STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001149	A. BUILDING: _____ B. WING _____	R 07/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANE ST RETIREMENT HOME	625 LANE STREET BURLINGTON, NC 27217

(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 the Alamance County Department of Social Services conducted a follow up and complaint investigation on 07/19/18-07/20/18.	{D 000}		
{D 072}	10A NCAC 13F .0305(m) Physical Environment 10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to maintain the outside grounds in a clean and safe condition as evidenced by multiple rodents on the back deck, missing soffit on the eave of the home, a missing window screen, 4 broken shutters, hand rails and decking with raised jagged edges, green build-up on handrails and decking, 3 crawl spaces with broken locks and ajar, an uncovered cable box, electrical box with frayed wiring and no ground wire, broken window panes, hornets nest, exposed wires under the porch stoop, loose hand rails, damaged door without a lock, grass that had not been cut, and trash around the exterior of the home creating a habitat for rodents. The findings are:	{D 072}		

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{D 072}	Continued From page 1 A. Observation of the back porch on 07/19/18 between 10:30 am and 12:10 pm revealed: -A large rodent was sitting outside on the back porch next to the trash cans. -A resident emptied her trash can into the large garbage can beside the back porch. -A large rodent was sitting on the stoop next to a discarded television. B. Observation of the back porch on 07/20/18 between 9:00 am and 9:30 am revealed: -There were multiple, at least 9 large rodents running around on the back porch. -Several rodents jumped into the opened trash can next to the porch railing. -Another rodent was climbing up the railing. -The rodents were observed coming from a hole by the door that opened to the storage building attached to the home. C. Observation of the front of the home on 07/19/18 between 9:45 am and 10:30 am revealed: -The grass and weeds in front of and to the side of the home were tall and thick, and reached approximately 5-7 inches high. -The vinyl soffit in the left front corner of the facility was broken creating an opening of 2 feet which could allow for the entrance of vermin and bugs; there was wood exposed where the soffit was missing and a piece of vinyl casing was dangling from the corner, next to the gutter. -There was trash, including cigarette butts, a grocery bag, beverage bottles and food wrappers, on the ground next to the left side of the porch; a small trash can was on the ground, but was overflowing with trash. -There was green build-up on the brick foundation on the left side underneath the front porch area.	{D 072}		

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{D 072}	Continued From page 2 -There was 1 window on the front of the home without a screen and a broken window screen lying on the ground against the home to the right of the front porch with leaves and other debris on it. -There were 4 broken shutters with jagged edges on the front of the home and 1 shutter that had cobwebs attached to it. D. Observation of the back of the home on 07/19/18 between 9:45 am and 10:30 am and on 07/20/18 at various times revealed: -The back porch was attached to an outdoor storage building. -The wooden porch rails and decking were worn with areas of raised, jagged wood exposed. -A portion of the hand rail 3 feet long, going up the steps appeared to have been replaced along with 6 spindles, with a green build-up on the remaining hand rails and decking. -There was an old discarded flat screen TV next to the hand rail. -There was a used, soiled box spring and mattress on the back porch walkway propped against the storage building in front of a side door. -There were 2 cardboard boxes, an old wicker chair with pieces of unwoven wicker, and a 5 gallon bucket sitting on the back porch walkway. -There was a 13 gallon trash can without a lid and no trash bag on the back porch. -There were 2 large garbage cans full of trash on the ground next to the back porch railing; the garbage cans had attached lids but were not covering the trash. -The space under the back porch and around the trash cans was littered with trash. -There was a piece of vinyl siding 8 feet long missing from the lower portion of the home beside the trash cans lying on the ground by the	{D 072}		

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{D 072}	Continued From page 3 foundation. -There was an old broken wooden chair next to the porch steps. -The door to access the crawl space was ajar; the lock was broken and a cinder block was on the ground next to the door. -To the left of the access door was a cable box which was uncovered; the cover was on the ground. -There were at least 10 beverage crates and 17 empty beverage bottles next to the foundation. -There was a second door to the crawl space, located behind the beverage crates and bottles; that was ajar, with no lock and a rock was on the ground in front of the door. -An electrical box was attached to the home slightly to the right of the beverage crates. It had a covered electrical outlet hanging from the box as well as an old, indoor rusted metal device box that was closed with frayed wiring and no grounding wire (a ground wire is an additional path for the electric current to return safely to the ground without danger to anyone in the event of a short circuit). -The grass and weeds along the side of the home and in the back porch area was tall, thick, and approximately 7 inches high. -There was trash scattered along the side and back of the home. E. Observation of the storage building connected to the home on 07/19/18 between 9:45 am and 10:30 am and on 07/20/18 at various times revealed: -There was a window with twelve panes to the left side of the building's porch; the glass was broken in one of the panes in the top half of the window. -There was a second window to the left of the porch with twelve window panes of which two were completely missing, and the glass was	{D 072}		

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{D 072}	Continued From page 4	{D 072}		

broken in a third. There was a hornet's nest inside the building next to this window. No flying insects were seen.
-There was a third window to the right of the porch; the glass was shattered to the bottom right corner window pane.
-There were cigarette butts and alcoholic beverage cans all over the ground next to the steps that led to the porch and door of the storage building.
-There were exposed wires hanging underneath the porch stoop from where a porch light used to be.
-The porch handrails were loose and not connected to the building.
-The door to the building did not have a door knob, only a deadbolt; the bottom of the door was damaged with the outer covering of the door lifted up from the right corner. The door was discolored with a singed discoloration and did not fit the door frame.

