27379 D 000 Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain floors and walls that were clean and in good repair as evidenced by eighten doors that were heavily scratched on the lower half of the door revealing wood beneath the stain in the Assisted Living (AL), commodes without caulking in eight resident bathrooms and one resident bothroom and he saisted Living (AL) side, missing tollet paper holder in one resident bathroom and one commode with a brown substance around the base on the SCU; and a missing section of countertop molding in one resident from on the	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
MAME OF PROVIDER OR SUPPLIER CASWELL HOUSE SIS US HIGHWAY 158 WEST YANCEYVILLE, NC 27379 PROVIDERS PLAN OF CORRECTION (SS) HIGHWAY 158 WEST YANCEYVILLE, NC 27379 D 000 Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain floors and walls that were clean and in good repair as evidenced by eighten doors that were heavily scratched on the lower half of the door revealing wood beneath the stain in the Assisted Living (AL), commodes without caulking in eight resident bathrooms and one resident bothroom and he saisted Living (AL) side, missing tollet paper holder in one resident bathroom and one commode with a brown substance around the base on the SCU; and a missing section of countertop molding in one resident from on the							
MANE OF PROVIDER OR SUPPLIER STREET-ADDRESS. CITY. STATE. ZIP CODE \$35 US HIGHWAY 158 WEST YANCEYVILLE, NO 27379 [XA1]D PREFIX TAG [REGULATORY OR LSC IDENTIFYING INFORMATION] TAG D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST SEP PRECEDED BY FULL TAGS TO 000 Initial Comments D 000 Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 Initial Comments D 074 Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 Initial Comments This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain floors and walls that were clean and in good repair as evidenced by eighten doors that were heavily scratched on the lower half of the door revealing wood beneath the stain in the Assisted Living (AL), commodes without caulking in eight resident bathrooms and one resident shower that the floor was damaged and could not be used in the AL; walls with damaged paint in three resident room on the Assisted Living (AL) side, missing tollet paper holder in one resident bathroom and one commode with a brown substance around the base on the SCU; and a missing section of countertop molding in one resident from on the				B WING			
CASWELL HOUSE CANDED CAND			HAL017054	B. WING		04/1	3/2018
CASWELL HOUSE CANDED CAND	NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
CASHELL HOUSE SUMMARY STATEMENT OF DEFICIENCIES FREEDRING PRECINCE				, ,	,		
CALID SUMMARY STATEMENT OF SETTICENCIES PREFIX (EACH) DEPROVED WITH SET RESCRIPTORY (INTER SERECTED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	CASWELL	. HOUSE					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (ROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) D 000 Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings (a) Adult Care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain floors and walls that were clean and in good repair as evidenced by eighteen doors that were heavily scratched on the lower half of the door revelating wood beneath the stain in the Assisted Living (AL), commodes without caulking in eight resident bathrooms and one resident rooms on the SCU and one resident room on the Assisted Living (AL) side, missing tollet paper holder in one resident shower made one commode with a brown substance around the base on the SCU; and a missing section of countertop molding in one resident room on the			YANCEYV	ILLE, NC 2737	9		
The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 11, 2018 - April 13, 2018. D 074 10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain floors and walls that were clean and in good repair as evidenced by eighteen doors that were heavily scratched on the lower half of the door revealing wood beneath the stain in the Assisted Living (AL), commodes without caulking in eight resident bathrooms and one resident shower that the floor was damaged and could not be used in the AL; walls with damaged paint in three resident rooms on the SCU and one resident room on the Assisted Living (AL) side, missing toilet paper holder in one resident bathroom and one commode with a brown substance around the base on the SCU; and a missing section of countertop molding in one resident room on the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	(X5) COMPLETE DATE
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Furnishings 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; This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain floors and walls that were clean and in good repair as evidenced by eighteen doors that were heavily scratched on the lower half of the door revealing wood beneath the stain in the Assisted Living (AL), commodes without caulking in eight resident bathrooms and one resident shower that the floor was damaged and could not be used in the AL; walls with damaged paint in three resident rooms on the SCU and one resident room on the Assisted Living (AL) side, missing toilet paper holder in one resident bathroom and one commode with a brown substance around the base on the SCU; and a missing section of countertop molding in one resident room on the		follow-up survey and	complaint investigation on				
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The findings are:		Based on observation review, the facility fail walls that were clean evidenced by eightee scratched on the lowe wood beneath the sta (AL), commodes with resident bathrooms a the floor was damage the AL; walls with dar rooms on the SCU ar Assisted Living (AL) sholder in one resident commode with a brow base on the SCU; and countertop molding in AL side.	es, interviews and record ed to maintain floors and and in good repair as n doors that were heavily er half of the door revealing ain in the Assisted Living out caulking in eight nd one resident shower that ad and could not be used in maged paint in three resident and one resident room on the side, missing toilet paper t bathroom and one on substance around the d a missing section of				

