

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER MIDTOWN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6220 DRESDEN LANE RALEIGH, NC 27612
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C 000	Initial Comments The Adult Care Licensure Section conducted an initial survey on 7/28/15.	C 000		
C 171	<p>10A NCAC 13G .0504(a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 3 of 3 facility non-licensed staff (A, B, C) were competency validated for the the Licensed Health Professional Support (LHPS) personal care tasks of transfers, use of Hoyer lift, use of anti-embolism prevention hose, ambulation assistance with an assistive device and oxygen therapy. The findings are:</p> <p>Observation on 7/28/15 during facility tour at 9:10 a.m. of resident rooms revealed:</p> <ul style="list-style-type: none"> - There were portable oxygen tanks (one tank was not safely secured) and an oxygen concentrator with nasal cannula turned on to 2 liters/minute. - There was a resident with a wheelchair being pushed away from the dining table by a staff person. 	C 171		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 171	<p>Continued From page 1</p> <ul style="list-style-type: none"> - A Hoyer lift was in a resident bedroom. <p>Review of a LHPS task list provided by the facility revealed two residents were on oxygen therapy.</p> <p>Review of resident record LHPS reviews revealed:</p> <ul style="list-style-type: none"> - Resident #1's LHPS review dated 6/24/15 included tasks of transfers. - Resident #2's LHPS review dated 6/24/15 included tasks of transfers and leg ACE bandage wraps / anti-embolism stockings. - Resident #3's LHPS reviews dated 6/24/15 included tasks of ambulation assistance with an assistive device and transfers. <p>1. Review of the employee record for Staff A revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 3/28/15 as a medication aide / supervisor. - She was listed as a nursing assistant. - There was no documentation of a competency validation of LHPS personal care tasks in the record. <p>Staff A was not available for interview.</p> <p>Refer to interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner(Staff B).</p> <p>2. Review of the employee record for Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B opened the facility on 3/28/15 as the Administrator / Owner. - Staff B was listed as a medication aide and supervisor in the facility. - There was no documentation of a competency validation of LHPS personal care tasks in the record. 	C 171		

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C 171	<p>Continued From page 2</p> <p>Refer to interview on 7/28/15 at 4:10 p.m. with the Administrator/ Owner (Staff B).</p> <p>3. Review of the employee record for Staff C revealed:</p> <ul style="list-style-type: none"> - Staff A was hired on 3/28/15 as a medication aide / supervisor. - There was no documentation of a competency validation of LHPS tasks in the record. <p>Observation on 7/28/15 at 1:45 p.m. revealed Staff C was assisting with the wheelchair assistive device for Resident #3.</p> <p>Refer to interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner(Staff B).</p> <hr/> <p>Interview on 7/28/15 at 4:10 p.m. with the Administrator (Staff B) revealed:</p> <ul style="list-style-type: none"> - The facility had residents who required transfers (#1, #2, #3); use of the Hoyer lift for transfers (#3), pushing residents in wheelchairs (#3), support hose (#2) and oxygen therapy (#1). - Residents all required transfer assistance and one person by Hoyer lift. - Resident # 1 had a portable oxygen system to use and used oxygen inconsistently in her room by oxygen concentrator. - None of the three facility staff (A, B, C) had an LHPS task validation at this facility yet. - All of the staff had been recently working at other facilities and knew how to perform the tasks. - It had been difficult to schedule with the facility nurse to complete the LHPS validations since they were hired. - The LHPS validations will be completed as scheduled in a few days. 	C 171		

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C 230	<p>10A NCAC 13G .0801(a) Resident Assessment</p> <p>10A NCAC 13G .0801 Resident Assessment (a) A family care home shall assure that an initial assessment of each resident is completed within 72 hours of admission using the Resident Register.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure an initial assessment of each resident was completed within 72 hours of admission using the Resident Register for 3 of 3 facility residents (#1, #2, #3). The findings are:</p> <p>1. Review of the current FL-2 dated 3/04/15 for Resident #1 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of atrial fibrillation, stroke, gastro-esophageal reflux disease, peripheral neuropathy, difficulty walking, and sick sinus syndrome. - Listed as non-ambulatory. - Listed as intermittently disoriented. - No admission date was listed. <p>Review of Resident #1's record revealed there was no Resident Register with an initial assessment within 72 hours of admission.</p> <p>Observation on 7/28/15 at 9:17 a.m. with Resident #1 revealed:</p> <ul style="list-style-type: none"> - The resident was lying on her right side propped with pillows and was lightly moaning. - The resident was in her night clothes. - Portable oxygen tanks were in the room and one was not secured safely. - An oxygen concentrator was in the room running and was on 2 liters of oxygen per minute. - The resident did not have the oxygen nasal 	C 230		