F. Observation of the back of the storage building and yard on 07/19/18 at 10:21am revealed:
-There was an access door to the crawl space of the building that had a broken lock; the door was ajar.
-The grass was tall and thick, and stood between 5-7 inches tall.
-There was a large recycling bin to the back left side of the storage building; an old, broken utility sink, 7 beverage crates and 13 beverage bottles were located behind the building.

G. Observation of the porch area and right side of the home on 07/19/18 at 10:22 am revealed:
-There was a porch and ramp to the side of the home that had areas of wood on the decking with jagged edges.
-The vinyl soffit was sagging in places along the

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{D 072}	Continued From page 5	{D 072}		

right side of the building.
-There was trash, beverage bottles, cigarette butts and guttering (full length down spout) underneath the porch.

Interview with a resident who resided in room #2 on 07/20/18 at 9:50 am revealed:
-The resident had only seen rodents outside.
-If rodents were inside, "I would not be here".

Telephone interview with a representative from the previous exterminator used by the facility on 07/20/18 at 10:20 am revealed:
-The company provided services from 08/06/13-05/03/17.
-The exterminator treated for bed bugs and rodents on several occasions.
-The representative was not able to provide specific dates of treatment.
-The exterminator did not treat the facility unless he was contacted by the facility; there was no scheduled routine visits.

Observation on 07/19/18 at 1:40 pm revealed:
-The mattress and box spring that was on the back porch had been moved to the side of the road.
-The television and white wicker chair were also moved from the back porch and were by the side of the road.

Observation on 07/20/18 at 10:25 am revealed the lids to the two garbage cans had been closed, and one large rodent was sitting on top of the closed lid of one of the trash cans.

Review of an Environmental Health Inspection report revealed the last inspection at the facility was dated 01/12/18 and the facility received 8 demerits with a status code A.

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{D 072}	Continued From page 6 Interview with the Supervisor on 07/20/18 at 2:17 pm revealed: -The Administrator used to pay a man to come mow the grass and pull the trash cans to the road. -"I can't pull the heavy trash cans to the road by myself." -The Administrator hired another man to mow the grass; he came every ten days or two weeks and he brought another man with him to pick up "a little trash" in the yard. -The vinyl soffit had been that way for a long time and the Supervisor had seen birds in there with baby birds in the nest. -The back porch had been replaced once before, but it had to be replaced another time not long after because nails were popping up from the wood. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -Staff had told her they had seen one rodent. -She had called the exterminator and he was coming back the first of next week. -The last sanitation report was from January 2017; it was done yearly. -She must have missed the trash when she was at the home earlier this week. It was picked up every week. -She had one maintenance staff who came when she called him. -There was another man who did lawn care every other week. -She would talk to the man who did lawn care again about picking up trash in the yard. -She did not know about the trash underneath the porch ramp and around the house and back porch. -The Administrator was not aware of the hole in	{D 072}		

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{D 072}	Continued From page 7 the vinyl soffit. The facility failed to maintain the outside grounds in a clean and safe condition as evidenced by multiple rodents on the back deck, missing soffit on the eave of the home which could allow for the entrance of vermin and bugs, a missing window screen, 4 broken shutters, hand rails and decking with raised jagged edges which could cause injury to the residents, a green build-up on handrails and decking, 3 crawl spaces with broken locks and ajar, an uncovered cable box, electrical box with frayed wiring and no ground wire, broken window panes, hornets nest, exposed wires under the porch stoop, loose hand rails, damaged door without a lock, grass that had not been cut, and trash around the exterior of the home creating a habitat for rodents. This failure was detrimental to the health and safety of the residents which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/20/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 3, 2018.	{D 072}		
{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;	{D 074}		

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{D 074}	Continued From page 8 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews the facility failed to ensure walls, ceilings, and floors were kept clean and in good repair in the hallway, 5 of 5 resident rooms, 1 of 2 community bathrooms, and the living room. The findings are: Observation of the hallway on 07/19/18 at 10:42 am revealed: -There was a 5 feet long by 4 inches wide dirty, grayish streak down the length of the wall that was worn and had missing paint. -The walls had black colored stains along both sides. -There was an area approximately 2 inches long and 1 inch wide of missing paint and sheetrock was exposed. -There were multiple brown stains on the floor and dust build-up along the shoe molding. Observation of the dining room on 07/19/20 at 10:45 am revealed the air vents were saturated with dust. Observation of Resident Room #2 on 07/19/18 at 10:20 am revealed there was a floor tile in front of the resident's closet that had multiple cracks as well as missing a section 6 inches long by 2 inches, exposing the wood floor underneath. Observation of Resident Room #3 on 07/19/18 at 10:28 am revealed multiple floor tiles around and under both beds had grayish brown stains on	{D 074}		

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{D 074}	Continued From page 9 them. Observation of Resident Room #4 on 07/19/20 at 10:30 am revealed there were multiple floor tiles throughout the room with dirty grayish brown stains. Observation of Resident Room #5 on 07/19/20 at 10:34 am revealed there were multiple floor tiles throughout the room with dirty, grayish stains on them. Observation of Resident Room #6 on 07/19/20 at 10:36 am revealed there were multiple floor tiles throughout the room with dirty, grayish stains on them. Observation of the men's bathroom on 07/19/18 at 10:31 am revealed: -The ceramic tile in front of and through the center of the first bathroom stall was spongy and soft when walked on. -There was a hard gray substance on multiple tiles throughout the bathroom. -There were multiple areas of the tile that had dark, black spots of dirt and grime. -The door hinge and post separating the bathroom stalls were rusted at the base. -There were rusted areas under the stall door handles and on the back of the door. -The baseboard at the bottom of the wall to the left just before entering the shower was missing paint leaving the wood exposed. -The grout around the base of the shower where it joined to the wall had a black substance on it. -There were multiple pieces of what appeared to be a blue colored soap on the shower floor. Observation of the living room on 07/19/18 at 11:00 am revealed there were multiple black scuff	{D 074}		