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

Observation during the facility tour on 04/11/2018

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		I	R-C I/ 13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
0.4.014/51		535 US H	IIGHWAY 158 WES	T		
CASWELI	L HOUSE	YANCEY	VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 074	between 10:05 a.m outside of the entry of 402, 403, 404, 405, s 504, 505, 506, suite had multiple areas the scratched, revealing portion of the door. Observation of reside at 10:10 a.m. reveale where the paint had approximately 1 inch Interview with the res 04/11/2018 at 10:10 -The wall was like the not sure how long he -He had not told any damaged. Observation of the be 04/11/2018 at 10:13 -The floor of the show 2-foot area with mult fiberglass missingThere was no caulk the commode.	11:00 a.m. revealed the doors of resident rooms 401, suite door 408, 409, 410, door 511 and suite door 512 hat the stain had been the wood on the bottom ent room 509 on 04/11/2018 and there were 10 areas been pulled off, each by 1 inch. sident of room 509 on a.m. revealed: at when he moved in; he was a had been at the facility. One about the wall being athroom in suite 511 on a.m. revealed: wer stall had a 3-foot by iple large cracks, holes and ing on the floor at the base of and dark brown around the homode.	D 074			
	-The shower had bee -The administrator ke they were going to fix -He had to use the si not like having to use when there was one if it was fixed.	en like that for months. new about it and had said				

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STATE FORM 6899 DSME11 If continuation sheet 2 of 13

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (
		HAL017054	B. WING		l l	R-C 4/ 13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
CASWELI	L HOUSE		IGHWAY 158 WES	ST		
	0.0000		/ILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 074	Continued From page	e 2	D 074			
	needing to be caulked it when they cleaned.	d, but the housekeepers saw				
	a.m. revealed a 20-in	512 on 04/11/2018 at 10:16 ch piece of molding was nter top of the sink and				
	at 10:20 a.m. reveale -The paint had been s bed A, by the door.	scratched off the wall behind behind bed A was 36 inches				
	04/11/2018 at 10:24 a -There was no caulking the commode.	ng on the floor at the base of ubstance on the floor around				
	04/11/2018 at 10:29 a	athroom in room 503 on a.m. revealed the caulking at asse of the commode was ay.				
	04/11/2018 at 10:37 a	athroom in room 501 on a.m. revealed there was no around the front base of the				
	04/11/2018 at 10:40 a -There was no caulkin front base of the com -The floor was stained base of the commode	ng on the floor around the mode. d black around the front				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL017054	B. WING		I	R-C I/13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE	, -	
			HIGHWAY 158 WES			
CASWELI	L HOUSE	YANCE	VILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 074	Continued From pag	e 3	D 074			
	04/11/2018 at 10:45 -There was no caulk front base of the con-The floor had a blacentire base of the co-Observation of the bound of the	ing on the floor around the nmode. k substance/stain around the mmode. athroom in room 401 on				
	04/11/2018 at 12:09 had multiple places to a linterview with a house 3:49 p.m. revealed: -If she saw something she would tell the ad-she had reported the multiple times; she late agoShe had reported the caulking to the maintenance had worked on them the caulking had to the resident's urine worked.	the broken shower in suite 511 ast reported it about 1 month the commodes needed tenance technician, and he technician are technical are technician are technical are technician are technician are tech				
	at 2:45 p.m. revealed -He had been trainin technician; he had be	ntenance staff on 04/12/2018 d: g a new maintenance een out of work for 6 weeks ack to work this week				

