| FLAN | OF CORRECTION | IDENTIFICATION NUMBER: HAL018035 | A. BUILDING B. WING | BY Spean | COMPLET R 05/03/ | |
|--------------------------|--|--|--|---|-------------------------------|------------------------|
| | ROVIDER OR SUPPLIER | 1345 CH | ADDRESS, CITY, ST APMAN LANE N, NC 28658 | TATE, ZIP CODE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | LD BE | (X5) COMPLE DATE |
| D 000 | Initial Comments | 9 | D 000 | | | |
| D 074 | The Adult Care Licensure Section and the Catawba County Department of Social Services conducted an annual and follow-up survey on 05/02/18 and 05/03/18. 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; | | D 074 | It is the Policy of Piedmont Village of Newton to ensure that all walls, ceilings and floors are clean and kept in good repair. All Hot water temps at fixtures used by Residents are maintained at a minimum of 100 and not to exceed 116 All Residents shall have a full place setting. | | |
| | failed to assure the wa 2 common shower are of the halls, were kept as evidenced by stain shower room walls, m around the baseboard broken plastic and me Zone 5; 2 of 4 command 5 had stains and a and mildew buildup ar baseboards and a larg from the sink rim in Zo rooms in Zone 2 had se The findings are: | als and interviews, the facility alls, floor and fixtures in 2 of eas, in Zone 3 and Zone 5 to clean and in good repair, is and smears on the hold and mildew buildup les, tile and toilet, and a etal fixture on the wall in hon bathrooms in Zone 3 smears on the walls, mold round the toilet and ge piece of porcelain broken one 3; and 1 of 5 resident | | | | |
| | 9:30am revealed: -The facility occupied of the Service Regulation | one floor. | | | | |
| | | UPPLIER REPRESENTATIVE'S SIGNATURE | | Kember J. H. Duncan | (X6) | DATE |

| | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | | |
|--|--|---|----------------------------|---|---------------------------|--------------------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING | i: | COMP | LETED | |
| | | | | | | R | |
| | | HAL018035 | B. WING | | | 03/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| DIEDMON | IT VILLACE AT NEWTON | 1345 CH | APMAN LANE | | | | |
| PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETE DATE | |
| D 074 | -The floor plan divided -One common showe and a ladies bathroom and in Zone 5. -The resident rooms w Zone 3 and Zone 5. | d the facility into 5 zones. r room, a men's bathroom n were located in Zone 3 vere located in Zone 2, | D 074 | | | | |
| | 5 on 05/02/18 at 10:18 -The toilet, baseboard accumulation of mold, -The walls and light sy staining and streaksRust staining was on | s and floor tiles had an mildew and dirt. vitch plate had brown the porcelain bathtub from | | Immediately- HSKP cleaned momildew, and dirt from base board Light switch plate was replaced. Rust Stains were cleaned from batub and hose. | ds. | 6/1/18 | |
| | placed over the side of tub. -There was a broken phardware exposed on -A box of tiles, an oper and plastic fixtures, we the right of the bathtub. | of the tub, and from a hose f the tub to the drain of the blastic fixture with metal the wall next to the toilet. In bag of "Sanded Grout", ere under a bath chair, to be surrounded by a thick black mold staining and | | Immediately Metal hardware exp was covered. Tiles, Sandground and plastic fix was immediately stored out of re sight. HSKP immediately cleaned dust up, dirt, black mold, and dead bu | cture esident build | 6/1/18 | |
| | 05/03/18 at 7:45am red -3 large black stains at stains were on the resi | nd several small black | | Carpet removed New flooring sta | all | 61/18 | |
| | was evident in the roor Observation of the sho | m. wer room in Zone 3 on | | HSKP immediately clean to rid so of Urine | nell | 6/1//18 | |
| | the toilet and the basel -There was brown stair walls. | old surrounded the base of | | HSKP immediately cleaned brow stains at base of toilet and base be HSKP immediately cleaned brow streaks on the wall | oards | 6/1/18 | |