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{D 074}	Continued From page 10 marks on the walls. Interview with a resident on 07/19/18 at 2:35 pm revealed: -She straightened her room but staff swept and mopped it. -Staff swept and mopped the floors 2-3 times per week. Interview with a Medication Aide (MA)/Supervisor on 07/19/18 at 3:25 pm revealed: -Housekeeping was responsible for cleaning the home. -The walls were cleaned as needed. -The floors were swept and mopped daily by housekeeping. -She was responsible for letting the Administrator know when something had broken. -The Administrator had some floor tiles replaced. -If repairs needed to be made the Administrator would decide if and when they were to be made. Interview with the housekeeper on 07/19/18 at 3:40 pm revealed: -The resident rooms were swept and mopped daily. -The halls were swept and mopped daily. -The bathrooms were cleaned and mopped daily. -He dusted weekly and when needed. -He let the supervisor know when something needed to be fixed. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She expected staff to sweep and mop every day and dust once a week. -Staff were supposed to clean throughout the day. -She had one maintenance staff who came when she called him.	{D 074}		

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{D 074}	Continued From page 11 Review of an Environmental Health Inspection report revealed the last inspection at the facility was dated 01/12/18 and the facility received 8 demerits with a status code A. _____ The facility failed to ensure walls, ceilings, and floors were kept clean and in good repair as evidenced by cracked and missing floor tiles which could cause a trip hazard and dirt build-up on the floors in 5 resident rooms, the hallway, community bathrooms and living room. This failure was detrimental to the health and safety of the residents which constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/20/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 3, 2018.	{D 074}		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure 3 nightstands, 1 headboard, and 1 chair were in good repair in 3 of 6 resident rooms (Resident Rooms #2, #3 and #5).	D 076		

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D 076	Continued From page 12 The findings are: Observation of Resident Room #2 on 07/19/18 at 10:17 am revealed: -There was a nightstand, to the left of the first resident's bed, with missing varnish and several chipped areas exposing the fiberboard on the top of the nightstand. -The top of the nightstand had water damage with a black and white substance growing on it. -The nightstand next to the second resident's bed had multiple chipped areas on the top exposing fiberboard and at the bottom exposing wood. Interview with a resident residing in room #2 on 07/19/18 at 10:10 am revealed: -The Resident had been at the home for 3 months. -The nightstands had been like that since she had been there. -The resident had not complained about the broken furniture. Observation of Resident Room #3 on 07/19/18 at 10:28 am revealed the top railing of the headboard of the first resident's bed was broken completely exposing splintered, jagged edges. Observation of Resident Room #5 on 07/19/18 at 10:34 am revealed: - There was a wooden nightstand located to the left of the first resident's bed with two drawers that would not shut and were off track; there were chipped areas along the top wooden edge of the nightstand. -There was a leather chair in the middle of the room and the seat of the chair was torn in multiple places exposing the thread and foam beneath the leather. The seat had 3 small tears and 2 large ones. The smallest was 2 inches in	D 076		

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D 076	Continued From page 13 length and the largest was 12 inches long and 1 inch wide. Interview with a Medication Aide (MA)/Supervisor on 07/19/18 at 3:00 pm revealed: -She reported broken furniture to the administrator when items were reported to her and when she found any on rounds. -The night stand beside the first bed had been thrown out earlier in the day. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She was not aware of the broken headboard or the other furniture in the residents' rooms. -She had replaced furnishings in the past. -If something needed to be fixed, she called the maintenance man. -She monitored the facility 2-3 times per week for cleanliness and broken furniture.	D 076		
D 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least	D 087		

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	HAL001149	A. BUILDING: _____ B. WING _____	R 07/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANE ST RETIREMENT HOME	625 LANE STREET BURLINGTON, NC 27217

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D 087	Continued From page 14 once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain 2 mattresses and 2 box springs clean and in good repair and failed to maintain clean top and bottom bed sheets in 3 of 6 resident bedrooms (Resident Rooms #2, #3 and #5). The findings are: Observation of Resident Room #2 on 07/19/18 at 10:17 am revealed: -There were two holes in the first resident's mattress, one was about the size of a quarter and the second was approximately two inches around; the mattress had yellow and brown stains on the top and on the side. -The first resident bed did not have any bed linen on it. -The first resident bed did not have a protective sheet covering the mattress or box spring. -The second resident bed had a dirty yellow and brown stained pillow case covering the pillow. Interview with a resident in room #2 on 07/19/18 at 10:10 am revealed she changed her own bed linens and made her own bed; she had last changed them on 07/18/18. Observation of Resident Room #3 on 07/19/18 at 10:28 am revealed: -The mattress on the first resident's bed was worn and had multiple tears on it exposing internal threads and foam.	D 087		

