PRINTED: 10/21/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY
		345172	B. WING			l	C / <b>24/2016</b>
NAME OF P	ROVIDER OR SUPPLIER	0.02	<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 03/	24/2016
TO UNIC OT TH	TO VIDER OR GOLF EIER				7 NORTH ELM STREET		
MERIDIAN	I CENTER				GH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
F 166 SS=D	During the review of a management team id of care. The survey t 9/23/16 to obtain add an extended survey. facility on 9/24/16. 483.10(f)(2) RIGHT T RESOLVE GRIEVAN A resident has the rig facility to resolve grie	tigation was done on 9/7/16. a deficiency, the agency 's entified substandard quality eam reentered the facility on itional information and to do The survey team exited the TO PROMPT EFFORTS TO CES  that to prompt efforts by the vances the resident may with respect to the behavior	F	166			10/21/16
	by: Based on resident areview of work orders log, the facility failed grievances to repair a pests in the facility artemperatures in resid sampled residents (R The findings included 1. Resident #5 was a 2/18/16. The cumulat hypertension and dia Set (MDS) dated 6/13 #5 's cognition was in assistance with activity During initial tour on a wheelchair at the sink work of the facility of the same set	air conditioners, eliminate and maintain comfortable ent rooms for 4 of 5 esident #2, #3, #4 and #5).  It dmitted to the facility on ive diagnoses included betes. The Minimum Data 8/16, indicated that Resident stact and required extensive			1. Resident #5's room (201) was deep cleaned on 10,5,2016. The personal far was cleaned by Housekeeping on 10/5/2016. AC Unit was cleaned on 9/30/2016. AC was repaired on 10/6/20 Resident's room was treated by Rentokill/Steritech for pests on 10/5/20 Resident #2's room (206) was deep cleaned on 10/5/2016. and the persona fan was cleaned by housekeeping on 10/5/2016. The AC unit was cleaned or 9/30/2016. AC was replaced on 9/7/20 Per interview with resident on 10/5/201 with Regional Nurse, the AC unit has no leaked since it was replaced but he prefers to use his fan. Resident #2 was offered a room change by Social Servicion 10/4/2016 and resident declined the	n 016. 16. 16. 6 ot	
ARORATORY I		SUPPLIER REPRESENTATIVE'S SIGNATUF	DE		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

10/07/2016 **Electronically Signed** 

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR M	<i>).</i> 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	` ′	SURVEY PLETED
		345172	B. WING			1	C / <b>24/2016</b>
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	2-72010
					07 NORTH ELM STREET		
MERIDIAN	I CENTER				IGH POINT, NC 27262		
0411.1=	CLIMMA DV CT	ATEMENT OF DEFICIENCIES	- 15		·		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
F 166	Continued From page	<u>.</u> 1	F	166			
			'	100	room change		
	her hair. She also had	The personal fan had a			room change.		
	heavy amount of dust				Resident #4 (Room 211) was deep		
		me and blades. Resident #5			cleaned on 10/5/2016. The AC unit was	e	
	_	nditioner blew out hot air and			cleaned on 9/30/2016. AC was repaire		
		maintenance person during			on 10/6/2016. Resident's concerns of		
	•	ummer. Resident #5 stated			in the cafe was treated on 10/6/2016 b		
		unning to get some sort of			new pest control company	,	
		d the maintenance person			Rentokill/Steritech.		
	never came back to c	· · · · · · · · · · · · · · · · · · ·					
	condition button was	pressed down on high cool,			Interview with NA#2 identified rooms the	nat	
	but hot air was blew f			blew hot air as: 251,113,206,132,209,2	210,		
	was very dirty with fo	od and dust throughout the			and 201. AC units were cleaned and		
	inside and out. Resid	ent #5 stated she was so hot			repaired by the maintenance departme	ent	
	_	th the warm days she			on 10/6/2016.		
		in her clothes and had to					
	· ·	her face and over her body			Interview with HK#4 identified rooms w		
		She didn 't see why she had			206, 210, 208, and 251. AC units were		
		th no air, the fan just gave a			cleaned and repaired by the Maintenan		
		ught it was the facility's			Department on 10/7/2016. Room 206		
	It should have been fi	those dang things working.			replaced by housekeeping and Assista Administrator (AA) on 9/7/2016.	ΠL	
		dated 7/26/16, documented			Administrator (AA) on 9/1/2010.		
		ditioner was not working and			Work order from 7/13/2016 for room 1	36	
		n the room for residents			AC unit was completed by Housekeep		
	even with fan.	in the room for residents			and Assistant Administrator on 9/15/20	5	
	During an interview o	n 9/7/16 at 7:23AM.			Work order from 7/18/2016 for room 2		
		indicated she reported to			AC unit will be replaced.		
		everal residents complaining			Work order from 7/26/2016 for room 20	01	
	that their rooms were				AC unit was completed.		
	conditions did not wo	rk. She stated, in particular,			Work order from 8/5/2016 for room 24	4	
		to her the air conditioner			AC unit was completed.		
	was not working. She	e stated when the air			Work order from 8/9/2016 for room 12	2	
		d on, condensation would			AC unit was completed.		
		ave to soak up the water			Work order from 8/10/2016 for room 24	49	
		I been going on since the			AC unit was completed.		
		ner and it still did not work.			Work order from 8/18/2016 for room 14	47	
	She stated when she	- <del>-</del>			AC unit was completed.		
	roaches or air condition	roaches or air conditioner concerns she reported			AC unit in room 132 was repaired on		