Division of Health Service Regulation

STATE FORM 6899 DSME11 If continuation sheet 4 of 13

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		HAL017054	B. WING		R- 04/1	C 3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
			IGHWAY 158 WI			
CASWELL	CASWELL HOUSE YANCEYV					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 074	Continued From page	e 4	D 074			
	(04/11/18). -The shower in suite out due to the extent be repaired by him. -No one was using the because of the damaged to be done signared working on the started working on the counter in suite 5. -He was not aware of the counter in suite 5. -He knew there was of done on commodes a already repaired this in linterview with the Adr 5:03 p.m. revealed: -There was someone usually 1-2 times per suite and submitted a report of the corporate; he had I she was aware the floot of the was aware that the composition of the was aware the floot of the was aware	of the damage it could not e shower in suite 511 ged floor. notes of everything that nce he returned and had ngs that needed to be done. If the molding missing from 12. caulking that needed to be and showers and had in several rooms. ministrator on 04/11/2018 at working on maintenance week. For of the shower in suite request to have it replaced ast submitted it in 02/2018. Incre were walls in resident be repaired, and they had care unit and were working facility. Forts of the doors were was "a work in progress." were multiple commodes alked and that the d been working on it. Fork had been limited maintenance staff had been of months.				
	because their regular out sick for a couple of Observation on 04/11 resident rooms 606 a	maintenance staff had been of months.				

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paint had been scratched, revealing black marks

STATE FORM 6899 DSME11 If continuation sheet 5 of 13

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3		
7.11.2.1.2.11.1	A. BUILDING:				PLETED	
		HAL017054	B. WING		l	R-C // 13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
		535 US H	IGHWAY 158 WES	ST		
CASWELI	L HOUSE		/ILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 074	Continued From page	e 5	D 074			
	on the bottom portion	of the doors.				
	resident rooms 602 a of the entry door had	/2018 at 12:00 p.m. of nd 608 revealed the outside multiple areas that the stain revealing the wood on the doors.				
	the men's side on 04/ a.m11:00 a.m. revea -In the bedroom of re- a 6 inch X 24 inch are wall near a lamp siting -In the bathroom of re- was a brown substan commode. -In the bathroom of R	aled: sident room #303, there was ea of paint scraped off the g on a night stand. esident suite #307-309, there ce around the base of the esident Room #315, the brackets were loose, and				
	SCU, but he did not k -All staff were respon- repairs at the facilityHe did not keep up v the SCUThe Administrator ke					
	Interview with a person 04/12/2018 at 3:14 p.	onal care aide (PCA) on m. revealed: of the needed repairs on the				
	-If she found somethi	ng that needed repairing, port it to the medication aide				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		l l	R-C 1/13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CASWELL	_ HOUSE		HIGHWAY 158 WES	Т		
	CLIMMA DV C		/VILLE, NC 27379	DDOV/DEDIS DI AN OF	CORRECTION	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 074	Continued From pag	ge 6	D 074			
	(MA).					
	O4/12/2018 at 11:30 -She was not aware SCU -If she found someth would verbally repor -She would verbally at the daily standup -She would verbally Manager on duty on Interview with the Mo on 04/12/2018 at 4:3 -She was aware thin SCU, and the neede to the Administrator, length of timeShe was not aware base of the commod had turned brownShe was not aware brackets were loose holder was missing i -She was aware that	of the needed repairs on the hing that needed repair, she tit to the Administrator. talk about the needed repairs meeting. report needed repairs to the the weekends or holidays. emory Care Manager (MCM) 30 p.m. revealed: ags needed to be fixed on the ed repairs had been reported but she did not know the that the caulking around the le in Resident Suite #307-309 that the toilet paper mounting and the toilet paper roll in Resident Room #315. It the paint had been scraped int room #303 because a chair				
	5:00 p.m. revealed:	dministrator on 04/12/2018 at				
	SCU, but he did not -He was aware the c	e needed repairs on the know the length of time. caulking around the base of				
	be replacedHe was aware the purchase the wall in resident re-	oilet paper mounting brackets				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLE	
			7.1. 50.25		R-	c
		HAL017054	B. WING		04/1	3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CASWELI	HOUSE	535 US HIG	SHWAY 158 WE	≣ST		
		YANCEYVI	LLE, NC 2737			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 074	Continued From page	e 7	D 074			
	04/12/2018 working of the MS had been out	aff (MS) was at the facility on on the needed repairs. ut of work for 6 weeks and o work this week (04/11/18).				
	Observations of SCU	resident room 216 18 at 10:07 a.m. revealed:				
	-There was clumped wall right of the doorv floor.	paint on the corner of the vay from the ceiling to the				
	above and below the	towel holder.				
	4/11/2018 at 10:38 a.					
	resident beds.	from the wall in between the				
	like elongated circles					
	elongated circular are	markings underneath each ea.				
	on 4/11/2018 at 2:05 -The wall in resident I condition since 6/201	room 205 was in that				
	Interview with the MC revealed:	CM on 4/11/2018 at 2:15 p.m.				
	-She did not make ro					
	 She was not aware of bathroom of resident 	of the paint damage in the				
		of the damage to the wall in				
		e unsecured black framed m 204				
		sekeeping and maintenance				
	on siteThere were two house	sekeepers on staff for the				