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D 087	Continued From page 15 -The protective sheet covering the box spring was soiled and covered with gray, yellow, and brown stains. -The box spring on the second bed was sagging. Observation of Resident Room #5 on 07/19/18 at 10:34 am revealed: -The fitted sheet covering the mattress had what appeared to be a large dried urine stain yellowish brown in color on it. -The protective sheet covering the box spring was covered with black specks, small trash particles, and 2 spots that appeared to be moist with a grayish black substance on it. -The box spring on the first bed was sagging. Interview with a Medication Aide (MA)/Supervisor on 07/19/18 at 3:25 pm revealed: -It was housekeeping's responsibility to change bed linens and protective sheets on the mattresses and box springs. -Bed linens were supposed to be changed weekly and as needed. -She reported dirty worn out or torn mattresses to the Administrator. -The mattress from room #2 with the holes had been thrown out earlier in the day. Interview with a housekeeping staff on 7/19/18 at 3:40 pm revealed bed linens were changed weekly and as needed. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -Staff usually washed linens daily and she expected staff to at least wash the linens twice a week. -She had replaced linens and bed covers in the past. -She did not know about the mattress until the	D 087		

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D 087	Continued From page 16 Supervisor had told her on 07/18/18. -They had recently replaced three or four mattresses. -She monitored the facility 2-3 times per week for cleanliness.	D 087		
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements (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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure smoke detectors in 1 of 6 resident rooms (Resident Room #2) and 1 fire extinguisher were maintaned in a safe and operating condition. The findings are: Observation of the facility on 07/19/18 and on 07/20/18 at various times revealed the fire extinguisher located at the side exit door had not been checked monthly by staff since March 2018. Interview with a resident who resided in Resident Room #2 on 07/19/18 at 10:15 am revealed: -She had lived at the facility over 2 years. -Her smoke detector had been chirping for 2 months. -She had not told the staff the smoke detector was chirping. -The smoke detector had been chirping for so long she did not notice the noise.	D 105		

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D 105	Continued From page 17 Interview with the Supervisor on 07/20/18 at 2:17 pm revealed she had not heard the smoke detector chirping in Resident Room #2. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -The fire extinguisher was checked three weeks ago. -Staff should be doing monthly fire extinguisher checks. -Every resident room should have a working smoke detector, of course. -The smoke detectors were hard wired and had back-up batteries. -Staff should be checking the smoke detectors monthly. -She did not know the smoke detector in Resident Room #2 was making a chirping sound. -She would call the maintenance staff to come and check the battery, but she may have to call the alarm company.	D 105		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to assure 1 of 3 staff sampled (Staff B) had a criminal background check completed upon hire. The findings are: Review of Staff B, medication aide's (MA),	D 139		

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D 139	Continued From page 18 personnel record revealed: -She was hired in 08/01/13. -There was documentation of a statewide criminal background check on 09/08/11 and 01/25/12 from a sister facility. Interview with Staff B on 07/20/18 at 2:00 pm revealed she did not know she was required to have a new criminal background check when hired. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She was responsible for obtaining a criminal background check for all new staff. -She did not know she had to have a criminal background check for each facility if staff worked in more than one facility.	D 139		
D 176	10A NCAC 13F .0601 (a) Management Of Facilities 10A NCAC 13F .0601Management Of Facilites (a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.	D 176		

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D 176	Continued From page 19 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to assure the management and overall operations of the facility by failing to implement policies and procedures to monitor rules related to physical environment, housekeeping and furnishings, other requirements, other staff qualifications, personal care and supervision, nutrition and food service, activities program, and medication aide training requirements. The findings are: Observations of the facility from 07/19/18 to 07/20/18 revealed the Administrator was not present in the facility during survey. Interview with a resident on 07/20/18 at 9:50 am revealed she saw the Administrator about one time a month. Interview with the Supervisor on 07/20/18 at 2:17 pm revealed the Administrator was at the home once a week for two hours. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She had been coming to the home 2-3 times every week for 1-2 hours. -She had been at the home earlier this week. -She was responsible for the overall management. Non-compliance identified during the survey included the following rule areas:	D 176		

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D 176	Continued From page 20 1. Based on observations and interviews, the facility failed to maintain the outside grounds in a clean and safe condition as evidenced by multiple rodents on the back deck, missing soffit on the eave of the home, a missing window screen, 4 broken shutters, hand rails and decking with raised jagged edges, green build-up on handrails and decking, 3 crawl spaces with broken locks and ajar, an uncovered cable box, electrical box with frayed wiring and no ground wire, broken window panes, hornets nest, exposed wires under the porch stoop, loose hand rails, damaged door without a lock, grass that had not been cut, and trash around the exterior of the home creating a habitat for rodents. [Refer to Tag 0072 10A NCAC 13F .0305(m) Physical Environment (Type B Violation)]. 2. Based on observations and interviews the facility failed to ensure walls, ceilings, and floors were kept clean and in good repair in the hallway, 5 of 5 resident rooms, 1 of 2 community bathrooms, and the living room. [Refer to Tag 0074 10A NCAC 13F .0306(a)(1) Housekeeping and Furnishings (Type B Violation)]. 3. Based on interviews and record reviews, the facility failed to assure 1 of 2 medication aides sampled (Staff C) completed the 5, 10 or 15 hour medication training or had verification of previous employment before administering medication to residents. [Refer to Tag 935 131D 4.5(b) Ach Medication Aide Training and Competency Evaluation Requirements (Type B Violation)]. 4. Based on observations and interviews the facility failed to assure 3 nightstands, 1 headboard, and 1 chair were in good repair in 3 of 6 resident rooms (Resident Rooms #2, #3 and #5). [Refer to Tag 0076 10A NCAC 13F .0306(a)	D 176		