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPI | (X2) MULTIPLE CONSTRUCTION | | SURVEY |
|----------------|--|--|-----------------|--|--------------|--------------------------|
| 1 7810 7 5 (1) | OF CONTESTION | DENTIFICATION NOMBER. | A. BUILDING | | COMPLETED | |
| | | HAL018035 | B. WING | | | R 03/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | FATE, ZIP CODE | | |
| DIEDMAN | T. (1) 1 4 4 5 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1345 CHA | PMAN LANE | | | |
| PIEDMON | IT VILLAGE AT NEWTON | | , NC 28658 | | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | J | (V6) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 074 | Continued From page | 2 | D 074 | | | |
| | 05/03/18 at 9:05am re | avealed. | | | | |
| | | elain was missing from the | | Owner to install New Sink | | 6/18/18 |
| | left side of the sink ba | | | o wild to motern flow blink | | 0/10/10 |
| | -There was brown sta | | | | | |
| | surrounding the sink. | 3 | | HSKP immediately cleaned brown | wn | 6/1/18 |
| | -There was brown bui | ldup and mold on the | | stains from wall, brown buildup | and | |
| | baseboards and the to | oilet base. | | mold on baseboards and toilet b | | |
| | Interview with the hear | 05/02/40 -1 | | | | |
| | 10:15am revealed: | sekeeper on 05/03/18 at | | AA will schedule HSKP for weel | kend | 6/1/18 |
| | | each day, Monday through | | shift. | | |
| | Friday. | odon day, Monday anough | | HSKP immediately in-service by | <i>J</i> A A | |
| | _ | sekeeper and there was no | | on cleaning daily. | | |
| | housekeeper on the w | | | HSKP schedule was immediately | r mut | |
| | | for cleaning the residents' | | | / put | |
| | | l changing soiled linens, the | | in effect, | | |
| | | nower and bathroom areas, | | | | |
| | the hallways, and the | entrance area. residents' rooms daily. | | | | |
| | | ity of the staff on second | | | | |
| | | rm light duty cleaning in the | 1 | | | |
| | areas not completed d | luring the day. | | | | |
| | -She left the cleaning s | | | | | |
| | | n she finished her shift, for | | | | |
| | the staff to access. | | | | | |
| | | get into the bathrooms to | | | | |
| | them." | se the residents are using | | | | |
| | | debris (a bag of sanded | | | | |
| | | nd plastic fixtures) in the | | | | |
| | | because it was too heavy. | | | | |
| | | er supervisor for assistance | | | | |
| | in moving the debris. | | | | | |
| | | e was dirt, dead bugs and | | | | |
| | | nd floor. "I can not get to | | | | |
| | everything. Everything | is left for me." | | | | |
| | Interview with a resider | nt on 05/03/18 at 10:25am | | | | |
| | revealed: | 0.1 00/00/10 at 10.20aiii | | | | |
| | | the shower area in Zone 5 | | | | |

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | -10 | :: | COMPLETED | |
|---|---------------------------|---|-----------------|---|------------------------|
| | | HAL018035 | B. WING | | R 05/03/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | |
| DIEDMON | TVIII ACE AT NEUTON | 1345 CH. | APMAN LANE | | |
| PIEDMON | IT VILLAGE AT NEWTON | NEWTO | I, NC 28658 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORREC | TION (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE COMPLETE |
| D 074 | Continued From page | 3 | D 074 | | |
| | was dirty. | | | | |
| | | 5 shower room on his | | | |
| | designated days. | o dilana, radin di ma | | | |
| | -"It's OK (the shower r | oom) I guess." | | | |
| | | | | | |
| | Phone interview with t | | | | |
| | 05/03/18 at 10:35am r | | | | |
| | | ity of the housekeeper and rator (AA) to assure the | | | |
| | facility was maintained | • , | | | |
| | manner. | in a cican and care | | | |
| | -The corporate mainte | nance staff have been | | | |
| | remodeling the facility | | | | |
| | -This was an "on-going | | | | |
| | | vith the maintenance staff | | | |
| | and the AA regarding t | he identified issues. | | | |
| | Interview with a secon | d resident in Zone 5 on | | | |
| | 05/03/18 at 10:47am re | | | | |
| | -"That shower room wa | as always dirty. The | | | |
| | housekeeper doesn't d | lo a good job cleaning." | | | |
| | -"I don't think anyone of | eleans that room." | | | |
| | Interview with the AA or | n 05/03/18 at 10:55am | | | |
| | -She gave the houseke | eeper a list of | | | |
| | responsibilities several | | | | |
| | -She did not have a co | py of the list. | | | |
| | | sponsibilities were to clean | | | |
| | | ne bathrooms and shower | | | |
| | | eas, the hallways and the | | | |
| | | ne was also responsible for | | | |
| | changing the beds in the | ne morning it they were ad not removed the linens. | | | |
| | | eper's direct supervisor. | | | |
| | | ne community on a regular | | | |
| | basis and did not notice | | | | |
| | -The cleaning tasks, no | t completed during the | | | |
| | | shed by the evening care | | | |
| | staff between 9:00pm a | and 6:00am. | | | |