Facility ID: 923288

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(>	(X3) DATE SURVEY COMPLETED	
		345172	B. WING			C	
NAME OF D	ROVIDER OR SUPPLIER	040172	1	STREET ADDRESS, CITY, STATE, ZIP CODE		09/24/2016	
NAME OF FI	NOVIDER OR SUFFLIER						
MERIDIAN	I CENTER			707 NORTH ELM STREET			
				HIGH POINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 166	Continued From page	2	F 16	36			
	them to her supervisor						
	lifeth to fiel supervise	or or maintenance.					
	Nurse#4 stated there problems with air con the beginning of June complaining mainly o had been given sever written for air condition in resident rooms, so that were not working 249, 251, 201, 136 are that once the work or maintenance department the Maintenance Directory problems. Some resident to keep cool or there halls, just to cool thing reported these conceindividually, she was	unaware if any of the		The new pest control company Rentokill/Steritech treated rooms identified as having pests (Room 201,211,213, and 216) and the nourishment rooms on 10/5/2016 dining areas and soiled utility root treated on 10/6/2016.  2. The facility has contracted with pest control company, Rentokill/S beginning on 9/29/2016. On 10/5 meeting was held to discuss initiathe remaining resident rooms an of the facility.  The Housekeeping Supervisor w facility fans and clean as necess	ns: 6. The oms were hanew Steritech 5/2016 a al plan for different will monite ary.	or st	
	cumulative diagnoses chronic respiratory fa (MDS) dated 7/28/16 cognition was intact a with activities of daily During an observation Resident #2 was lying fan blew in his face. To checked and when the pressed down, it blew	dmitted on 1/28/14. The sincluded quadriplegia and ilure. The Minimum Data Set indicated Resident #2 and required total assistance living. In on 9/7/16 at 7:43 AM, gin bed with a dirty personal The air conditioner was the high cool button was to out hot air. On the inside of the was old food and trash		3. In-service for staff on 10/6/20′ new pest control company and procedures to identify any pest is the facility. Additional statement added to grievance form to be at maintenance work orders. Grieva will be brought to morning stand meetings 5 days a week for revie Interdisciplinary Team (IDT) to el maintenance work orders and grare completed timely. IDT will more residents each week to see if the any issues with room temperatur or any other concerns. They will all grievances weekly for 4 week times a month for 3 months. Main Director and Maintenance Assist	ssues in was tached tance log up ew by the nsure rievances onitor 8 ey have res, pest monitor as, then 2 ntenance	to e s ts,	
	Resident #2 indicated	I that he had reported the air rorking since the summer to		in-serviced on work order/grieval procedures. The Maintenance Di		vill	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345172	B. WING _			C 09/24/2016
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIF 707 NORTH ELM STREET HIGH POINT, NC 27262	CODE	3672-772010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 166	August. When the ai it leaked all over the towels to soak up all work order was give who did not do anyth Assistant Administrathe end of August ar fixed. The resident shows out hot air. The gets frustrated report that had not worked end up sweating to of fix it. There was no referred a room chan they kept trying to pahave just been told referred a room chan they kept trying to pahave just been told referred air cond. Review of maintenard documented air cond. Resident #4 was a 12/10/15. The cumul heart failure and hyp Data Set (MDS) date #4 cognition was intrassistance with active During an observation Resident #4 indicate maintenance several conditioner blew out so hot sometimes show to sometimes show to check on the room to check on the	ain in the beginning of r conditioner was turned on, floor and staff had to use the water on the floor. The n to the Maintenance Director ning about the unit. The tor also came in the room at not the problem was still not aid he had to use a fan that e Resident reported that he ting about the air conditioner all summer. He said, "You death because no one would eason it has taken this long then they have known about it ent #2 stated that no one ge or bothered to replace it, atch it up. "They basically not to turn it on".  Ince order dated 8/17/16, ditioner was leaking. admitted to the facility on lative diagnoses included pertension. The Minimum and 7/16/16 indicated Resident act and required total rities of daily living.	F 1	meet with Assistant Admi ensure work order compl manner.  4. Any trends observed b Director, Assistant Admir will be brought to QA memonths.	etion in a timely by Maintenance histrator, or IDT	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			C <b>09/24/2016</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		03/24/2010	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 166	maintenance man in  During an interview Aide (NA#1) on 1st employee and had been reported to  4. Resident #3 was cumulative diagnosi disease, restless sy Minimum Data Set indicated Resident required total assist  During an interview Resident #3 stated on and off during th really hot and you w open to get air in the maintenance about works when it wants it was ever fixed. Re seen bugs in his rod around the serving the room.  Review of work ord the air conditioner w  During an interview #1 indicated that rec conditioners in roon out hot air. She stat	on 9/7/16 at 6:41AM, Nurse floor indicated she was a new heard other residents and staff hot rooms due to broken air idicated there were a few conditioner didn't work, but she working on them once they to the Maintenance Director.  admitted on 3/15/16. The es included Parkinson's indrome and anemia. The (MDS) dated 7/22/16, #3 cognition was intact and ance with activities of daily.  on 9/7/16 at 12:10 PM, that his air conditioner worked e summer, that it would get would have to leave the door eroom. He stated he told it at least twice. He said, it is and he was not sure whether esident #3 stated he had not om, but in the dining room station and in the corners of	F 1	66			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345172	B. WING _			09/	24/2016
NAME OF P	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY,	, STATE, ZIP CODE	,	- 112010
MEDIDIAN	LOENTED			707 NORTH ELM STREE	ET		
MERIDIAN	ICENIER			HIGH POINT, NC 272	262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 166	F 166 Continued From page 5 fans, but they were upset that the rooms were too		F 1	66			
		ny the air conditioners were					
		All of these concerns were					
		nent and maintenance.					
		ing had been done for					
	months.	<b>3</b>					
	During an interview o	n 9/7/16 at 7:08 AM, NA#2					
	indicated that several	ndicated that several resident 's air conditioners					
	did not work and were blew out hot air. The NA						
		s (251, 113, 206, 132, 209,					
	· ·	stated some residents had					
	fans, but they blew ho						
		ed all summer long and no					
		ss the problem. Residents					
		were working on the air					
		one ever got back to them. room 206 was leaking lots					
	of water, so they turn						
		nd observation on 9/7/16 at					
	· ·	dicated the concerns with					
		t working has been going on					
	for a long time. Nurse operation of the air co						
	· •	nce by resident, staff and					
		ts had complained about the					
	air conditioners since	•					
		ew hot air to some and none					
	of the reported units h	nave been fixed.					
	During an interview o	n 9/7/16 at 8:38 AM, HK#3					
	indicated that residen	its had been complaining all					
		ot it was in their rooms and					
	the air conditioners no	•					
	reported to maintenar	nce.					
		n 9/7/16 at 9:06AM, HK#4 e was responsible for					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY LETED
		245470	D WING				C
		345172	B. WING _		_	09/	24/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
MERIDIAN	I CENTER			707 NORTH ELM STREET			
	. 02.1112.11			HIGH POINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	( (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 166	Continued From page	e 6	F 1	66			
F 166	cleaning the air conditions had air conditions had air conditions were in others. HK#4 reported heavily when the air cand HK#4 had to use water off the floor. The reported the issue set to look at it, but it was off most of the time at that blews hot air.  During an interview of Assistant Administration been aware of the perconditioners not work he was under the imperiantenance director orders and environmentated staff were experienced in the example of the percondition of the perc	tioners inside and e. HK#4 stated several oners that were not working, dentified 206, 210, 251 and d that room 206 floods conditioner was turned on blankets to absorb all the e resident in the room veral times. People came by s never fixed, so it was left and the resident used a fan  on 9/7/16 at 9:14 AM, the or (AA) indicated that he had est control issues and the air ing properly. He added that oression that the previous had worked on the work ental concerns. The AA ected to complete any work naintenance box and ordents should be cho lab service log book. d after doing a building deral outstanding work deen completed and the s had not been effective. whedged that residents had emperatures in the rooms able due to the broken air conditioners. The the maintenance director uired repair and report to	F 1	66			
	During an interview o	n 9/7/17 at 9:22 AM, the risor (HKS) indicated that					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345172	B. WING			C 09/24/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 707 NORTH ELM STREET HIGH POINT, NC 27262		33/24/2010	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 166	about resident report working and observare sident rooms, dining and nourishment room. The HKS added that responsible for manare and cleaning and report she recently assume monitoring and check past two weeks.  During an interview of and NA #4 indicated about the air condition and the fans blew ho concerns had been remaintenance and number of the maintenance and number of the maintenance indicated that when for were brought up and meetings the Maintenance indicated that when for were brought up and meetings the Maintenance indicated that when for the maintenan	ad reported concerns to her is about air conditioners not tions of roaches, bugs in grooms, nursing stations in during their clean ups. It is maintenance director was aging the pest control issues the pest control issues to the responsibilities of the responsibilities of the responsibilities of the responsibilities of the pest control issues to the responsibilities of the responsibilities of the responsibilities of the responsibilities of the pest complaints oners not working properly the air. Both NAs stated the reported to housekeeping, rising.  In 9/7/16 at 4:14 PM, the red that she was unaware cleaning was not being done Director. The Administrator acility/environment issues discussed in stand up the penance Director assured the thing resolved. The residents, staff or family concerns should be used and follow-up on within the Maintenance department of the for concerns about the terms. The Work Orders  "the air conditioner doesn't	F 10	66			