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STATE FORM 6899 DSME11 If continuation sheet 8 of 13

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			5 14/11/0		R-C
		HAL017054	B. WING		04/13/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US F	IIGHWAY 158 WI	EST	
CASWELL	. 11003L	YANCEY	VILLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 074	Continued From page	e 8	D 074		
	memory care unit.				
		aff were contracted by the			
	facility.	,			
		keeping reported damage			
	during stand up meet	_			
	staff but told the admi	wn the damage reported by inistrator			
		ort the damage in resident			
	rooms 205 and 216 to	-			
	-The damage to the walls needed to be fixed by				
	painters.	the facility on 11/2017 and			
	12/2017.	the facility on 11/2017 and			
		over the areas in resident			
	room 216.				
		PCA on 4/12/2018 at 9:20			
	a.m. revealed:	as facility for all years			
		ne facility for six years. e damage in the bathroom			
	of room 216 until toda	~			
	•	athroom in room 216 came			
	•	oof as a result of the snow			
	and ice storms.	eeper about the damage and			
	the administrator wou	-			
		aff came to the unit to see			
	•	to be done and was given a			
	list by the Administrat	or.			
		ousekeeper on 4/12/2018 at			
	9:45 a.m. revealed:	s that needed renair and			
	gave the list to the ad	s that needed repair and			
	_	was fixed at resident room			
	216.				
		as a result of the pipe			
	damage was not fixed				
	- i ne waii damage in i	resident room 205 occurred	1		1

Division of Health Service Regulation

after 12/2017.

