

Division of Health Service Regulation

PRINTED: 11/24/2021
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2021
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NAME OF PROVIDER OR SUPPLIER
WASHINGTON MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE
**609 WEST 2ND STREET
WASHINGTON, NC 27889**

(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 Beaufort County Department of Social Services conducted an annual survey on 11/02/21	D 000		
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 kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 4 fixtures in the common residents' bathroom located on the east hall with temperatures of 122.6° degrees F to 125.6° degrees F. The findings are: Observation of the common residents' bathroom on the east hall on 11/02/21 at 9:58am revealed: -The hot water temperature at the sink was 125.6°F. -The hot water temperature at the shower was 122.6°F. -There was visible steam coming from the running hot water in the shower.	D 113		

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

Quinda D. Abery
STATE FORM

TITLE
Administrator

DATE

12-12-2021

Reviewed & Acknowledged
- *Yvonne Wilson* 01/04/21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA0007018	IS MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2021
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NAME OF PROVIDER OR SUPPLIER WASHINGTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 600 WEST 2ND STREET WASHINGTON, NC 27889
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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)	NO. CORRECTED DATE
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D 113 Confirmed From page 1

Interview with a resident on 11/02/21 at 10:01am revealed:
 -He had added extra cold water to the hot water when it felt too hot.
 -He had not been scolded or burned because of the high hot water temperature.
 -He had not asked staff to turn down the hot water.

Interview with the Medication Aide (MA) on 11/02/21 at 10:11am revealed:
 -He did not know when he last checked hot water temperatures.
 -He had kept hot water logs and discarded all of the hot water logs about three weeks ago.
 -There were two different hot water heaters for the facility.
 -The regulation for hot water temperatures was 118°F to 125°F.
 -The residents who used the east hall common bathroom had not complained about the hot water being too hot.
 -He would place up a "Do Not Use" sign on the bathroom doors until he had adjusted the hot water temperature.
 -He would check the hot water heater and adjust the hot water temperature.

Observation of water thermometers being calibrated on 11/02/21 at 5:00pm revealed:
 -The MA and Surveyor's water thermometer were placed in a cup of ice water.
 -Both water thermometers temperatures were calibrated to 32°F

Observation of re-checked water temperatures 11/02/21 at revealed:
 -The "Do not Use" sign was not placed on the bathroom door.
 -At 5:08 pm, the hot water temperature at the sink

D 113

At the time of the survey our bathroom located on the east hall had a temperature of 122.6 in the shower. The sink in this same area was 126.6. Per resident interview he knew to add cold water, if the water felt too hot. He had never been scolded or burned due to the water being too hot. He had never ask staff to turn down the hot water due to it being too hot. Our manager immediately adjusted the temperature of our hot water heater on the east hall.

At 5:08 our manager checked the temperature and the sink was 100 degrees and the shower was 98.4 degrees. The manager made a slight adjustment to bring the temperature up. Staff had never had a complaint of the water being too hot.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IX1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007019	IX2 MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	OS1 DATE SURVEY COMPLETED 11/02/2021
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NAME OF PROVIDER OR SUPPLIER WASHINGTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 609 WEST 2ND STREET WASHINGTON, NC 27889
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OS1 ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IS PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	OS2 COMPLETE DATE
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D 113 Continued From page 2

in the east common bathroom was 100°F.
-At 6:09pm, the hot water temperature at the shower in the east common bath room was 98.4°F.

Interview with the Administrator 11/02/21 at 10:24am revealed:

- The residents had not complained to her about the hot water temperature.
- The hot water temperatures were 118°F to 120°F.
- The MA completed hot water temperature checks twice a month.
- The MA used to keep a hot water temperature check log
- The MA was responsible for checking and adjusting the hot water temperature.

Our plan of correction was to adjust the temperatures until it was on the proper degrees at the sink and the shower and to use a water temperature chart to monitor the temperatures. (I have included a copy of this chart.)

Completion Date: We arrived at the correct temperatures on 11-3-21. We have remained in compliance since this date.