PRINTED: 10/21/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		345172	B. WING _		C <b>09/24/2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	09/24/2016
(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 APPROPRIED TO THE APPROPRIED CORRECTION OF THE	BE COMPLETION
F 166	working and extremel resident even with a f 7/26/16 (Room 201) working extremely ho with fan ", 8/5/16 (Room 244) " working", 8/9/16 (Room 122) " blowing in any cold ai 8/10/16 (Room) 249 c 8/18/16 documented conditioner did not blow Review of pest controdocumented giant roar room on tables. On 9 and crawling between rooms.  The Maintenance Direction of the control of the Maintenance Direction of the Ma	" the air conditioner was not y hot in the room for an", " the air conditioner not tin room for resident even the air conditioner not air conditioner unit was not r", checked air conditioner ", in (Room 147) " air ow out cold air".  Il service log dated 7/27/16 aches in nurse station, dining /3/16 roaches around sink a bed and walls of resident	F 1	66	
F 253 SS=F	MAINTENANCE SER  The facility must prov maintenance services sanitary, orderly, and  This REQUIREMENT by: Based on observatio interviews and review orders and cleaning of clean and repair air or (rooms 102, 104, 105	VICES ide housekeeping and s necessary to maintain a	F 2	Dirty AC units were identified in roon 102, 104,105, 109, 113, 114, 121, 11 122, 124, 132, 141, 147, 201, 206, 209, 210, 211, 213, 216, 217, 220, 22 222, 226, 231, 232, 233, 234, 235, 23 239, 244, 246, 248, 251. All AC units	7, 08, 21, 37,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		345172	B. WING			C <b>9/24/2016</b>
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 253	234, 235, 237, 239, and maintain comforesident rooms for 4 (Resident #2, #3, #4 clean 3 of 3 ice made clean the 4 of 4 ice clean the refrigerator rooms.  The findings included 1. The work orders for dated back to July 2 air conditioning systincluded: 7/13/16 (Room 136) work and blew hot a 7/18/16 (Room 216) working and extrem resident even with a 7/26/16 (Room 201) working extremely hwith fan ", 8/5/16 (Room 244) working ", 8/9/16 (Room 122) blowing in any cold 8/10/16 (Room) 249  During a tour of the from 6:30AM throug following areas were of dust and dirt inside	220, 221, 222, 226, 231, 233, 244, 246, 248 and 251) 2) reable room temperatures in a of 4 sampled residents and #5); the facility failed to chines; the facility failed to chest and facility	F 25	be cleaned by 10/8/2016 by Mai Department.  AC units identified as blowing he identified in the following rooms 132, 210, 216, 217, 220, 124. A were placed on list for replacem Maintenance Assistant cleaned repaired AC units in rooms: 117 141, 147, 201, 203, 208, 209, 2 221, 231, 234, 235, 246, 251.  AC in room 206 had a missing k had sharp metal piece of expose exposed. This unit was replaced 9/29/2016 by Property Manager Assistant Administrator.  2. Resident #5's (room 201) rood deep cleaned on 10/5/2016, the fan was cleaned by Housekeepi 10/5/2016. The AC unit was cleaned on 10/5/2016 and the pfan was cleaned by housekeepi 10/5/2016. The AC unit was cleaned on 10/5/2016. The AC unit was rep 9/7/2016. Per interview with Reg Nurse on 10/5/5/2016 the AC ur leaked since being replaced, bu prefers to use his personal fan. #2 was offered a room change of 10/4/2016 and resident declined change.  Resident #4's (room 211) room cleaned on 10/5/2016. The AC unit was rep	ot air were : 114, 124, Il units ient. and , 121, 122, 11, 213,  anob and ed button d on and m was e personal ing on aned on /2016.  was deep ersonal ng on elaced on gional nit has not at resident Resident on d the room was deep	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345172	B. WING				С
NAME OF D	DOVIDED OD CLIDDLIED	343172	B. WING_	CTDEET	TADDRESS SITY STATE ZID SODE	09	/24/2016
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
MERIDIAN	I CENTER				RTH ELM STREET		
				HIGH F	POINT, NC 27262		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 253	Continued From pag	e 10	F 2	53			
	of dust, dirt and pape				aned on 9/30/2016. The AC unit	was	
	or dust, dirt and pape	or maide the unit.			paired by Maintenance on 10/5/20		
	c. Room 105 air conditioner had a large amount			lep	raired by Maintenance on 10/0/20	, 10.	
	of dust and paper ins			Re	sident #3's (room 244) AC unit wa	as	
	or duot and paper inc				paired on 10/5/2016. The AC unit		
	d. Room 109 the a	ir conditioner had a large			aned on 9/30/2016. Resident had		
	I .	dust, paper products		1	ncerns of pest in the cafe. The car		
		ves, napkin scraps) and food			s treated on 10/6/2016 by new pe		
(bread) inside the unit.		it.		cor	ntrol company Rentokill/Steritech.		
	e. Room 113 air co	onditioner had large amount		Inte	erview with NA#8 identified AC ur	nits	
	of thick grey dust, pa	per products and food		tha	it blew hot air in rooms: 216, 246,	, and	
		from grapes) inside of the			<ol><li>The AC units were cleaned and</li></ol>		
		ner blew hot air while the			paired by the maintenance depart		
	high cool button was	pressed down.			10/6/2016. These units were put		
					to be replaced. Room 213. and 2	216	
		onditioner blew hot air when			re identified as having ants and		
		was pressed down. The		1	aches inside. These rooms were t		
		nount of grey dust, chips, rown matter on the knobs			Rentokill/Steritech on 10/5/2016.		
	1	had fallen off the front.			its in rooms :222, 226, 231, 233, 2 d 235 were identified as not functi		
	and the nont casing	nad failer on the nont.			pperly. These AC units were repai	•	
	g. Room 117, air c	onditioner blew hot air when		1 .	Maintenance Director. AC units i	-	
		was pressed down. There		I	oms: 222, 226, 231, 234, and 235		
	_	of grey dust, food particles,			aned but have no power.		
		of unknown particles and			•		
	napkin particles insid			Re	sident #10 and Nurse #3 noted th	nat AC	
				uni	its in rooms 222, 226, 234, and 23	35	
		onditioner blew hot air when		we	re not working properly. The AC ι	unit in	
	_	was pressed down. There		l l	nt of the nurses station was noted		
	products on the inside of the unit.			t working. All units were cleaned o			
				9/3	30/2016 and repaired on 10/6/201	6.	
				The	e ice maker in the employee brea	ık	
	when the high cool b	utton was pressed down.			om and the two in the kitchen were		
	There was a large ar	mount of thick grey dust and		cle	aned on 10/7/2016. The cleaning	j	
	I .	The plug was broken during			nedule was implemented on 10/6/		
	a follow-up observati	on.			be cleaned by the Dietary Departi		
				eve	ery two weeks or as needed. A ch	necklist	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDIN	IG		
		345172	B. WING			C
NAME OF D		345172	D. WING _		•	24/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
MERIDIAN	N CENTER			707 NORTH ELM STREET		
				HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 253	Continued From pa	Continued From page 11		253		
	-	conditioner blew out hot air	-	for the cleaning of ice mach	ines was	
	<b>'</b>	button was pressed down.		created and implemented or		
	_	amount of thick grey dust		The FSD will monitor complete		
		he unit was no longer working		cleaning schedule. All dietai		
	on the follow-up vis			in-serviced by FSD and Ass		
	•			Administrator on ice machin		
	k. Room 132 air d	conditioner blew out hot air		10/10/2016. The Maintenan	ce Director will	
	when the high cool	button was pressed down.		update the Tels program to i	include a deep	
		amount of thick grey dust and		clean and sanitizing of the id		
	dirt, trash (paper pr	oducts) inside of the unit.		every three weeks by mainte	enance.	
		conditioner blew out hot air		Two ice chests on the first fl		
		button was pressed down.		eon the second floor were c		
	_	amount of dust and dirt, trash		10/6/2016. It will be the resp	•	
	(paper products) ins	side the unit.		the Housekeeping departme		
	m Poom 147 air e	conditioner blew out hot air		and sanitize the ice chests of checklist was implemented		
		button was pressed down.		to be signed by housekeepe		
		amount of dust, dirt and trash		cleaning is complete. House		
	inside the unit.	amount of duot, dirt and traon		Supervisor will monitor com		
				Housekeeping Supervisor w		
	n. Room 201 air o	conditioner blew out hot air		staff on cleaning of ice ches		
	when the high cool	button was pressed down.		10/10/2016.	•	
	There was a large a	amount of dust, dirt and trash				
	inside the unit.			The refrigerator in 2 South N		
				room, 1 North nourishment		
		air conditioner had large		Homestead Nourishment ro		
		food particles on the inside		cleaned on 10/7/2016. The	-	
	and the front cover	would not stay attached.		the cafe was cleaned on 10		
	n Boom 206 air e	anditionar knob was missing		be the responsibility of the h		
	1 -	conditioner knob was missing and the sharp metal piece of		department to maintain clea refrigerators. Check off list f		
		cposed. The high cool button		cleanliness of the refrigerate		
		was a large amount of thick		initiated on 10/6/2016. The I		
		food on the inside of unit.		Supervisor will in-service sta		
	g. c, care, and and i			cleanliness of refrigerators t		
	q. Room 208 air o	conditioner blew out hot air			, <u></u>	
	'	button was pressed down.		2. A contract was started on	9/29/2016	
		amount of grey dust and food		with a new pest control com		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<u> </u>		
		345172	B. WING		09/24/2016	
NAME OF PI	ROVIDER OR SUPPLIER	l	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/2-1/2010	$\dashv$
				707 NORTH ELM STREET		
MERIDIAN	CENTER			HIGH POINT, NC 27262		
040.15	CLIMMA DV CT	ATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF CORR	ECTION (VE)	-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION	ON
F 253	Continued From page	e 12	F 25	3		
	(dried meat particles)	inside the unit.		Rentokill/Steritec. The company rooms 201, 211, 216, 213, 251,		
	r. Room 209 air co	nditioner blew out hot air		utility rooms, nurses stations, no	ourishment	
	when the high cool bu	utton was pressed down.		rooms, and restrooms on 10/6/2	016.	
	There was food (unkr	nown) inside the unit.		Rentokill/Steritech is scheduled		
				on 10/10/2016 to complete treat		
		nditioner blew out hot when		second floor and begin treatmen		
		on was pressed down. There of dust, dirt and trash inside		floor. They will treat in the facilit for one month, then biweekly the		
	uno anno			3. The staff will be in-serviced b	eginning	
	t. Room 211 air coi	nditioner blew out hot air		on 10/6/2016 on the new pest c		
		utton was pressed down.		company and procedures for ide		
	_	nount of dust and dirt inside		pest issues. Additional statemer		
	the unit.			added to grievance forms to be	attached	
				to maintenance work orders to i	_	
		nditioner blew out hot air		maintenance issues. The Interd		
		utton was pressed down.		Team will monitor 8 residents ea		
	_	nount of dust, dirt and trash		to check for any issues with pes		
	inside the unit.			temperatures, or any other cond		
	y Poom 216 air co	nditioner blew out hot air		IDT will monitor grievances wee weeks, then 2 times a month for		
		utton was pressed down.		months. Maintenance Director a		
		nount of dust, dirt and food		Assistant were in-serviced on 10	-	
	(old dried meat and b			on work order/grievance proced		
	(	,		Maintenance Director will meet		
	w. Room 217 air co	nditioner blew out hot air		Assistant Administrator weekly t		
	when the high cool bu	utton was pressed down.		work orders are addressed time	ly.	
	There was a large am					
	products and bread ir			4. Any trending issues will be br	_	
		r conditioner blew hot air		QA meetings for three months to	b be	
		utton was pressed down.		reviewed by QA Committee.		
		nount of grey dust there				
	were paper products,					
	particles on the inside	e and around the knobs.				
	y. Room 221 the ai	r conditioner blew out hot air				
	•	utton was pressed down.				
		nount of dust and paper				