STATE FORM 6899 DSME11 If continuation sheet 9 of 13

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		R-C
		HAL017054	B. WING		04/13/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CASWELL	HOUSE	535 US HIG	SHWAY 158 WE	EST	
OAOWELL		YANCEYV	LLE, NC 2737	9	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 074	Continued From page	9	D 074		
	4/12/2018 at 9:55 a.m - The maintenance starepairs via email by the -The facility had an orperson who was unable that time They were there to reabsence. Interview with a fourth a.m. revealed it took a completed after broke they eventually were under the eventually were linterview with the Adr 4:30 p.m. revealed: - The facility had a dai attended by houseker aides, and personal country the received reports a stand-up meeting and staff He was aware that the that needed painting a - When there was a minimum and the received reports a staff The was aware that the that needed painting a - When there was a minimum and the received reports a staff.	aff were notified of needed neir supervisor. In-site maintenance staff to the to attend to repairs at the epair items in that persons In PCA on 4/12/2018 at 10:31 at while for repairs to be en items were reported, but repaired. In provide the standard of the epair items were reported, but repaired. In provide the standard of the epair items were reported, but repaired. In provide the standard of the epair items were reported, but repaired items were items during the epair items. The provide the standard items during the epair items it			
D 299	10A NCAC 13F .0904 Service	(d)(3)(A) Nutrition And Food	D 299		
	(d) Food Requirement(3) Daily menus for refollowing:	Nutrition And Food Service ts in Adult Care Homes: egular diets shall include the ole milk, low fat milk, skim ne cup (8 ounces) of			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		D 0
		HAL017054	B. WING		R-C 04/13/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CASWELL	. HOUSE		GHWAY 158 WE		
			ILLE, NC 2737		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 299	Continued From page	e 10	D 299		
	may be used in cooki purposes due to risk of during mixing and the the product if too much the product if to much the product if too much the product	k or diluted evaporated milk ing only and not for drinking of bacterial contamination e lower nutritional value of th water is used. as evidenced by: as and interviews, the facility bunce glasses of milk at least dents in the Assisted Living ach meal in the AL dining at 12:04 p.m. revealed: were in the dining room. sidents were served milk. anner meal in the AL dining 5:00 p.m. revealed: s with beverages set up that			
	Review of the posted	menu for 04/11/18 revealed served milk at breakfast and			
	· ·	menu for 04/12/18 revealed served milk at breakfast and			
	dining room on 04/12 revealed:	eakfast meal in the AL /18 at 7:50 a.m8:15 a.m.			
	set up. -There was one table	s with water, juice and coffee with 3 residents with			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL017054	B. WING		R- 04/1	C 3/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 0	0,2010
			GHWAY 158 WE			
CASWELL	. HOUSE	YANCEYV	ILLE, NC 2737	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 299	Continued From page	e 11	D 299			
	glasses of milk.					
	Interview with a resident on 04/11/2018 at 10:47 a.m. revealed he got "milk" usually once a day at breakfast with cereal. Interview with a second resident on 04/11/2018 at 10:50 a.m. revealed: -The only time the residents received milk was at breakfast with cereal four times a weekIf the resident requested milk, staff would sometimes give it to the resident.					
		resident on 04/12/18 at 9:42 ed milk, but was not offered				
	Interview with a fourth resident on 04/12/18 at 9:45 a.m. revealed: -She would like milk to drink from time to timeShe had not been offered milk to drinkShe had not asked for milk to drink.					
	10:31 a.m. revealed:	sted milk, staff would				
	10:32 a.m. revealed r	resident on 04/12/2018 at milk was not offered but if d milk, staff would give the				
	at 10:40 a.m. reveale -The resident was so milk was not offered f	metimes offered milk but				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL017054	B. WING		R-C 04/13/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CASWELL HOUSE 535 US HIGHWAY 158 WEST						
YANCEYVILLE, NC 27379						
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	HOULD BE COMPLETE	
D 299	Continued From page 12		D 299			
	would drink more milk.					
	Interview with a dietal 8:22 a.m. revealed: -If a resident wanted in-Sometimes she would wanted milk, but some Interview with a dietal 2:37 p.m. revealed: -She expected staff to she expected the star wanted milk at every in lift hey had not offere slipped their mind to a some residents asked do not want milk.	milk, they asked for it. Id ask the residents if they etimes she forgot. Try cook on 04/12/2018 at a serve milk at each meal. aff to ask residents if they meal. Id milk, it probably had just ask. The deformilk, but a lot of them				
	4:40 p.m. revealed: -He expected the staff residents at all 3 meadining roomThey had monitored and the staff were core-He was not aware the milk at each mealHe had not monitored 6-8 weeks. Observation of the brodining room on 04/13, both empty and partial multiple tables.	this daily for 1-2 months, naistently offering milk. at the staff were not serving d the dining room in the last eakfast meal in the AL /18 at 8:45 a.m. revealed ally filled glasses of milk on ents on 04/13/2018 at 8:45				

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