D 234 10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunization

10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations

(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 2 of 3 residents sampled (Residents #1 and #3) were tested upon admission for tuberculosis (TB) disease in

D234 10A NCAC 13F .0703 (a)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007018	(K2) MULTIPLE CONSTRUCTION A BBLONG _____ B WWD _____	(K3) DATE SURVEY COMPLETED 11/02/2021
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NAME OF PROVIDER OR SUPPLIER
WASHINGTON MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE
**809 WEST 2ND STREET
WASHINGTON, NC 27889**

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D 234	<p>Continued From page 3</p> <p>compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current PL-2 dated 02/11/21 revealed diagnoses included mild intellectual and developmental disability, schizophrenia disorder and anxiety disorder.</p> <p>Review of Resident's #1 Resident Register revealed: -Resident #1 was admitted to the facility on 08/14/18.</p> <p>Review of Resident #1's record revealed: -There was documentation that a TB test was administered on 08/14/12 and read as negative on 08/16/12. -There was no documentation a second step TB test administered since Resident #1 was admitted to the facility on 08/14/18.</p> <p>Interview with the Medication Aide (MA) on 11/02/21 at 3:25pm revealed: -He had been employed as a MA for at least 10 yrs. -He was not aware Resident #1 needed a second step TB test because Resident #1 had come from another facility.</p> <p>Refer to interview with the MA on 11/02/21 at 3:25pm.</p> <p>Refer to interview with Facility Consultant on 11/02/21 at 5:16pm.</p> <p>Refer to interview with the Administrator on 11/02/21 at 12:30pm.</p>	D 234		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2021
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NAME OF PROVIDER OR SUPPLIER
WASHINGTON MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE
**600 WEST 2ND STREET
WASHINGTON, NC 27880**

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D 234

Continued From page 4

2. Review of Resident #2's current FL-2 dated 03/12/21 revealed diagnoses included dementia, schizoaffective, chronic obstructive pulmonary disease, chronic lower back pain, anxiety and hypertension.

Review of Resident Register revealed:
-Resident #2 was admitted to the facility on 02/18/21.

Review of Resident #2's record revealed:
-Resident #2 was admitted to the facility on 02/18/21.
-There was documentation that a TB test was administered on 02/18/21 and read as negative on 02/20/21.
-There was no documentation a second step TB test administered since Resident #2 was admitted to the facility on 02/18/21.

Interview with the MA on 11/02/21 at 12:25pm revealed he was aware Resident #2 had not completed a 2nd TB test.

Refer to Interview with Facility Consultant on 11/02/21 at 5:15pm.

Refer to interview with the Administrator on 11/02/21 at 12:30pm.

Interview with the MA on 11/02/21 at 12:25pm revealed:
-He and the Administrator scheduled appointments to have TB test completed.
-There is a Facility Consultant that completed record reviews every three months.
-He would schedule TB testing for Residents #1 and #2.
-The Administrator was responsible for ensuring

D 234

D234 10A NCAC 13F .0703 (a)
Tuberculosis Test
Two resident's records failed to have copies of their second TB skin test.
The plan of correction was to get the TB test done as soon as possible.
I have included the copies of both resident's TB skin test.
To prevent this from occurring again, we have set up a book with all residents TB skin test in it and it will be monitored by our consultant and the administrator.
Date of Completion: 11-15-21

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WASHINGTON MANOR

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WASHINGTON, NC 27889**

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D 234	Continued From page 5 all TB test were completed. Interview with the Facility Consultant on 11/02/21 at 5:15pm revealed: -She completed record reviews every 6 months. -The last record review was completed in August 2021. -She had over looked the 2nd step testing for Residents #1 and #2. -The Administrator was responsible to ensure all TB test had been completed. Interview with the Administrator on 11/02/21 at 12:30 am revealed: -There was a Facility Consultant who had reviewed the records at least every four months. -She had not been made aware of the TB testing not completed for Residents #1 and #2. -The MA was responsible for scheduling TB testing appointments. -She was responsible for ensuring all TB tested had been completed.	D.234		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1.007019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETED 11/02/2021
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NAME OF PROVIDER OR SUPPLIER WASHINGTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 609 WEST 2ND STREET WASHINGTON, NC 27689
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DATA 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)	% COMPLETE DATE
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D358	Continued From page 6 were available for administration for 1 of 3 sampled residents (Resident #1) related to medication prescribed as needed for chest pains. The findings are: Review of Resident #1's current FL-2 dated 01/14/21 revealed: -Diagnoses included dementia, hypothyroidism, hypertension, and hyperlipidemia. - Nitrostat 0.4mg was to be administered 1 tablet as needed (PRN) every 5 minutes to relieve chest pain. Review of Resident #1's September 2021 electronic Medication Administration Record (eMAR) revealed: -The Nitrostat 0.4mg had been administered for PRN to relieve chest pain. -There was not an entry as administered for the Nitrostat 0.4mg from 09/01/21 to 09/30/21. Review of Resident #1's October 2021 eMAR revealed: -The Nitrostat 0.4mg had been administered for PRN to relieve chest pain. -There was not an entry as administered for the Nitrostat 0.4mg from 10/01/21 to 10/31/21. Review of Resident #1's November 2021 eMAR revealed: -The Nitrostat 0.4mg had been administered for PRN to relieve chest pain. -There was an entry as administered for the Nitrostat 0.4mg from 11/01/21 to 11/02/21. Observation of medications on hand on 11/02/21 at 3:45pm revealed Nitrostat 0.4mg was not available to administer to Resident #1.	D 358	D358 10A NCAC 13F .1004 Medication Administration Resident # 1 was admitted to our facility 8-7-2018. He asked for one Nitrostat the week he was admitt during his admision time. We never since that date, have had him ask for a Nitrostat or complain of any chest pain. We have never sent him to his doctor or ever sent him to the emergency room with any complaint of chest pain. This resident is very capable of notifying us, if he is in pain or in need of anything. I am confused of the report stating he asked for a Nitrostat in September and it was not documented. There was no documentation 9-1-21 to 9-30-21	
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If continuation sheet 2 of 6