Facility ID: 923288

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345172	B. WING		C <b>09/24/2016</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	, 30.2.2.2
(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 SHOUL) CROSS-REFERENCED TO THE APPROFIDE DEFICIENCY)	D BE COMPLETION
F 253	amount of trash and funit.  aa. Room 226 air cowhen the high cool buthere was a large amparticles inside the urbb. Room 231 air cowhen the high cool buthere was a large amparticles inside the urcc. Room 233 air cowhen the high cool buthere was a large amparticles inside the urdd. Room 234 air cowhen the high cool buthere was a large amparticles inside the uree. Room 235 air cowhen the high cool buthere was a large amparticles inside the urft. Room 237 air coof dust, dirt, trash (painside the unit.	r conditioner had a large food particles inside—the inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner blew out hot air atton was pressed down. Industry and food init.  Inditioner had a large amount per products) and food	F 25	3	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		345172	B. WING _			C 09/24/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	products/gloves) and of the unit and hot a pressed down.  ii. Room 246 the a when the high cool is There was a large a products, chips and unit and around the ij. Room 248 air camount of grey dust kk. Room 251 air of the high cool button was a large amount other particles) inside II. Resident #5 add 2/18/16. The diagnorand diabetes The M dated 6/13/16, indicated assistance with activation of the properson during the eart and dressed sitting in Resident #2 stated the thing and she report of the system. Resident down on high cool be the system. Resident during the summer of the system.	conditioner had trash (paper d food (candy) on the inside ir blew when cool button hair conditioner blew out hot air button was pressed down. In mount of grey dust, paper other food particles inside the knobs.  Conditioner had trash a large inside of the unit.  Conditioner blew hot air when was pressed down. There of dust and food (bread and e the unit.  In mitted to the facility on ses included hypertension inimum Data Set (MDS) ated that Resident #5 and required extensive	F 2	53		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED	
		345172	B. WING		09/2	24/2016	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	1 03/2	24/2010	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 253	just to get some air. Sto stay in the room wilittle bit of relief. "I the responsibility to keep The resident also said a long time ago."  During an interview of #1 indicated that residents reported the summer and the air common some residents reported the summer and the air common some residents had fathe rooms were too how conditioner not working concerns were report maintenance. Nurse done for months.  During an interview of Keeper (HK) #1 report responsible for cleanic conditioner unit. HK# maintenance about so that their rooms were conditioner did not work resident in room 206 conditioner not working on the floor would flood lot of towel to soak upgoing on since the eastill did not work.  During an observation Nurse #4 stated there problems with the air beginning of June who	ther face and over her body She didn't see why she had th no air, the fan just gave a aught it was the facility those dang things working. d'It should have been fixed  In 9/7/16 at 6:55AM, Nurse dents had reported the air were not working and had air. Nurse #1 stated several e rooms were hot all conditioners didn't work, ans but they were upset that out and why wasn't the air ng properly. All these ed to management and the stated nothing had been  In 9/7/16 at 7:23AM, House ted that maintenance was ing the inside of the air I stated she also reported to everal residents complaining too hot and the air ork. She stated in particular reported to her about the air ing and when it was turned and so bad you have to get a be the water. This had been rily part of the summer and it  In on 9/7/16 at 7:38AM, had been an on-going conditioners since the en residents 1st started in the 1st floor. Maintenance	F 25				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345172	B. WING				24/2016
NAME OF PR	ROVIDER OR SUPPLIER		1	70	TREET ADDRESS, CITY, STATE, ZIP CODE 07 NORTH ELM STREET IIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 253	working some of the 249, 251, 2016, 136 at that once the work or maintenance departn problems.	ent rooms that were not rooms were 132,244, 216, and 122. The nurse indicated der was submitted to the nent for air conditioner	F	253			
	The diagnoses includ failure. The Minimum 7/28/16, indicate Res intact and able to ma	was admitted on 1/28/14. led chronic respiratory Data Set (MDS) dated ident #2 was cognitively ke needs known. Resident stance with activities of daily					
	was lying in bed with face. The air condition the high cool button with blew out hot air. During an interview of Resident #2 was lying blew in his face. Resident #2 was lying blew in his face. Resident reported the air of since the summer to beginning of August. Was turned on it leaked had to use towels to affloor. The resident satto maintenance direct about the unit. Reside frustrating reporting a had not worked all sufficient was no reason or replace it when the summer ". Resident is summer."	g in bed with a personal fan dent #2 indicated that he conditioner was not working maintenance and again the When the air conditioner ed all over the floor and staff soak up all the water on the id the work order was given tor who did not do anything ent #2 reported that " it gets about the air condition that immer and you end up cause no-one would fix it. it has taken this long to fix ey have known about it all					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	(X3)	) DATE SURVEY COMPLETED
		345172	B. WING			C <b>09/24/2016</b>
NAME OF PI	ROVIDER OR SUPPLIER	1 000.2		STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	ı	09/24/2016
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 253	basically have just be the inside of the air and trash on the inside of the air and trash on the inside and trash on the inside of the air and trash on the inside of the air condition not wor long time. Nurse #5 in air condition not wor long time. Nurse #5 the air conditions and have been reported staff and families. The about the air conditions of the reported staff and families. The about the air conditions of the reported staff and families. The about the air conditions were provided fans the none of the reported dusting, sweep/mop trash, wipe down from the direction of the supervisor, mainteners and she concerns had been supervisor, mainteners about the air conditioners not supervisor, dusting, mop residents rooms and stated maintenance the air conditions insolutions in solutions. HK#4 adde conditioners that we	ring to patch it up. They een told not to turn it on. On conditioner there was old food ide.  In was unavailable for observation on 9/7/16 at adicated the concerns with the king has been going on for a indicated that the condition of d the on-going bug issue to maintenance by resident, the resident have complained ons since June and again at blow hot air to some and a ones have been fixed.  In 9/7/16 at 8:27AM, HK#2 apponsibilities included high/low poms, nourishment rooms, ower rooms. HK#2 stated that reported to the housekeeping ance on behalf of the rooms being too hot and the	F 2	53		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345172	B. WING _			C <b>09/24/2016</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 707 NORTH ELM STREET HIGH POINT, NC 27262	ZIP CODE	03/24/2010
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		DATE
F 253	reported that room 2 the air condition was used to absorb all the resident in the room times, people came I fixed so it was left of the side of the si	of room floods heavily when turned on and blankets were a water off the floor. The reported the issue several by to look at it but it was not f most of the time.  on 9/7/17 at 9/22/16 at eeping Supervisor (HKS) keeping Staff had reported ut resident reports about air ag. The HKS added that responsible for agair conditioners. responsible for cleaning the recently assumed the onitoring and checking these wo weeks.  Initted to the facility on oneses included heart failure the Minimum Data Set (MDS) atted Resident #4 cognition is ident required total ities of daily living.	F2	253		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDIN		MULTIPLE CONSTRUCTION  JILDING		(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			C <b>09/24/2016</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	on/off during the sur and you would have air in the room or a sabout it at least twic sure whether it was  During an interview Administrator indicated that when were brought up and meetings the mainteteam things were get During an interview identified several roor functional air con The rooms identified (213 and 216). The had been reported to management through During an interview identified the following air conditioners were 231, 233, 234 and 2 conditioners blew on pushed down.  During an interview and Nurse #3 indicated following rooms (22) not work properly arthe summer. In additional air conditioners were and nurse #3 indicated following rooms (22) not work properly arthe summer. In additional about the summer. In additional about the summer. In additional about the summer.	that his air condition worked mmer, it would get really hot to leave the door open to get fan. He told maintenance e, it works when it wants, not ever fixed.  on 9/7/16 at 4:14PM, the ted that she was unaware cleaning was not being done director. The Administrator facility/environment issues discussed in stand up enance director assured the etting resolved.  on 9/23/16 at 7:14AM, NA#8, oms that did not have working ditioners (216, 246 and 220). If with ants and roaches were NA indicated these rooms of maintenance and whout the summer.  on 9/23/16 at 7:36AM, NA#8 and resident rooms where the enot functioning (222, 226, 35). The NA stated the air at hot air when the button was on 9/23/16 at 7:45AM, NA#10 ted that confirmed the 2, 226, 231, 234 and 235) did and blew out hot air throughout tion the one air conditioner in there residents sat in front of	F2	53		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		· /	(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			C <b>09/24/2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	Assistant Administrathe identified rooms conditioner units had 122 and 124 units were identified that replace and the clear progress.  During an interview Property Manager i of the environmental maintenance directed a maintenance school address the enviror other buildings. The was not made awar maintenance had no conditioners until 9/  Maintenance Direct interview.  2. During an observathe ice machine lock was very dirty, mole outside of the machine and lid of the machine and lid of the machine and dirty lid surface obtaining ice from the surface obtaining ice from the surface obtaining ice from the surface of the machine ice from the surface obtaining ice from the surface obtaining ice from the surface of the form the surface obtaining ice from the surface of the surface of the surface of the surface of the surface obtaining ice from the surface of the surfac	ion on 9/23/16 at 9:31AM, the ator (AA) observed some of and confirmed the air id not been cleaned and Room were not working.  on 9/23/16 at 9:31AM, the ator stated that a list of units needed to be repaired and aning process was in  on 9/23/16 at 12:31PM, the indicated he was made aware at issues on 8/22/16 when the or was terminated. In addition edule was developed to immental issues with staff from a property manager stated he is the the preventive ot been done on the air	F 2	53		
	chest on the unit.  During an interview	on 9/7/16 at 7:08AM, Nurse ted that they did fill up the ice				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		ATE SURVEY DMPLETED
		345172	B. WING _			C <b>09/24/2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	or from the kitchen, or chest or ice machine had been moldy and sometimes you see to ice so you just scoop had been reported to the ice machine had brown/ black, yellow inside. Some of the ice machine was substance that touch buring an observation kitchen had two ice machine was substance that touch buring an observation kitchen had two ice machine with dry matter, edges of the lid when surface, also on the and the lid surface had the lid surface had the greasy, dried matter,	e from the employee lounge did not know when the ice had been cleaned last, but dirty for a long time, things floating in the frozen that out and throw it away. It management.  on on 9/7/16 at 7:11AM, on machine in employee lounge, black substance, dried matter and dried liquids ce in the machine was frozen in the inner part of the lid of very dirty grimy with a black	F2	PERICIENCY)		
	Registered Dietician Cook/Dietary Manag indicated that the ma responsible for clear monthly and houseke cleaning the ice ches nourishment rooms of indicated that the corresponsible for clear kitchen appliances in	(RD) and Executive er (ECDM), The RD aintenance department was aing all the ice machines eeping was responsible for				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	' '	OMPLETED	
		345172	B. WING _			C 09/24/2016	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 253	cleaning of the ice mice machines were wunknown dried matter. They both confirmed these machines and break room.  During an interview 9:22AM, the Housek indicated that The Hidirector was responsimachines.  During an interview Administrator indicated that the repairs and by the maintenance indicated that when were brought up and meetings the mainteteam things were get Maintenance Direct interview.  3. During an observative ice chest located with dried black/brow frozen in the ice.  During an interview Aide (NA) #2 indicated from the ice machine or from the kitchen, chest or ice machine been moldy and dirty you see things floating the server was a server with grief and the ice machine been moldy and dirty you see things floating these machines are the server was a server with grief and the ice machine been moldy and dirty you see things floating the server was a server was a server with grief and the server was a ser	ras no indication of the nachines. Both confirmed the rery dirty, grease with er on the inside and outside. I that staff retrieved ice from the one in the employee  on 9/7/17 at 9/22/16 at reeping Supervisor (HKS) KS added that maintenance sible for cleaning the ice  on 9/7/16 at 4:14PM, the red that she was unaware cleaning was not being done director. The Administrator facility/environment issues It discussed in stand up nance director assured the	F 2	53			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			C <b>09/24/2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	<b>'</b>	0012-4/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	ice chest on second on the inside and the matter inside.  During an interview Keeper (HK) #1 ind responsibilities were general area clean. unaware of houseked cleaning out the ice the ice machine in the ice machine in the ice chest brown/black matter in the ice.  During an interview indicated HK#2 indiresponsible for clear machine in the emptode machine in the emptode in the repairs and by the maintenance indicated that when were brought up an	ion on 9/7/16 at 7:17AM, two defloor had black/brown matter the frozen ice had black/brown on 9/7/16 at 7:23AM, House icated the housekeeping to keep the resident 's HK #1 stated she was beeping being responsible for the chest on the hall or cleaning the employee break room.  Ion on 9/7/16 at 8:04AM, on the first floor had around the edges and frozen on 9/7/16 at 8:27AM, HK#2 cated being unaware of being uning the ice chest and the ice bloyee lounge.  Ion 9/7/16 at 4:14PM, the ated that she was unaware cleaning was not being done at director. The Administrator facility/environment issues discussed in stand up	F 2			
	indicated that when were brought up an meetings the mainte team things were go.  4. During an observe refrigerator in the nesecond floor had dr.	facility/environment issues d discussed in stand up enance director assured the				