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D 176	Continued From page 21 (3) Housekeeping and Furnishings]. 5. Based on observations and interviews, the facility failed to maintain 2 mattresses and 2 box springs clean and in good repair and failed to maintain clean top and bottom bed sheets in 3 of 6 resident bedrooms (Resident Rooms #2, #3 ans #5). [Refer to Tag 0087 10A NCAC 13F .0306(a)(7) Housekeeping and Furnishings]. 6. Based on observations and interviews, the facility failed to assure smoke detectors in 1 of 6 resident rooms (Resident Room #2) and 1 fire extinguisher at the facility's side exit door were maintaned in a safe and operating condition. [Refer to Tag 0105 10A NCAC 13F .0311(a) Other Requirements]. 7. Based on record reviews and interviews the facility failed to assure 1 of 3 staff sampled (Staff B) had a criminal background check completed upon hire. [Refer to Tag 0139 10A NCAC 13F .0407(a)(7) Other Staff Qualifications]. 8. Based on observations, interviews and record reviews the facility failed to assure supervision was provided for 1 of 1 sampled resident (Resident #5) with a history of smoking in the facility. [Refer to Tag 270 10A NCAC 13F .0901(b) Personal Care and Supervision]. 9. Based on observations and interviews the facility failed to assure the ventilation hood, stove, crock pot, coffee pot, sinks, dish washer, counter tops, cabinets, ceilings and floors were clean, orderly, and protected from contamination. [Refer to Tag 0282 10A NCAC 13F .0904(a)(1) Nutrition and Food Service]. 10. Based on observations and interviews, the	D 176		

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D 176	Continued From page 22 facility failed to assure foods were protected from contamination in the refrigerators as evidenced by storing out of date and molded foods; not labeling, dating or repackaging foods, and thawing meat in the sink instead of the refrigerator. [Refer to Tag 0283 10A NCAC 13F .0904(a)(2) Nutrition and Food Service]. 11. Based on observation and interview, the facility failed to assure two fruit servings, which included a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each 6 ounces of juice were served daily. [Refer to Tag 0300 10A NCAC 13F .0904(d)(3)(B) Nutrition and Food Service]. 12. Based on observations, interviews, and record reviews, the facility failed to assure a minimum of 14 hours of planned group activities were provided each week. [Refer to Tag 0317 10A NCAC 13F .0905(d) Activities Program]. _____ The Administrator failed to assure that the management, operations, and policies of the facility were implemented to ensure the services necessary to maintain the residents' physical health were provided as evidenced by the failure to maintain compliance with the rules and statutes governing adult care homes, which is the responsibility of the Administrator. The Administrator failed to assure the management and overall operations of the facility by failing to meet and monitor rules related to several large rodents observed on the back porch, trash and garbage on the ground, freyed and exposed electrical wiring, loose hand rails and decking with raised jagged edges which could cause injury to the residents, cracked and missing floor tiles which could cause a trip hazard and dirt build-up	D 176		

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D 176	Continued From page 23 on the floors, a smoke detector not working in a resident room, a resident with a history of smoking in the facility, spoiled and undated food stored in the refridgerator, raw meats being thawed in the kitchen sink which was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/20/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED September 3, 2018.	D 176		
{D 270}	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION The Type A2 Violation is abated. Non-compliance continues. Based on observations, interviews and record reviews the facility failed to assure supervision was provided for 1 of 1 sampled resident (Resident #5) with a history of smoking in the facility.	{D 270}		

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{D 270}	Continued From page 24 The findings are: Observation of Resident Room #5 on 07/19/18 at 3:06 pm revealed: -There was a strong odor of cigarette smoke in the hallway from Resident Room #5. -There was one resident in the room, sitting on the first bed; the resident was holding a pack of cigarettes. -There were several burn holes in the resident's comforter that looked singed around the edges. Observation of Resident Room #5 on 07/20/18 at 9:30 am revealed: -There was a strong odor of cigarette smoke coming from Resident Room #5. -The door was ajar and no residents were in the room. Observation of Resident Room #5 on 07/20/18 at 10:20 am revealed: -There was a strong odor of cigarette smoke noted in Resident Room #5. -The resident shut the door to the bedroom. Attempted interview on 07/19/18 at 3:06 pm with Resident #5 was unsuccessful. Interview with a second resident in room #5 on 07/19/18 at 3:25 pm revealed when asked if residents smoked inside the facility he stated he did not feel comfortable answering questions. Interview with the housekeeper on 07/20/18 at 8:50 am revealed: -Smoking was only allowed outside the facility. -The residents were directed to dispose of their cigarette butts in metal cans outside. -He had smelled smoke inside the facility. When	{D 270}		

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{D 270}	Continued From page 25	{D 270}		

he had smelled a smoke odor he would inspect the facility and notify the Administrator.

Interview with the Medication Aide/Supervisor on 07/20/18 at 2:15 pm revealed:
-The residents were only allowed to smoke outside.
-She had caught Resident #5 smoking in the facility in the past.
-The facility staff only gave Resident #5 one cigarette at a time to decrease the risk of smoking unsupervised in the facility.
-The facility staff also took Resident #5's lighter at night to decrease the risk of Resident #5 smoking unsupervised in the facility.
-There were metal cans outside the facility for the residents to dispose of their cigarette butts.
-Resident #5 had been given a written warning regarding smoking in the facility but he continued to smoke inside.

Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed:
-There was a smoking policy.
-The residents were supposed to smoke on the front porch or side deck.
-Cigarettes were supposed to be disposed of in the metal cans.
-If a resident was caught smoking, they would receive a verbal warning. If the resident was caught a second time, a written warning would be given. If the resident was caught a third time, a 30 day discharge notice would be issued.
-Resident #5 brought in cigarette butts that he had smoked into his room.
-Every time the Administrator came to the facility, she checked room #5 but had seen no evidence of him smoking in the facility.

The facility's smoking policy was requested on

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{D 270}	Continued From page 26 07/20/18 and not provided.	{D 270}		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure the ventilation hood, stove, crock pot, coffee pot, sinks, dish washer, counter tops, cabinets, ceilings and floors in the kitchen and dining area were clean, orderly, and protected from contamination. The findings are: Observation of the kitchen on 07/19/18 at 10:52 am revealed: -The ventilation hood above the stove had sticky yellowish brown, greasy, grime built up on the top of it. -The stove top had areas of cooked food spattered about and the drip pans under the burners were coated with thick brownish black greasy build-up that had a large amount of a white powdery substance in them. -A crock pot sitting on top of the counter with food inside of it had a dirty greasy build-up on it. -There was a coffee pot that sat on the kitchen counter to the left of the sink that had some grimy build-up on it and the metal band at the bottom of the glass coffee pot had some built up of grime on it. There was leaked coffee and coffee	D 282		

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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 282	Continued From page 27 grounds boiling at the base on the coffee pot burner. -There was a 3 compartment sink which was full of dirty dishes in both end sinks with a pack of deli sliced chicken thawing in the center sink. - The front cover of the dishwasher had multiple areas of rust colored stains, and areas of exposed metal where the finish had worn off. -There were multiple cuts, too numerous to count, on the counter top. There were black substances in the cuts and many stains across the counter top. -The cabinets underneath the sinks were ajar; cleaning chemicals were stored inside the cabinet. -The pipes to the sink had leaked and the wood underneath the sink was rotted. -The recessed light above the sink was rusted in several areas and had multiple water stains surrounding the light on the ceiling. -There were multiple areas of cracked tile on the kitchen floor. -There were 2 floor tiles that were broken and had exposed wood; one floor tile was broken at the bottom left corner 4 inches from the seam and the second floor tile was broken along the bottom ranging from 1 inch to 3 inches in the bottom corners. Observation of the dining room area on 07/19/18 at 10:59 am revealed: -There was a brown and black dirt build up on the floor tile in the right corner of the room. -There was a 3 feet long by 1 inch wide streak of black smudges on the wall by the door leading into the kitchen. -The air vent on the floor was dirty and the grates were covered in dust. -There were various brown stains on the tiled floor.	D 282		

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D 282	Continued From page 28 -There was a brown stain by the ceiling light in the dining room 12 inches in length and 2 inches at the widest point. Review of an undated handwritten sign posted in the kitchen revealed: -The Administrator's name was on the bottom of the sign. -"Before leaving the kitchen, wipe out kitchen sinks, sweep floors, wipe off tables, counters, freezer and stove". -"SICs are responsible for (every time workers change) cleaning refrigerator (no leftovers)-wipe clean, wiping down stove, refrigerator front sides (no food), deep freezer (top, down front), and microwave cleaned daily". -"Keep stove top and knobs and front (of oven) clean". -"Keep cabinets wiped down weekly". Interview with the housekeeper on 07/20/18 at 10:15 am revealed the crock pot was used on 07/18/18 to cook a roast. Leftovers were not kept so they got thrown away. Interview with the medication aide (MA)/supervisor on 07/20/18 at 10:35 am revealed: -The housekeeper helped her clean the refrigerator. -She was responsible for the kitchen. She cleaned the kitchen weekly on Saturday. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She had one maintenance staff who came when she called him. -She expected staff to sweep and mop every day and dust once a week. -She had replaced air vent covers over the last	D 282		

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D 282	Continued From page 29 three months. -The refrigerator was supposed to be cleaned weekly and daily if needed. Review the Environmental Health Inspection report revealed the last inspection at the facility was dated 01/12/18 and the facility received a demerit score of 8. Two demerits were received for refrigerator temperatures and 4 demerits were received for food service and equipment. The addendum noted the leaking water pipe had soaked the wood inside the cabinet and both needed to be repaired.	D 282		
{D 283}	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure foods were protected from contamination in the refrigerators as evidenced by storing out of date and molded foods; not labeling, dating or repackaging foods, and thawing meat in the sink. The findings are: Observation of the kitchen on 07/19/18 at 10:51 am revealed there was a 32 ounce unopened package of deli sliced chicken breast thawing in the middle compartment of the sink (not in a bowl). The sink on the left hand side had 2 dirty	{D 283}		