PRINTED: 05/25/2018 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING HAL018035 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON **NEWTON, NC 28658** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 074 Continued From page 4 D 074 -She would review the cleaning responsibilities with the housekeeper and the evening staff. -She replaced the bedroom rugs with tile flooring in some of the resident's rooms. It took time to move residents and contact their quardians. They had not completed replacing the rugs with tiling in Zone 2 Interview with a third resident on 05/03/18 at 11:05am revealed she preferred the shower at the other end of the hall (in Zone 3) since it was cleaner. Interview with a fourth resident on 05/03/18 at 11:10am revealed she used the shower at the other end of the hall (Zone 5) because it was " ...clean down there." Interview with the Co-owner on 05/03/18 at 11:18am revealed: -He walked through the facility periodically and supervised the light maintenance projects he identified. -He contracted with other professionals to complete those repairs that were " ... heavy duty iobs." -The AA was the direct supervisor of the housekeeper and care staff. -It was her responsibility to walk through the community and ensure the housekeeper was performing her job responsibilities. -"I brought the shower room (Zone 5) to the AA's

attention yesterday (05/02/18).

D 113 10A NCAC 13F .0311(d) Other Requirements

10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the

D 113

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING HAL018035 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON **NEWTON, NC 28658** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 113 Continued From page 5 D 113 kitchen, bathrooms, laundry, housekeeping AA immediately adjusted hot water closets and soil utility room. The hot water temps and posted caution signs. temperature at all fixtures used by residents shall AA checked hot water temps twice daily be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees for a week to ensure temps were below F (46.7 degrees C). This rule applies to new and 116. existing facilities. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain hot water temperatures between 100-116 degrees Fahrenheit (F) in one sink in the women's common shower room, one sink in a women's bathroom and two sinks in the men's bathrooms. The findings are: Review of the facility's resident roster on 05/02/18 at 9:20am revealed 36 residents were currently residing in the facility. Observations of the common showers and bathrooms on 05/02/18 at various times between 9:30am to 9:50am revealed: -The hot water temperature at the sink in the women's common shower room was 122 degrees (F). -The hot water temperature at the sinks in the men's common bathrooms (2) was 122 degrees -The hot water temperature at the sink in the women's bathroom was 122 degrees (F). Observation of the Assistant Administrator (AA) on 05/02/18 at 9:45am revealed she adjusted the temperature gauge on the hot water tank.

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | |
|---|--|--|--|--|-----------------|--|
| | | HAL018035 | B. WING | | R 05/03/2018 | |
| | ROVIDER OR SUPPLIER | 1345 CH | DDRESS, CITY, STATE APMAN LANE I, NC 28658 | E, ZIP CODE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE | |
| D 113 | Observations of the coshower room doors or revealed a "CAUTION been posted on all bat doors. Interview with the AA or revealed: -She and the maintena water temperatures or -There was one hot was common bathrooms at Review of the facility's Health Adult Care Hon revealed: -The report was dated -The facility's sanitation 96Under the toilet, hand bathing facilities section 1 point deduction for lawater between 100 deg-On the comment added documented, "provide bathrooms. 123 deg F Review of the facility's 05/02/18 revealed: -"Baths 110.3, showers on 01/01/18"Baths 108.6, showers on 02/04/18"Baths 107.3, showers on 03/07/18"Baths 106.8, showers on 04/03/18. | ommon bathroom and a 05/02/18 at 9:50am lithroom and shower room lithroom and shower rooms. In our entremental me in the last lithroom and shower rooms. In our entremental me in last lithroom literature last lithroom lithroom literature last li | D 113 | | | |