	IENT OF DEFICIENCIES  AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED			
		345172	B. WING _			C <b>09/24/2016</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 253	Continued From pag	ge 24 ut of the seams of the	F 2	53			
	refrigerator.  During an interview #3 indicated that hor for cleaning the refri rooms. Nurse #3 corefrigerator was dirty black brown in the vishelves. Small ants seams of the refrige During an interview Keeper (HK) #1 indiresponsibilities were general area clean. cleaned nourishmen refrigerators.  During an interview indicated HK#2 indicated HK#2 indicated HK#2 indicated HK#2 indicated HK Housek indicated that The Hidirector was responsible for clear machine in the employed was responsible for clear machine in the employed indicated that The Hidirector was responsible for clear conditions repairs an recently assumed the monitoring and check past two weeks.  During an observation of the service indicated on the service indicated in the past two weeks.	on 9/7/16 at 7:17AM, Nurse usekeeping was responsible gerators in the nourishment of and had dried dead bugs, egetable drawer, on the lower were coming out of the rator.  on 9/7/16 at 7:23AM, House cated the housekeeping to keep the resident 's HK #1 added she also at room floors and  on 9/7/16 at 8:27AM, HK#2 cated being unaware of being ning the ice chest and the ice loyee lounge.  on 9/7/17 at 9/22/16 at keeping Supervisor (HKS) KS added that maintenance sible for managing the pest ning ice machines and air and cleaning the inside. She he responsibilities of sking these task within the					

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) BUILDING (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8)		. ,	(X3) DATE SURVEY COMPLETED C			
		345172	B. WING _			09/24/2016	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		1 33/2-1/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 253	During an interview of Administrator indicated that the repairs and by the maintenance indicated that when were brought up and meetings the maintet team things were ge expectation was whe report concerns the addressed and resol working days.  During an interview #1 indicated that in resolution to bug, ant/roach issue buring an observation nourishment room rewith dried liquids and of the refrigerator. The sandwiches on the second buring an observation ourishment refriger dried food, liquids or crumbs with resident fruits etc.  During an interview of NA#9 indicated that responsible for clear confirmed the dried of the refor a while and the reformant reformant reformed the dried there for a while and the reformant r	on 9/7/16 at 4:14PM, the sed that she was unaware cleaning was not being done director. The Administrator facility/environment issues I discussed in stand up nance director assured the tting resolved. The en residents, staff or family concerns should be ved/follow-up on within five on 9/23/16 at 7:20AM, Nurse ecent in-services they were rould be responsible for ment room refrigerators clean rewould be addressing the on 9/23/16 at 7:22AM, The effigerator (2 south) was dirty diffood on shelves and base here were resident shelves.  On on 9/23/16 at 7:36AM, the ator on 2nd floor dining room in shelves, drawers, food it sandwiches, ice cream,  on 9/23/16 at 7:36AM, the she did not know who was hing the refrigerator and foods and liquids had been in the refrigerator was used for its and/or dining room food	F 2	53			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345172	B. WING _				C <b>24/2016</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 707 NORTH ELM STREET HIGH POINT, NC 27262	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIA		(X5) COMPLETION DATE
F 253 F 371 SS=F	nourishment room on sandwiches, soft coorefrigerator that was a food on the shelving at the same separation of the shelving and interview of the shelving and indicated she was responsible for cleaning refrigerator.  During an observation north nourishment roof food and liquids on shown/black matter end groves of the shelving During an interview of Administrator indicate and director were received with environment wood Maintenance Director interview.  483.35(i) FOOD PROSTORE/PREPARE/S	n on 9/23/16 at 7:50AM, the locked unit resident kies in plastic in the dirty with dried liquids and and in the drawers.  In 9/23/16 at 7:50AM, Nurse unaware of who was ing the nourishment  In on 9/23/16 at 9:10AM, 1 com refrigerator had dried nelves in drawers and incrusted in the edges an		253			10/21/16
	authorities; and (2) Store, prepare, disunder sanitary condit	ry by Federal, State or local stribute and serve food ions					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED
		345172	B. WING		C <b>09/24/2016</b>
NAME OF P	ROVIDER OR SUPPLIER	0.02		STREET ADDRESS, CITY, STATE, ZIP CODE	09/24/2016
				707 NORTH ELM STREET	
MERIDIAN	CENTER			HIGH POINT, NC 27262	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE.
F 371	Continued From page	e 27	F 37′		
	Based on observation record reviews, the far refrigerators in nourist clean 3 of 3 ice mach dining rooms and fact bags of French fries a chicken wings in walk the temperature inside to keep clean two plat trash can, one ice cremixer, one can open covers; failed to main one water sink disposedal/lead lifter mech hand washing water sink disposed in the control of th	ans, staff interviews and acility failed to clean 3 of 3 shment rooms; facility to sines; failed to clean 2 of 2 ility failed to label four plastic and one plastic bag of a in freezer, failed to control the of the walk in cooler, failed astic carts for dishes, one cam machine; one kitchen for and five plastic dishipatain working condition of sal mechanism and one manism for trash can near the sink, failed to clean one erator door and one grill in		1. Both ice machines in the kitchen are the ice machine in the second floor employee break room were identified a dirty, with dried black matter frozen to lid and inside the ice machines. The two ice machines in the kitchen and the ice machine in the staff break room were deep cleaned by Food Service Director and Dietary Aide on 10/7/2016.  All ice chests were identified as dirty a filled with the ice from the dirty ice machines. Nurses were noted using the ice from the dirty ice chests and the ice machines with he frozen dirt and grime contact with ice. All ice chests were cleaned and sanitized on 10/7/2016 by Housekeeping.	as the vo e in nd ne e e e in
	refrigerators in the not following items were a. During an observation the ice machine locat was very dirty, molde outside of the machine and lid of the machine matter on the surface full to capacity. The ice and dirty lid surfaces obtaining ice from the chest on the unit.  During an interview of Aide (NA) #2 indicate from the ice machine or from the kitchen, direction in the surfaces.	ns of the ice machine and purishment rooms the		All nourishment room refrigerators we noted to be dirty. Two with dead and libugs inside. All nourishment room refrigerators will be removed from the facility, cleaned, and placed back in the nourishment rooms by 10/13/2016. The ineffective pest control contract was terminated and a new pest control contract was signed and initiated on 9/29/2016. The new company is Rentokill/Steritech. Rentokill treated an nourishment rooms on 10/5/2016. All nourishment rooms were cleaned by Housekeeping on 10/4/2016.  The kitchen floor was noted to be dirty Several appliances were identified as dirty. Several utensils were found to be dirty, some with dried food on them. A	ve e e l