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{D 283}	Continued From page 30 pots, one of which had water in it, and the sink to the right had dirty cups, mugs, silverware, measuring spoons and bowls in it. Observation of the refrigerator on 07/19/18 at 10:52 am revealed: -There was a gallon of milk with an expiration date of 07/11/18 which had soured. It had a foul odor as well as visible chunks in it. -There was a reusable plastic container that had peaches and pears in it. The fruit and juice had a slimy film on it and the container had a black substance on the inside of it. The container did not have a label nor a date as to when it was placed in the refrigerator. -There was a pitcher of water which did not have a lid and the pitcher had some dirt and a spot of a yellowish white substance on the side of the pitcher. -There was a white cardboard box which contained 18 sausage patties and the top layer of sausage had dried and discolored. The expiration date on the package was 06/29/18. -The first vegetable drawer contained 2 heads of cabbage and a head of lettuce. The cabbage had wilted and parts of it were yellowish brown and black; the head of lettuce had also wilted and was inside a grocery bag. -The second vegetable drawer contained 1 head of cabbage that had started to wilt. -In the door of the refrigerator were 2 containers of cream cheese that were 16 ounces each. The first one had been opened. The cream cheese inside had started to harden and turn a deeper yellow. The bottom of the container had an expiration date of 01/26/18. There were no labels or date as to when it had been opened. The second container of cream cheese had not been opened and had an expiration date of 03/13/18.	{D 283}		

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{D 283}	Continued From page 31 Observation on 07/19/18 at 11:00 am revealed the spoiled, outdated milk was poured down the sink drain, the 2 containers of outdated cream cheese were discarded in the trash, and the spoiled container of fruit was discarded in the trash. Observation of the kitchen on 07/20/18 at 8:30 am revealed a package of raw hamburger, in it's original packaging without a bowl, thawing in the middle sink. Observation of the refrigerator on 07/20/18 at 8:31 am revealed the leftover sliced deli chicken from 07/19/18 had been placed in the door and had not been repackaged, placed in a container, or labeled and dated. Interview with the housekeeper on 07/20/18 at 10:15 am revealed: -He was training to be a personal care assistant (PCA) so he helped start breakfast and helped clean the kitchen. -Leftovers were usually discarded in the trash. -When lunchmeat was opened but not consumed immediately, it was placed in a plastic bag then put in the refrigerator. No dates were used as the meat was typically consumed in a day or two. -Meat was taken out of the freezer and placed into a bowl for defrosting. Cold water was added to the bowl and then the bowl was set in the sink until the meat was thawed. Interview with the medication aide (MA)/supervisor on 07/20/18 at 10:35 am revealed: -When meat was defrosted the housekeeper took it out of the freezer and placed it in the refrigerator, then it got placed into the sink until thawed.	{D 283}		

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{D 283}	Continued From page 32 -Once sandwich meat was opened but not eaten; it was placed into a resealable baggie and stored in the refrigerator without labels or a date because it was eaten within 2 days. This had been done because sometimes the resident's wanted half a sandwich for a snack. -The housekeeper "usually helped me clean out the refrigerator"; it was done weekly on Saturday's. -"We normally do not have anything to label or date; the deli chicken was opened yesterday". -The refrigerator was wiped out 07/19/18. ` Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed food was to be thawed in the refrigerator. Review of the Environmental Health Inspection report revealed the last inspection at the facility was dated 01/12/18 and the facility received a demerit score of 8. Two demerits were received in food supplies and protection from contamination.	{D 283}		
D 300	10A NCAC 13F .0904(d)(3)(B) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried	D 300		

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D 300	Continued From page 33 or canned fruit. This Rule is not met as evidenced by: Based on observation, record review, and interviews the facility failed to assure two fruit servings, including a citrus fruit or a single strength juice containing 100% of the recommended dietary allowance of vitamin C in each 6 ounces of juice were served daily. The findings are: Observation of the facility's food supply on 07/19/18 at 10:51 am revealed: - There was no orange juice or any other juice available. - There were no oranges or other citrus fruit as well as no fresh fruit or canned fruit available at the facility. Interview with housekeeping staff on 07/20/18 at 10:15 am revealed: -He assisted with preparing breakfast and usually started around 7:30 am. -The food delivery service would bring fresh fruit when they delivered the monthly meat order. -There had not been any fresh fruit delivered with the past 2 orders. -The supervisor was told about not having fruit with the last 2 deliveries upon their arrival. -They had not had any fruit juice in about a month. -Some residents liked to eat fruit and drink juice. -He did not purchase the groceries for the facility. Interview with a resident on 07/19/18 at 10:10 am revealed:	D 300		

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D 300	Continued From page 34	D 300		

-The residents usually did not have fresh fruit or juice.
-She would like to have fresh fruit and juice.
-She had never requested staff to buy fresh fruit or juice.

Interview with the Medication Aide (MA)/Supervisor on 07/20/18 at 10:35 am revealed:
-The housekeeper usually started breakfast around 7:15 am.
-The food delivery service usually brought bananas and apples when they delivered the monthly meat order.
-Before the monthly food delivery, if the food supply was low, she would text the delivery service of what food was needed and the food service would deliver the food to the facility.
-She utilized the menu to determine what was needed to be ordered.
-Some months the facility did not get fresh fruit but they had canned fruit.
-The facility bought frozen apple and orange juice sometimes.
-"We ran out of fruit yesterday but someone is supposed to bring it today".
-The groceries were purchased according to the menu.
-She did not purchase the groceries for the facility.

A menu and substitution list was requested for the week of 07/16/18 through 07/20/18 from the medication aide on 07/20/18 at 10:30 am and was not provided.