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) P

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION (X) A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|---|-------------------------------|--------------------------|
| | | | A. BOILDING. | | , | ₹ |
| | | HAL018035 | B. WING | | | 03/2018 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, ST | ATE, ZIP CODE | | |
| PIEDMON | IT VILLAGE AT NEWTON | 1345 CHAF NEWTON, I | MAN LANE | | | |
| _ | | | VC 28038 | | | |
| (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 113 | Continued From page | ÷ 7 | D 113 | | | |
| | | revealed when rechecked, iture was 106 degrees (F). | | | | |
| | Observation of the ha | ndwashing sink in the men's | | | | |
| | bathroom between roo | oms 8 and 9 on 05/02/18 at | | | | |
| | 4:00pm revealed whe temperature was 112 | n rechecked, the hot water degrees (F). | | | | |
| | 10:00am to 12:00pm a | idents on 5/2/2018 from and from 2:00pm to 4:00pm | | | | |
| | revealed: | | | | | |
| | -Five residents stated | ood" when they showered. | | | | |
| | -Three residents state | | | | | |
| | | nan the water from the sink | | | | |
| | faucets. They preferre shower. | d the temperature in the | | | | |
| | | shower. It is not too hot or | | | | |
| | | t heard anyone complain of | | | | |
| | | cated she had not noticed | | | | |
| | fine". She had no com | water. Her showers "are | | | | |
| | | water in the bathrooms or | | | | |
| | the showers was not to | | | | | |
| | -"My water seems fine -"My water is just right | | | | | |
| | | d they help me with my | | | | |
| | | ood, I have only been here | | | | |
| | -"My water is hot for sh | nowers, how I like it." | | | | |
| | Telephone interview w on 05/03/18 at 9:03am | ith the maintenance staff | | | | |
| | -He checked the hot w | ater temperatures "a | | | | |
| | couple of times" per m | | | | | |
| | | on 04/29/18 and may have " the temperature gauge on | | | | |
| | | n moving items around in | | | | |

Division of Health Service Regulation

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---------------|--|---|-------------------|---|-------------------------------|--|
| | | HAL018035 | B. WING | | R 05/03/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE, ZIP CODE | - | |
| | | 1345 CH | APMAN LANE | , | | |
| PIEDMON | IT VILLAGE AT NEWTON | | N, NC 28658 | | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | N WE | |
| PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | D BE COMPLETE | |
| D 113 | Continued From page | 8 | D 113 | | | |
| | the room. | | | | | |
| | | hot water rule requiring a | | | | |
| | range between 100-1 | | | | | |
| | range between 100-1 | io degrees (F). | | | | |
| | Interview with the AA | on 05/03/18 at 8:15am | | | | |
| | revealed: | 511 551 557 15 dt 5. 15 dill | | | | |
| | -The maintenance staff checked and documented | | | | | |
| | the hot water temperatures on a monthly basis. | | | | | |
| | | ff worked part time at the | | | | |
| | facility. | | | | | |
| | | increasing the frequency of | | | | |
| | checking hot water ter | • | | | | |
| | -She intended to begin | - | | | | |
| | temperatures during the | | | | | |
| | maintenance staff was | _ | | | | |
| | | emperature was identified | | | | |
| | by the Health Departm | the temperature gauge on | | | | |
| | | e and the maintenance staff | | | | |
| | | ature until it remained within | | | | |
| | -They would continue | to monitor until the | | | | |
| | temperature is within r | | | | | |
| | | vater rule requiring a range | | | | |
| | between 100-116 degr | | | | | |
| | -No staff or resident ha | ad complained to her about | | | | |
| | the water temperature | being too hot. | | | | |
| | Interview with the Adm | inistrator on 05/03/18 at | | | | |
| | 10:37am revealed: | | | | | |
| | -She was aware of the | rule requiring a range | | | | |
| | between 100-116 degr | • • | | | | |
| | | f monitored the hot water | | | | |
| | temperature on a mon | • | | | | |
| | -If a repair was needed | | | | | |
| | | contractor will be called to | | | | |
| | make any necessary re | | | | | |
| | | th the issue with the AA and | | | | |
| | required range. | he temperatures within the | | | | |
| | . vydii va i alliqu. | | | | | |

Division of Health Service Regulation

STATE FORM

PRINTED: 05/25/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL018035 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON **NEWTON, NC 28658** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 287 10A NCAC 13F .0904(b)(2) Nutrition And Food D 287 Service 10A NCAC 13F .0904 Nutrition And Food Service Immediately purchase forks, spoons, 6/1/18 (b) Food Preparation and Service in Adult Care knivies. AA will monitor kitchen and meals to ensure each resident is (2) Table service shall include a napkin and non-disposable place setting consisting of at least being offer a full setting. a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure table service included a non-disposable place setting consisting of at least a knife, fork, and spoon. The findings are: Observations of the lunch meal service on 05/02/18 between 12:25pm to 1:05pm revealed: -There were 23 residents seated in the dining room. -The meal served to residents included baked chicken breast, steamed vegetables, stewed tomatoes, biscuit and chocolate pudding. -The place setting for all 23 residents did not include a knife. -Two personal care aides (PCA) delivered the meals to the residents. -Two residents picked-up the chicken breast and ate it with their fingers.

chicken breast.

-One resident used their fingers and the fork to

-One resident only ate a small corner off of his

cut the chicken into smaller pieces.