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILDIN			С	
		345172	B. WING _			09/24/2016	,
NAME OF P	ROVIDER OR SUPPLIER	1	1	STREET ADDRESS, CITY, STATE, ZIP C	ODE	03/24/2010	
				707 NORTH ELM STREET			
MERIDIAN	CENTER			HIGH POINT, NC 27262			
(V4) ID	QUIMMADV QT	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	COPPECTION	(X5	3
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		ION SHOULD B HE APPROPRIA	COMPLE	ETION
F 371	Continued From page	e 28	F 3	71			
	but had been moldy a	and dirty for a long time,		kitchen utensils, plates, tray	ys, cups, an	d	
		hings floating in the frozen		bowls were cleaned by Foo			
	ice so you just scoop	that out and throw it away ".		Director (FSD), Assistant A	dministrator	,	
	It had been reported	to management.		and Dietary Aides on 10/7/2	2016. On		
				10/10/2016 FSD and Assis	tant		
		n on 9/7/16 at 7:11AM, on		Administrator will conduct a			
		nachine in the employee		these items. All items ident		-	
		olack substance, dried		damaged will be discarded	•	on	
		matter and dried liquids.		10/10/2016. The kitchen, in	-		
		e machine was frozen with		appliances, will be deep cle			
		inner part of the lid of the ice rty and grimy with a black		10/9/2016 when the kitcher the evening by Food Service		)r	
	substance that touch			Second Shift Dietary Staff,		nt	
	Substance that touch	ed the lee.		Administrator.	and Assista		
	b. During an observa	tion on 9/7/16 at 7:17AM, the		, anniocrator.			
	_	urishment room on the		The thermometer in the wa	lk in freezer		
	_	ed dead bugs, black and		was unable to be located. [	Dietary Aide	#1	
		le drawer, on the lower		was unable to locate the th	-		
	shelves. Small ants v	vere coming out of the		take temperatures in the fre	ezer. The		
	seams of the refrigera	ator.		thermometer was mounted	in one,		
				central, easy to read location	on by Assist	ant	
	_	on 9/7/16 at 7:17AM, Nurse		Administrator.			
		sekeeping was responsible					
		gerators in the nourishment		Several frozen/raw food ite		ed	
		firmed the nourishment		to be missing labels and da			
	, ,	and had dried dead bugs,		complete audit of all food p		ie	
		ter in the vegetable drawer,		kitchen, freezer, refrigerato			
	of the seams of the re	. Small ants were coming out		storage was conducted by Administrator on 10/7/2016			
	of the scarns of the N	enigerator.		was identified as unlabeled			
	c. During an observa	tion on 9/7/16 at 8:04AM,		was disposed of. FSD purc			
	Nurse #5 opened the			more detailed food labels o			
		the first floor and several					
		her bugs were crawling out		Ice cream machine was no	ted to be dir	ty	
		efrigerator doors, dead ones		with build-up frozen on the			
		e/fruit tray, others were		cream machine was remov	ed from the		
	crawling around the v	wall base in the room and		facility indefinitely on 10/6/2	2016.		
	around the sink fauce	et with standing water					
	present. There were	several snacks and resident		One trash can with a foot le	ever was no	ed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ULTIPLE CONSTRUCTION  LDING		(X3) DATE SURVEY COMPLETED	
						С	
		345172	B. WING _		o	9/24/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD			
				707 NORTH ELM STREET			
MERIDIAN	N CENTER			HIGH POINT, NC 27262			
(V4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL  PR LSC IDENTIFYING INFORMATION)	PREFIX TAG		SHOULD BE	COMPLETION DATE	
F 371	Continued From pa	age 29	F 3	71			
	labelled foods store	ed in the refrigerator.		to be broken. The trash can w broken foot lever was replace 9/30/2016.			
	During an observa	tion on 9/7/16 at 8:15AM, the					
		e machines that were extremely		One disposal water sink was			
		r, some mold inside on the		out of service and broken. The	•		
	_	ere the ice touched the		sink was repaired by mainten	ance on		
		e inside the edges of the door		10/6/2017.			
		had dried yellow liquids and dinside. The outside was		All dining areas were noted to	ha dietu		
		er, liquids, molded surfaces.		All dining areas were noted to Bugs, dead and alive, were no			
	greasy, uneu maile	er, liquius, moided surfaces.		several of the dining areas. A			
	During an interview	on 9/7/16 at 8:15AM, the		areas/steam tables in the cafe	_		
	_	n (RD) indicated that the		noted to be dirty. Al equipmer			
	_	rtment was responsible for		areas were found to be dirty v	-		
	1	machines monthly and		built up food on them. All dinir			
	_	responsible for cleaning the		steam tables were treated for	-		
	ice chest, refrigera	tors and nourishment rooms		Rentokill technician on 10/6/2	016. All		
	on the units. The E	xecutive Cook/Dietary		dining areas, including all stea			
		ECDM indicated that the cooks		and equipment, were cleaned			
	and wiping down a	vere responsible for cleaning Il kitchen appliances including		staff and housekeeping on 10	·/7/2016.		
		per the kitchen cleaning		O. The Maint			
		riew of the checklist there was		2. The Maintenance director u	•		
		cleaning of the ice machines.		cleaning schedule through the program to include a deep cle			
		wn dried matter on the inside		cycle for all ice machines eve			
	T -	both confirmed that staff		months. Food Service Directo	•		
		hese machines and the one in		updated the current cleaning	, ,		
	the employee brea			include all ice machines to be			
				dietary staff bi-weekly. The up			
	During an interview	v n 9/7/16 at 9:14AM, the		cleaning schedule includes a			
	_	stant (AA) indicated that he		sheet to be signed by dietary	•		
		the concerns with bed bugs,		responsible for cleaning upon			
	and other pest issu	es and pest control service		A completion sheet is also att	ached to all		
	provider had recen	tly come to spray to address		ice machines for dietary aides	to sign		
		re expected to complete any		when cleaning is completed. I			
		ace in maintenance box, any		monitor ice machine cleaning	•		
	observations of bug	gs, rodents should be		for three months. Assistant Ad	dministrator		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			09	C // <b>24/2016</b>
NAME OF PI	ROVIDER OR SUPPLIER		<u>'</u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
MEDIDIAA	LOENTED			70	07 NORTH ELM STREET		
MERIDIAN	CENTER			Н	IGH POINT, NC 27262		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 371	Continued From pag	e 30	F3	371			
	The AA acknowledge	cho lab service log book. ed after doing a building ninating process for reported ot effective.			will monitor the completion sheets bi-weekly for three months and conduction one random audit of completion sheet month for three months.		
	Housekeeping Super The HKS stated that responsible for clean	on 9/7/16 at 9:22AM, the rvisor (HKS) indicated that maintenance director was ing the ice machines.			Housekeeping Supervisor (HKS) creat and implemented cleaning schedule fo ice chests to be power washed and sanitized daily by housekeeping staff. new schedule includes a completion sl	r all The neet	
	refrigerator on the se	on 9/7/16 at 10:30AM, of the econd floor resident dining d ants were on the shelves eks.			to be signed and dated by housekeepe when cleaning is complete. HKS will monitor ice chests cleaning daily for or month, three times a week for one mon and weekly for one month. The Assista	ne nth,	
	Administrator indicat that the repairs and oby the maintenance	on 9/7/16 at 4:14PM, the ed that she was unaware cleaning was not being done director. The Administrator			Administrator will conduct two random audits per month of the ice chests and cleanliness for three months.		
	were brought up and	facility/environment issues discussed in stand up nance director assured the tting resolved.			Housekeeping Supervisor (HKS)create and implemented a cleaning schedule all nourishment rooms, including the refrigerators, to be cleaned daily, deep cleaned once a month, and a completi	for	
	following items were a. On 9/23/16 at 6:0 tour, the entire kitche with dry food spots o	servation on 9/23/16, the found: 0 AM, during the kitchen en floor was observed dirty f different color and crumbs. M, during an interview,			sheet to be signed by housekeeper who cleaning is completed. HKS will audit nourishment room and nourishment rorefrigerator cleanliness weekly for three months.	ien om	
	Kitchen Aide #1 and kitchen floor needed b. On 9/23/16 at 6:05 of the walk-in cooler, was covered with the temperature inside " mounted to the door,	Cook #1 stated that the to be clean all the time.  5 AM, during the observation the outside thermometer label, indicated " see . The temperature log, was up to date. There was de of the walk in cooler.			FSD revised kitchen cleaning schedule include a detailed list of all kitchen appliance and utensils. The revised schedule contains a completion sheet be signed by dietary staff after cleaning assignment is completed. FSD will monitor kitchen cleanliness, including a appliances and utensils, daily for three months. Assistant Administrator will	to g	