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C 230	<p>Continued From page 4</p> <p>cannula inserted.</p> <ul style="list-style-type: none"> - A soft floor mat was beside the bed on the floor. <p>Interview with Resident #1 on 7/28/15 at 9:17 a.m. revealed:</p> <ul style="list-style-type: none"> - Resident #1 could not remember when she was admitted to the facility. - The resident used oxygen sometimes during the day and at night. - The resident could turn by herself in the bed. - She needed assistance with bathing, dressing and grooming. - She could not transfer without assistance. - She had fallen out of the bed one time but could not recall when it happened. - The floor mat and pillows were to keep her from falling out of the bed and hurting herself. - She was not feeling well this morning. - Her stomach hurt her. <p>Interview on 7/28/15 at 9:30 a.m. on 7/28/15 with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - Resident #1 needed transfers and oxygen continuously. - The resident had a difficult time having bowel movements and would moan until she had completed the movement. - She said the resident was sometimes disoriented. - Sometimes the resident could carry on a conversation. <p>Refer to interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner.</p> <p>Refer to interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner.</p> <p>2. Review of the current FL-2 for Resident #2 revealed:</p>	C 230		

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C 230	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Diagnoses of dementia, renal failure, hypertension, osteoporosis, atrial fibrillation, and history of stroke. - The resident was listed as incontinent. - There was no information of disorientation listed. - There was no admission date listed. <p>Review of Resident #2's record revealed there was no Resident Register with an initial assessment within 72 hours of admission.</p> <p>Review of Resident #2's Licensed Health Professional Support review dated 6/24/15 included tasks of transfers and leg ACE bandage wraps / anti-thrombotic stockings.</p> <p>Observation on 7/28/15 at 10:45 a.m. of Resident # 2 revealed:</p> <ul style="list-style-type: none"> - A staff member had transferred the resident to the recliner in the bedroom. <p>Interview with the Administrator / Owner on 7/28/15 at 9:10 a.m.</p> <ul style="list-style-type: none"> - Resident #2 had support hose. - She required transfers, changing of incontinent briefs, bathing, dressing and grooming. - The resident was non-ambulatory, sometimes disoriented and required almost total care for activities of daily living. - The resident required staff to turn her from side to side to prevent sores. - The resident had a sore toe at one time but it was healed over at present. <p>Refer to interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner.</p> <p>Refer to interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner.</p>	C 230		

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C 230	<p>Continued From page 6</p> <p>3. Review of the current FL-2 dated 4/30/15 for Resident #3 revealed:</p> <ul style="list-style-type: none"> - The resident was admitted on 3/24/15. - Diagnoses of vascular dementia, and migraine headaches. - The resident was listed as semi-ambulatory/ambulatory. - No information was listed related to disorientation. <p>Review of the record for Resident #3 revealed there was no documentation of a Resident Register with an initial assessment within 72 hours of admission.</p> <p>Interview on 7/28/15 at 11:15 a.m. with the Administrator/ Owner revealed:</p> <ul style="list-style-type: none"> - Resident # 3 had migraine headaches and was forgetful. - She was on hospice. - Required assistance with activities of daily living-dressing, grooming transfers, ambulation-wheelchair. - A Hoyer lift was required in this last week for transfers. - The resident had had a fall this month without injury. <p>Interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - Resident # 3 had had a noticeable decline in this last week. - Resident received an order from hospice for a Hoyer lift this last week to assist transfers. <p>Review of the record for Resident #3 revealed the resident had received a physical therapy evaluation and treatment in April 2015.</p>	C 230		