PRINTED: 05/25/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING HAL018035 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON NEWTON, NC 28658 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 287 Continued From page 10 D 287 Observation of a PCA on 05/02/18 at 12:45pm

-She went table-to-table asking residents if they required any assistance with their meal or if they

revealed:

needed their chicken breast cut into pieces. -The PCA was observed cutting the chicken breast for two residents.

Observations of the breakfast meal service on 05/03/18 between 7:30am to 8:05am revealed:

- -There were 24 residents seated in the dining
- -The meal served to residents included scrambled eggs, toast, canned pears and cold
- -The place setting for all 24 residents did not include a knife.

Interviews with seven residents on 05/02/18 between 2:45pm to 4:10pm revealed:

- -One resident stated she did not need a knife. Staff "always" asked her and the other residents if they wanted their food cut. Today she "put the chicken on the biscuit" and ate it like a sandwich. There "never" had been a knife at the table. She thought it was "so no one got hurt".
- -One resident stated that "they cut my food for me but it's pretty soft mostly, doesn't bother me" [that there was no knife].
- -"My food is soft or they will cut it up for me".
- -The resident who ate only a small corner off of the chicken breast stated "I mainly wanted my pudding today, I didn't want chicken but they cut up people's stuff if needed".
- -"They ask me if I want it cut up".
- -"I need help cutting my food and they help me".
- -"They don't put knives out, that is dangerous".
- -"They don't allow knifes and they cut food if needed".

PRINTED: 05/25/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING. HAL018035 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON **NEWTON, NC 28658** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 287 Continued From page 11 D 287 -"This doesn't bother me (not having a knife), but some people would be dangerous with a knife". Interview with a PCA on 05/02/18 at 12:35pm revealed: -They "don't put out knives". -They had not put knives out at the table for "as long as she had been working there" (7 months). -She worked first shift and assisted with the breakfast and lunch meals. -She always went around to the residents and asked if they needed assistance with their meal. Interview with a second PCA on 05/03/18 at 8:40am revealed: -She had been working at the facility since November 2017. -They "never had put knives out" at the tables. -She did not know the reason knives were not put out at the tables for the residents. -Staff "always" asked and assisted residents with "cutting their meats or spreading jelly or butter". Interview with the Cook on 05/03/18 at 10:00am revealed: -He had been working at the facility for about one month. -He prepared the lunch and dinner meals. -The PCA's set the tables with a spoon and fork -He did not know the reasons knives were not put out at the tables. -The PCA's assisted the residents with cutting their food, as needed. -Most of the meats that are prepared are "soft

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enough" that you would not need a knife to cut

-If he was provided with a list of residents that needed assistance, he would cut the meat into

pieces prior to plating the food.

PRINTED: 05/25/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL018035 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE PIEDMONT VILLAGE AT NEWTON **NEWTON, NC 28658** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 287 Continued From page 12 D 287 PLAN OF CORRECTION -All the residents were on a regular diet and there were no residents on a chopped, ground or pureed diet. Ongoing -Upon Hire: TAG D074 RULE 10A 13F. 0306 (a)(1) 6/1/18 Interview with the Assistant Administrator on AA will follow up and monitor X3 05/03/18 at 8:15am revealed: -She knew of the rule for a full place setting. weekly to ensure HSKP staffing is -She did not know knives were not being placed cleaning baseboards, walls, and shower at the tables. rooms daily. -She did not know the reason knives were not being set at the tables. -They had recently ordered knives but were sent Ongoing -Upon Hire: the wrong order because the knives had a very TAG D074 RULE 10A 13F. 3011(d) 6/1/18 sharp and pointed end. AA will follow up with -She had "instructed" the staff not to use those Maint to ensure Hot Water temps are knives. -She would follow-up and assure knives were below 116. Maint will check water temps being set for the residents. weekly on Fridays, Maint will immediately turn water down if temps Interview with the Administrator on 05/03/18 at are above 116 and inform AA. AA will 10:37am revealed: -She knew of the rule for a full place setting. monitor temps X2 daily until temp -She did not know knives were not being placed is at require temp. at the tables. -She did not know the reason knives were not being set at the tables. -She had been at the facility in the past and had Ongoing -Upon Hire: observed knives at the tables. TAG D287 RULE 10A 13F. 0904 (b)(2) 6/1/18 -Staff were "good to go and assist residents" with AA will monitor Kichen/Meals to their meal ensure full place setting is being -She will address this issue with the assistant administrator and at their next quality provided to each resident. improvement meeting. If Facility is low of full setting AA will

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of items needed

immediately purchase items needed. Kitchen staff in-service to inform AA

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