Facility ID: 923288

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345172	B. WING		C 09/24/2016	
NAME OF P	ROVIDER OR SUPPLIER	0.02		STREET ADDRESS, CITY, STATE, ZIP CODE	1 09/24/2016	
NAME OF T	TO VIDER OR OUT FEEL			707 NORTH ELM STREET		
MERIDIAN	CENTER					
				HIGH POINT, NC 27262		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION	
F 371	Continued From page	: 31	F 37	1		
F 371	On 9/23/16 at 6:05 Al Kitchen Aide #1 state needed to be inside of Last time she observed walk in cooler two day.  c. On 9/23/16 at 6:10 of walk in freezer, the French fries and one with no label/date. On 9/23/16 at 6:10 Al Kitchen Aide #1 state be labeled and dated d. On 9/23/16 at 6:15 there were one ice creats for dishes, one the mixer, one can opened covers found dirty with spots. On 9/23/16 at 6:15 Al Kitchen Aide #1 state equipment needed to that mixer and can opyesterday. e. On 9/23/16 at 6:20 Al Kitchen Aide #1 state equipment needed to that mixer and can opyesterday. e. On 9/23/16 at 6:20 Al Kitchen Aide #1 state equipment needed to condition. She confirm disposal was out of or and trash can was brown f. On 9/23/16 at 6:25 of dining area number of the condition of the confirm disposal was out of or and trash can was brown for the condition of the confirm disposal was out of or and trash can was brown for the condition of the confirm disposal was out of or and trash can was brown for the condition of the confirm disposal was out of or and trash can was brown for the condition of the con	M, during an interview, d that the thermometer f walk in cooler all the time. ed thermometer inside of /s ago.  AM, during the observation re were four plastic bags of plastic bag of chicken wings  M, during an interview, d that all the food needed to in the freezer.  AM, during the observation, eam machine, two plastic rash can lead, one kitchen er and five plastic dish h dry food and dry liquid  M, during an interview, d that all the kitchen be cleaned. She confirmed tener were used last time  AM, during the observation, chen equipment: one water ism and one trash can with and washing water sink. M, during an interview, d that all the kitchen be kept in working ned that the water sink der for about two weeks oken longer.  AM, during the observation r 1, there were steam line,	F 37'	monitor kitchen cleanliness, including appliances and utensils, daily for one month, weekly for one month, and conduct two random audits of kitchen cleanliness during the next month. The Registered Dietician (RD) will conduct sanitation rounds of the kitchen weekly three months, then monthly thereafter FSD will monitor temperature logs dain for one month, weekly for one month, conduct two random audits during the next month.  The FSD updated the assignment for dietary aide responsible for unpacking stocking the weekly raw food delivery include an audit of proper dating and labeling for all on hand inventory. FSD monitor labeling and dating of food products weekly for three months. The Assistant Administrator will conduct random date/labeling audit two times a month for three months.  FSD created and implemented complessheet to be completed by dietary aide responsible for post serving equipmer cleaning and cafe cleaning upon completion. FSD will monitor post servequipment and cafe cleaning daily for month, and conduct random audits we for two months.	e ; y for . ly then  the j and to ) will e a etion at ving one eekly	
	refrigerator door/table food debris, dark brow	and the grill found dirty with		FSD and Assistant Administrator on proper ice machine cleaning by 10/10/2016.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345172	B. WING			C <b>9/24/2016</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	•	3/24/2010	
				707 NORTH ELM STREET			
MERIDIAN	I CENTER			HIGH POINT, NC 27262			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 371	Continued From pag	e 32	F 3	71			
		ed that the steam line,					
	refrigerator and grill i	n the dining areas needed to		All nurses and CNAs will att	end and		
	be cleaned.			complete in-service on appr	•		
	•	5 AM, during the observation		chest cleanliness standards			
	_	ımber 1, Kitchen Aide #1		of Nursing, Nurse Educator,			
		om was ready to serve meals.		Administrator by 10/13/2016	i.		
	·	le was observed with and food crumbs. The steam		All dietary staff will be in-ser	wiood by ESD		
	, ,	e dirty with old food debris		and Assistant Administrator	•		
		r. The refrigerator and table		temperature logs procedure			
	grill were observed w	rith old dry food, dark and food crumbs around the		and expectations by 10/10/2			
	equipment.			All dietary staff will be in-ser	viced by FSD		
		M, during an interview,		and Assistant Administrator			
	Kitchen Aide #1 state	ed that the second shift staff		labeling regulations and pro	cedures by		
		cleaning the dining room, e, grill and refrigerator.		10/10/2016.			
		5 AM, during the breakfast in		All dietary staff will be in-ser			
	_	per 1, the steam line table		and Assistant Administrator	• •		
	I -	food. The top table was dirty		kitchen cleaning procedures			
		e pans ' leads were with old		updated cleaning schedules	by		
		gerator and table grill were		10/10/2016.			
		y food, dark brown/black s around the equipment.		All diotary staff will be in ser	wicod by ESD		
		during an interview, the		All dietary staff will be in-ser and Assistant Administrator			
		at nobody cleaned the dining		utensil, plate, tray, cup, and	• •		
		en equipment this morning.		procedures by 10/10/2016.	bowi cicariing		
		he food debris and food		procedures by 16/16/2016.			
		ole, refrigerator and table		Housekeeping Supervisor o	r FSD will		
		hat second shift staff was		in-service all dietary staff on			
	responsible for clean			and post serving equipment			
	9/23/16 at 10:10 AM,	during an interview, Kitchen		procedures by 10/10/2016.	-		
	· ·	ne did not clean the steam					
	-	table grill in the dining room		Housekeeping Supervisor	•		
		ng because he was behind		and discuss any issues or tr			
	with breakfast.			discovered during monitorin	<b>O</b> 1		
		during an interview, Cook		Committee for review at mo	nthly QA		
		was busy last night and did		meetings for three months.			
	I not mark the kitchen	cleaning assignments as	1			1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			, ,	(X3) DATE SURVEY COMPLETED	
					;
	345172	B. WING		09/2	4/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
			707 NORTH ELM STREET		
MERIDIAN CENTER			HIGH POINT, NC 27262		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 371 Continued From page	e 33	F 37	1		
done. The cook state were responsible for equipment in the dini was not aware of the this morning.  Record review of the 24th of September 20 marked with initials a 9/20/16. The 9/21/16 schedule were not m 3. During an observat south (satellite kitche following items were on the tables in the ditems were on the floroom: paper products gloves), food from prosatellite steam tables pans that had standir floating bread inside. The steam tables/tray black and brown mat surfaces. The soup shad left over food and the inside and dried foutside. There were adaptive/sectional plate the counter surface. Volumes of caked on burnt bread inside and bread particles on the counter top. The waff mixture on the inside food on the floor undo During an observation second floor (satellite following items were	d that the kitchen aides cleaning of the kitchen ng room number 1 and she dirty dining room condition kitchen daily from 19th to 016 revealed that it was s done on 9/19/16 and and 9/22/16 cleaning arked as done. ion on 9/23/16 at 6:15AM, 1 n) and dining room the found: several dirty dishes ining room, the following or and tables in the dining or and tables in the dining s (straws, napkins, used evious meals, crumbs. The had a three section of silvering water, food and bread. The counter top surrounding s also had old dried food, ter encrusted in the ection of the steam table d plastic wrapping stored on food and liquids on the	F 37	Food Service Director, Assistan Administrator, and Registered E will present and discuss any iss trends discovered during audits monitoring to QA Committee for monthly QA meetings for three	Dietician ues or and review at	

	OF DEFICIENCIES CORRECTION				(X3) DATE SURVEY COMPLETED	
		345172	B. WING _			C 09/24/2016
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 371	particles, cereal, and hard chunks of mean napkins and smashe the tables. The three lids and base had drencrusted on the survey water with bread and in the water. The soon had dried foods/liqui plastic wrap, straws inside. The sink drai on the inside and the food crumbs. The Pahad a burnt piece of the inside, the surrout cheese and black ar grill area and on the burnt cheese left over had dried waffle mix out, crumbs and encaround the surface. with left over crumbs small ants on the suspectional plates loca ants were coming from surfaces. The Direct present during part of During an interview of Director of Nursing (condition of the dinires.)	nounts of encrusted food d bread, brown and black to Paper products (straws, ed cups) on the floor under election steam table silver fied food and liquids face. There was standing dother food particles floating up section of the steam table ds inside and out. There was and food stored on the narea had food particles left eletop surface of the sink had anini supreme warmer/grill grilled cheese toast left on unding surfaces had burnt and brown matter on the inside outside where spillage and er. The two waffle machine tures left on the inside and trusted black/brown matter. The counter tops were filled as, broken pieces of bread and rfaces. There were 11 clean ted on the counter where om the encrusted counter or of Nursing, DON was	F3	· · ·		
	closed down. The D was for the kitchen s room after resident r prep areas were clea	ON indicated the expectation staff to clean up the dining meals and ensure the food an and orderly at the end of room would be closed down				

(X3) DATE SURVEY COMPLETED
C 09/24/2016
E, ZIP CODE
AN OF CORRECTION (X5) /E ACTION SHOULD BE COMPLETION ED TO THE APPROPRIATE DATE ICIENCY)
n was deep cleaned rsonal fan in this Housekeeping on as cleaned on epaired on ent room was treated for pests on  as deep cleaned on an was cleaned by 5/2016. The reated for pests by 10/5/2016 and 5.  s in the facility were /2016. ated all the
n n l a e e f

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345172	B. WING				24/2016
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	24/2016
TO UNIC OF TH	TO VIDER OR OUT FEET				77 NORTH ELM STREET		
MERIDIAN	CENTER				IGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 469	Continued From pag	e 36	F4	169			
	Set (MDS) dated 7/1	6/16, indicated Resident #4			will be treated weekly for the next mon	h.	
	• •	and required total assistance			then biweekly thereafter.	,	
	During an abasmustic	n on 0/7/40 of 40:40DM			The refrigerator on 2 South, Homestea		
		on on 9/7/16 at 12:10PM, her room watching television.			and 1 North were cleaned on 10/6/201 The refrigerator in the cafe was cleane		
		d her hand to shake and			on 10/7/2016. It will be the responsibili		
		nts crawling up her arm as			the housekeeping department to	y Oi	
		f her arm. There were a pile			maintenance the cleanliness of the		
		onditioner unit where there			refrigerators. Completion sheets for		
	had been food left or	n the floor and in the air			cleaning the refrigerators were initiated	on	
	condition unit.				10/6/2016. The Housekeeping Supervi	sor	
					will in-service staff on proper refrigerate	or	
		on 9/17/16 at 12:10PM,			cleaning by 10/10/2016.		
		nat ants and other bugs were					
		ne. She stated housekeeping			The second floor dining room was shull		
		side of her bed to clean.			down on 9/27/2016. Echolab treated the		
		d that bugs and things have d the room for a while. She			dining room on 9/27/2016. The cafe wa evaluated by Rentokill/Steritech on	15	
	_	d maintenance several			10/5/2016 and treated on 10/6/2016.		
	•	e ants, bugs. This has been			Additional treatments are scheduled fo	r	
		ummer. The maintenance			10/10/2016, 10/13/2016, and 10/14/20		
	man never came bac				Rentokill/Steritech will return to the fac		
					weekly for one month, then on a biwee		
	During an interview of	on 9/7/16 at 6:41AM, Nurse			basis thereafter. All cooking utensils ha	ive	
	Aide (NA#1) on 1st f	loor indicated she was a new			been removed and cleaned by Dietary		
	employee and had h	eard other residents and staff			Staff on 10/6/2016. On 10/6/2016 the		
	complain about the r	oaches, bugs, ants.			housekeeping director and Food Servi		
					Director in-serviced dietary staff on pro	-	
	_	on 9/7/16 at 6:55AM, Nurse			procedures for cleaning cafes and serv	ing	
		sekeeping was responsible			areas. A completion sheet was	4-	
	_	refrigerator. She indicated			implemented by Food Service Director		
	•	the director of nursing and est control service book			be signed by dietary aides when clean is complete.	ııg	
		vere roaches, ants and other			is complete.		
		or, resident rooms crawling			2. The IDT will do rounds/audits weekl	/ to	
	_	nks in the nourishment room			help identify any pests in the building a		
		re found. Nurse presented in			interview their assigned residents to		
	_	ice book where her most			assess for any grievances. Identified		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345172	B. WING				04/2046
NAME OF D	DOVIDED OD CUDDUED	343172	1		FREET ADDRESS, CITY, STATE, ZIP CODE	09/	24/2016
NAME OF PI	ROVIDER OR SUPPLIER				, , ,		
MERIDIAN	I CENTER				7 NORTH ELM STREET		
				H	IGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 469	Continued From page	e 37	F 4	169			
F 409	recent documentation in resident rooms and nursing station, dining was informed as well had come through bu rooms and/or in a lot dining area.  During an interview o indicated that several about the bugs and robeen reported to man During an observation refrigerator in the nousecond floor had dried brown matter in the volower shelves. Small seams of the refrigerator 7:17AM, Nurse #3 indicated bugs, black/ brodrawer on the lower second gout of the sea echo lab book was chocumented. The ice inside and had frozen matter frozen in the ice chest had dried liquid Nurse #3 stated the Nilling up the chest an retrieved from the emkitchen ice machine.	a was on 9/3/16 of roaches as far back as 3/10/16 in groom etc. Maintenance as management, echo lab to not into the nourishment of the resident rooms or n 9/7/16 at 7:08AM, NA#2 residents had complained baches in their rooms. It had bagement.  In on 9/7/16 at 7:17AM, the prishment room on the dead bugs, black and egetable drawer, on the lants were coming out of the latter was dirty and had dried own matter in the vegetable shelves. Small ants were latter was dirty and had dried own matter in the vegetable shelves. Small ants were latter was dirty on the latter was direct on the scoop). What is were responsible for different latter was included the latter was exployee ice machine or the		169	pests will be logged into sighting books review each time technician enters the building. These sightings will be logged maintenance work orders and grievance to be monitored by Maintenance Direct and Assistant Administrator on a weekl basis. Any trends will be brought to the QA Committee for monthly review.  3. The staff will be in-serviced beginning 10/6/2016 on the new pest control company and their procedures for identifying any pest issues by Assistant Administrator. Additional statements we added to grievance form to be attached maintenance work orders when completed by staff or residents. IDT will monitor 8 residents each week to asset for grievances. The IDT will monitor grievances weekly for 4 weeks, then 2 times a month for 3 months. Maintenar Director and Assistant Administrator will meet weekly to ensure work orders and grievances are addressed in a timely manner. Any trending issues will be brought to QA meetings for 3 months.  4. The finding of any grievance and maintenance issues will be monitored a QA meetings and reviewed by social services for 3 months.	l as les or y g tere d to ll sss	
	During an interview o	n 9/7/16 at 7:23AM,					