Interview with the Administrator on 07/20/18 at 3:15 pm revealed:
-Staff did not shop for groceries for the facility.
-They received a large food order monthly and

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D 300	Continued From page 35 periodically would receive a small order weekly. -The food delivery service would send a person to the facility to order food according to the menu and would delivery the food ordered each month. -She did not know the facility did not have any fresh fruit or juice. -She was responsible for making sure the facility had a supply of food.	D 300		
{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 reviews, the facility failed to assure a minimum of 14 hours of planned group activities were provided each week. The findings are: Review of the July 2018 activity calendar	{D 317}		

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{D 317}	Continued From page 36 revealed: -There were 14 hours of activities offered each week. -Residents were scheduled for "work out" on 07/19/18 from 9:00 am-11:00 am. -Residents were scheduled for "headline news" on 07/20/18 from 8:00 am-10:00 am. Observation of the living room on 07/19/18 at 11:00 am revealed there were board games and puzzles available. Observations on 07/19/18 between 9:00 am and 11:00 am and on 07/20/18 between 8:00 am and 10:00 am revealed there were no activities being conducted at the facility. Interview with a resident on 07/19/18 at 10:15 am revealed activities were offered but not on a daily basis. Interview with the Supervisor/Medication Aide on 07/20/18 at 9:25 am revealed: -The Administrator completed the activity schedule. -She was responsible for providing activities for the residents. -On 07/20/18, the residents did not want to participate with headline news so she offered a walk outside instead. -To her knowledge the resident likes were not considered when making the activity schedule. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She was responsible for completing the monthly activity calendar. -She knew 14 hours of activities were required each week. -The Supervisor was responsible for making sure	{D 317}		

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{D 317}	Continued From page 37 activities were provided as scheduled on the activity calendar. -The Supervisor had taken the residents for a walk around outside instead of doing the posted headline news. -Activities should be provided as posted.	{D 317}		
{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 as related to physical environment, housekeeping and furnishings, Ach medication aide training and competency and management of facilities.. The findings are: 1. Based on observations and interviews, the facility failed to maintain the outside grounds in a clean and safe condition as evidenced by multiple rodents on the back deck, missing soffit on the eave of the home, a missing window screen, 4 broken shutters, hand rails and decking with raised jagged edges, a green build-up on	{D912}		

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{D912}	Continued From page 38 handrails and decking, 3 crawl spaces with broken locks and ajar, an uncovered cable box, electrical box with frayed wiring and no ground wire, broken window panes, hornets nest, exposed wires under the porch stoop, loose hand rails, damaged door without a lock, grass that had not been cut, and trash around the exterior of the home creating a habitat for rodents. [Refer to Tag 0072 10A NCAC 13F .0305(m) Physical Environment (Type B Violation)]. 2. Based on observations and interviews the facility failed to ensure walls, ceilings, and floors were kept clean and in good repair in the hallway, 5 of 5 resident rooms, 1 of 2 community bathrooms, and the living room. [Refer to Tag 0074 10A NCAC 13F .0306(a)(1) Housekeeping and Furnishings (Type B Violation)]. 3. Based on interviews and record reviews, the facility failed to assure 1 of 2 medication aides sampled (Staff C) completed the 5, 10 or 15 hour medication training or had verification of previous employment before administering medication to residents. [Refer to Tag 935 131D 4.5B(b) Ach Medication Aide Training and Competency Evaluation Requirements (Type B Violation)]. 4. Based on observations, interviews, and record reviews, the Administrator failed to assure the management and overall operations of the facility by failing to implement policies and procedures to monitor rules related to physical environment, housekeeping and furnishings, other requirements, other staff qualifications, personal care and supervision, nutrition and food service, activities program, and medication aide training requirements. [Refer to Tag 0176 10A NCAC 13F .0601(a) Management of Facilities (Type B Violation)].	{D912}		

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D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.	D935		

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D935	Continued From page 40 b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure 1 of 2 medication aides sampled (Staff B) completed the 5, 10 or 15 hour medication training or had verification of previous employment before administering medication to residents. The findings are: Review of Staff B, Supervisor/Medication Aide's (MA) personnel record revealed: -Staff B was hired on 08/01/13. -There was documentation Staff B completed a medication clinical skills validation on 07/01/13 and 08/01/13. -There was documentation Staff B successfully passed the written medication administration exam on 10/02/09. -There was no documentation of 5, 10 or 15 hour medication aide training completed by Staff B. -There was no documentation of employment verification for Staff B prior to beginning work as a MA at the facility. Interview with a resident on 07/19/18 at 1:30 pm revealed Staff B administered his medications. Interview with the Supervisor on 07/20/18 at 11:10 am revealed:	D935		

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D935	Continued From page 41 -She had worked as a relief staff in the Administrator's other facilities from 2000-2013. -The Supervisor came to the facility full time in August 2013. -She had taken the medication aide training course and could get a faxed copy. Telephone interview with the Administrator on 07/20/18 at 3:15 pm revealed: -She was responsible for ensuring medication aide training was completed. -Staff B had been working at her other facilities and she did not have a 5/10 or 15 hour medication aide training certificate. Interview with Staff B on 07/20/18 at 4:15 pm revealed: -The Administrator had been training Staff B in medication administration. -He did not recall any other training. Attempted telephone interview with Staff B on 07/20/18 at 3:00 pm was unsuccessful. The facility failed to assure Staff B provided an employment verification upon hire as working as a MA for the prior 24 months and received medication administration training prior to assuming unsupervised medication aide duties; which placed all residents at risk for medication errors. The facility's failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/14/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, September 3,	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001149	A. BUILDING: _____ B. WING _____	R 07/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANE ST RETIREMENT HOME	625 LANE STREET BURLINGTON, NC 27217

(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
D935	Continued From page 42 2018.	D935		