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MAL007019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/03/2021
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NAME OF PROVIDER OR SUPPLIER WASHINGTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 609 WEST 2ND STREET WASHINGTON, NC 27689
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D.358	<p>Continued From page 7</p> <p>Based on observations, interviews and record reviews it was determined Resident #1 was not interviewable.</p> <p>Interview with the Medication Aide (MA) on 11/02/21 at 3:49pm revealed:</p> <ul style="list-style-type: none"> -He had accidentally thrown the Nitrostat 0.4mg away on last week with the other expired medications. -He completed medication cart audits weekly. -He had not documented the medication cart audits. -He had not realized the Nitrostat was missing from the cart until 11/02/21. -Resident #1 had not requested the Nitrostat in over three years. -If Resident #1 had complained of chest pains, he would had call 911 for Resident #1. -He had not documented the Nitrostat 0.4mg had been discarded. -He called the pharmacy to refill the Nitrostat 0.4mg on 11/02/21 <p>Telephone interview with the local Pharmacist on 11/02/21 at 4:03pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 had an order for Nitrostat 0.4mg, as a PRN for 1 tablet every 5 minutes. -An order for Nitrostat 0.4mg was called in for a refill on 11/02/21 at 3:38pm. -The facility had not submitted documentation of discarding the Nitrostat. <p>Telephone interview with Resident #1's Primary Care Physician (PCP) on 11/02/21 at 3:57pm revealed:</p> <ul style="list-style-type: none"> -The Nitrostat 0.4mg had been prescribed as a safety precaution for someone with a history of chest pains. -The Nitrostat should be been replaced within 24 hours after being discarded. 	D.358	<p>because he did not ask for Nitrostat or complain of chest pain in the month of September.</p> <p>The month of October there was no request for the Nitrostat, so there was no documentation of it being given.</p> <p>The month of November the report states we documented we administered Nitrostat. I am including a copy of our November MAR And there is no documentation of us administering any Nitrostat.</p> <p>Report states resident # 1 was not interviewable. Maybe it is because we know him so well, we do not understand what this means. He is very alert and can tell you anything he is asked. He is hard of hearing! Maybe that is why he seemed he was not interviewable.</p> <p>Resident # 1 does have an order for PRN Nitrostat. At the time of the survey the manager had accidentally</p>	

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NAME OF PROVIDER OR SUPPLIER WASHINGTON MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 609 WEST 2ND STREET WASHINGTON, NC 27880		
(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-358	<p>Continued From page 6</p> <ul style="list-style-type: none"> -The staff could call 911 if Resident #1 experienced chest pains and the Nitrostat was not on site to be administered. <p>Interview with the Facility Consultant on 11/02/21 at 5:13pm revealed:</p> <ul style="list-style-type: none"> -She completed medication cart audits at least monthly. -She did not remember the date of the last medication cart audit. -During medication cart audits, medication had been compared to the current FL2 and physician orders. -She reported any discrepancies to the pharmacy. -All discarded and expired medications were to be documented and sent back to the pharmacy. <p>Interview with the Administrator on 11/02/21 at 4:19pm revealed:</p> <ul style="list-style-type: none"> -The MA had notified the pharmacy about expired medication which had been sent back to the pharmacy. -Medication that had been discarded had not been documented. -The MA had discarded the Nitrostat by mistake. -Staff did not need to notify her when medications had been discarded. -The MA was responsible for completing a medication cart audit weekly. -The Facility Consultant completed medication cart audits at least once a month. -All issues with medications had been reported to the pharmacy. 	D-358	<p>thrown it away. He immediately called the pharmacy and had it sent in the same day.</p> <p>Our consultant was called and she has done a complete review of all the meds and the cart. She did extensive training with our manager and he is very aware how to chart and return medication to our pharmacy that has expired or has been discontinued.</p> <p>To prevent this from happening again, we are going to have our consultant come in more often and we are scheduling some additional CEU classes for medication.</p> <p>The completion date is 11-3-2021.</p>	

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