Facility ID: 923288

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		ATE SURVEY DMPLETED
		345172	B. WING _			C <b>09/24/2016</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 707 NORTH ELM STREET HIGH POINT, NC 27262		90.2 .: 20.10
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COI ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 469	maintenance was reinside of the air conhad seen roaches, a resident rooms, dini rooms, nursing stati sighting to the hous maintenance director.  During an interview Nurse#4 stated ther problems with, roacheginning of June woomplaining mainly and nourishment room have come through problem. The nouris station had active like the refrigerators, floand sinks. Nurse #4 staff have also been buring an observati Nurse #5 opened the nourishment room or roaches, ants and of the seams of the were in the vegetab crawling around the around the sink fauor present. There were labelled foods store.  During an interview #5 indicated the corand air condition no for a long time. Nurse a bed bug problems.	#1 indicated she reported that esponsible for cleaning the dition. HK#1 stated that she ants and other type of bugs in ng rooms, nourishment ons and have reported her ekeeping supervisor and or.  on 9/7/16 at 7:38AM, se had been an on-going hes, bugs, ants since the when residents 1st started on the 1st floor, dining rooms oms. The bug spray people but it did not control the shment room and nursing we roaches, bugs coming from ors, around the water faucet estated the administrative in informed.  on on 9/7/16 at 8:04AM, se refrigerator in the on the first floor and several ther bugs were crawling out refrigerator doors, dead ones le/fruit tray, others were wall base in the room and cet with standing water es several snacks and resident	F4	469		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			C <b>09/24/2016</b>	
MERIDIAN CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  (FACH DEFICIENCY MINET BE RECEDED BY FILL I				STREET ADDRESS, CITY, STATE, ZIP CODI 707 NORTH ELM STREET HIGH POINT, NC 27262	•	03/24/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COI ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 469	information in the p maintenance and n done.  During an interview indicated the HK re dusting, sweep/mop trash, wipe down frod dining rooms, bathr refrigerators and sh bugs, roaches, ants rooms, dining room refrigerators, shower reported that these to housekeeping su and nursing when the distribution of t	on 9/7/16 at 8:27AM, HK#2 sponsibilities included high/low on, ceiling, window sills, empty onts of air conditions, clean cooms, nourishment rooms, ower rooms. HK#2 stated is had been seen in resident is, nourishment rooms, ers and bathroom. HK#2 concerns had been reported pervisor and maintenance mey were observed.  on 9/7/16 at 8:38AM, HK#3 reported that bugs, ants, observed throughout the ported to the housekeeping and maintenance. The pest dunder furniture along the now, resident rooms, around anks, shower rooms) and this for several months.  on 9/7/16 at 9:06AM, HK#4 coach and ant problem had long time and it had been	F4	169			
	the pest control issu bugs/roaches have nursing station, dini During an interview Administrative Assis	ance who was responsible for the at the time. The been seen in resident rooms, and room, nourishment rooms.  on 9/7/16 at 9:14AM, the stant (AA) indicated that he the concerns with bed bugs,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			C 09/24/2016		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI 707 NORTH ELM STREET HIGH POINT, NC 27262	•	30.220 .0		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 469	come to spray to ad expected to comple in maintenance box rodents should be d service log book. The doing a building che outstanding work or completed and the ereported bugs, roace. During an interview housekeeping supe housekeeping staff about roaches, bugs rooms, dining rooms nourishment rooms HKS added that ma responsible for man During an observatirefrigerator on the s room, dead bugs ar with resident 's sna During an interview and NA #4indicated bugs, ants, roaches areas. NA#3 indicated and roaches in the concurishment room v snacks from the refr been reported to ho nursing.  During an interview Lab staff stated that monthly and did all the staff stated to service was staff stated that monthly and did all the staff stated that the staff staff stated that the staff staff staff staff staff staff staff st	dress that issue. Staff were te any work orders and place, any observations of bugs, ocumented in the echo lab he AA acknowledged after eck there were several ders that had not been exterminating process for hes was not effective.  On 9/7/16 at 9:22AM, the rvisor( HKS) indicated that had reported concerns to her is and ants being in resident is, nursing stations, during their clean ups. The intenance director was aging the pest control issues.	F	169				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345172	B. WING _			1	C <b>24/2016</b>		
	MERIDIAN CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				EET ADDRESS, CITY, STATE, ZIP CODE NORTH ELM STREET H POINT, NC 27262	1 00	2-1/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
F 469	not aware of the differoaches and bugs in resident rooms and mindicated the addition his attention in the past of documented: 1st floothings, north nourishm nursing station, kitched 126, 1 south sink and 2nd floor, 8/12/16 1 streatment cart roached.  During an interview of indicated that she obtoom 146 few minuted clean it. She stated the roaches in the reside reported it to her sup During an interview of stated that there we bugs in many resider hallway. The nurse a	intenance director. He was rent observations of the the dining area, specific ourishment rooms. He had areas were just brought to last week.  Introl service log reservice log 7/26/16 water rent rooms, up/down stairs, en, rooms, 146, 138, 128., If refrigerators, roaches on routh, room 109 and es.  In 9/23/16 at 6:45 AM, HK #5 served that roach in the service and was ready to the served small ints rooms sometimes and		469	DEFICIENCY)				
	During an observation second floor dining rowere found, several con 4 dining tables, for vegetables on the floward the bathrooms at the bathrooms at of the food prep area of encrusted food part brown/black hard chu	n on 9/23/16 at 6:59AM, com: the following items dirty domes and dishes found od (bread, cereal, cors, crumbs) roaches and com the corners of the walls and from under the counter . There were large amounts							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345172	B. WING_			C		
	NAME OF PROVIDER OR SUPPLIER  MERIDIAN CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CO		<b>09/24/2016</b> CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 469	silver lids and base encrusted on the swater with bread a in the water. The shad dried foods/liq plastic wrap, straw inside. The sink dron the inside and to food crumbs. The had a burnt piece of the inside, the surrecheese and black/larea and on the outcheese left over. To dried waffle mixture crumbs and encrust the surface. The cover crumbs, broke on the surfaces. The cover crumbs, broke on the surfaces. The plates located on the coming from the ending from the ending from the ending an interview Director of Nursing condition of the director of the kitcher room after resident prep areas were contacted the shift. The dining for extensive clear.	The three section steam table is had dried food and liquids surface. There was standing and other food particles floating oup section of the steam table uids inside and out. There was is and food stored on the ain area had food particles left the top surface of the sink had Panini supreme warmer/grill of grilled cheese toast left on ounding surfaces had burnt forown matter on the inside grill atside where spillage and burnt the two waffle machine had es left on the inside and out, sted black/brown matter around ounter tops were filled with left to pieces of bread, small ants here were 11 clean sectional the counter where ants were norusted counter surfaces. Tring, DON was present during the food at the dining room and kitchen preported the dining room would be DON indicated the expectation a staff to clean up the dining the meals and ensure the food groom would be closed down	F	169				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345172	B. WING _				24/2016	
MERIDIAN CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP 707 NORTH ELM STREET HIGH POINT, NC 27262	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE	
F 469	and all over the dining documented in the popuring an interview of #1 indicated that she of nursing and documented in resident redining room. The nurwere being done, but problems continue to rooms and dining room when they were observed buring an interview of Nurse# 9 there had be month in Resident #7 Resident #7 to anoth resident 's belonging room with chemical at Resident#7 was return several days.  During an interview of Nurse#8 indicated the ants around the nurse During an interview of Administrator stated that were treated for skin was checked from practitioner did not residents were rewas deep cleaned. The residents were rewas deep cleaned. The current pest continued in the current	am in the resident rooms g room. The nurse est control service log book. on 9/23/16 at 7:20AM, Nurse had reported to the director nented the observations of coms, resident closets and se stated that in-services at the bugs and roach be an issue in resident om so it was documented erved.  On 9/23/16 at 7:25 AM, been an issue with bugs last 7's room. The staff moved er room, placed all the gs in bags, sprayed the entire and deep cleaned the room. The staff moved the room after on 9/23/16 at 7:50AM, at she had seen bugs and	F	469				