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C 230	<p>Continued From page 7</p> <p>Observation of Resident #3 on 7/28/15 at 3:05 p.m. revealed a nursing assistant was wheeling the resident to her room in a wheel chair.</p> <p>Interview on 7/28/15 at 3:05 p.m. with the nursing assistant revealed she had to take the resident to her room to change her briefs.</p> <p>Based on observation and record review, the resident was not interviewable.</p> <p>Refer to interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner.</p> <p>Refer to interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner.</p> <hr/> <p>Interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - All of the three facility residents were admitted when the facility opened on 3/28/15. - She had not completed Resident Register assessments when the residents were admitted. - She would have to complete them now. <p>Interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - The facility had residents who required transfers (#1, #2, #3); use of the Hoyer lift for transfers (#3), pushing residents in wheelchairs (#3), support hose (#2) and oxygen therapy (#1). - Residents all required transfer assistance and a Hoyer lift was used with one resident. - Resident #1 had a portable oxygen system to use and used oxygen inconsistently in her room by oxygen concentrator. 	C 230		

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C 231	Continued From page 8	C 231		
C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure an assessment of each residents' level of functioning, current condition and plan of care for activities of daily living was completed within 30 days of admission for 3 of 3 facility residents (#1, #2, #3). The findings are:</p> <p>1. Review of the current FL-2 for Resident #1 revealed: - Diagnoses of atrial fibrillation, stroke, gastro-esophageal reflux disease, peripheral</p>	C 231		

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C 231	<p>Continued From page 9</p> <p>neuropathy difficulty walking, and sick sinus syndrome.</p> <ul style="list-style-type: none"> - listed as non-ambulatory. - Listed as intermittently disoriented. - No admission date was listed. <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> - There was no Resident Register to document date of admission for the resident. - There was no documentation of an Assessment and Care Plan. <p>Observation on 7/28/15 at 9:17 a.m. with Resident #1 revealed:</p> <ul style="list-style-type: none"> - The resident was lying on her right side propped with pillows and was lightly moaning. - The resident was still in her night clothes. - Portable oxygen tanks were in the room and one was no secured safely. - An oxygen concentrator was in the room and was on at 2 liters of oxygen per minute. - The resident did not have the oxygen nasal cannula inserted. - A soft floor mat was beside the bed on the floor. <p>Interview with Resident #1 on 7/28/15 at 9:17 a.m. revealed:</p> <ul style="list-style-type: none"> - The resident was not sure how long she had lived in the facility. - The resident used oxygen sometimes during the day and at night. - The resident could turn by herself in the bed. - She needed assistance with bathing, dressing and grooming. - She could not transfer without assistance. - She had fallen out of the bed one time but could not recall when it happened. - The floor mat and pillows were to keep her from falling out of the bed and hurting herself. - She was not feeling well this morning. 	C 231		

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C 231	<p>Continued From page 10</p> <ul style="list-style-type: none"> - Her stomach hurt her. <p>Interview on 7/28/15 at 9:30 a.m. on 7/28/15 with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - Resident #1 needed transfers and oxygen continuously. - The resident had a difficult time having bowel movements and would moan until she had completed the movement. - Said the resident was sometimes disoriented. - Sometimes the resident could carry on a conversation. <p>Refer to interview on 7/28/15 at 10:00 a.m. with the Administrator / Owner.</p> <p>Refer to interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner.</p> <p>2. Review of the current FL-2 for Resident #2 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Dementia, Renal Failure, Hypertension, Osteoporosis, Atrial Fibrillation, and History of Stroke. - The resident was listed as incontinent. - There was no information of disorientation listed. - There was no admission date listed. <p>Review of Resident #2's record revealed:</p> <ul style="list-style-type: none"> - There was no Resident Register to document date of admission for the resident. - There was no documentation of an Assessment and Care Plan. <p>Observation on 7/28/15 at 10:45 a.m. of Resident #2 revealed:</p> <ul style="list-style-type: none"> - A staff member had transferred the resident to the recliner in the bedroom. 	C 231		

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C 231	<p>Continued From page 11</p> <p>Interview with the Administrator / Owner on 7/28/15 at 9:10 a.m.</p> <ul style="list-style-type: none"> - Resident #2 had anti-thrombotic support hose. - The resident required transfers, changing of incontinent briefs, bathing, dressing and grooming. - The resident was non-ambulatory, sometimes disoriented and required almost total care for activities of daily living. - The resident required staff to turn her from side to side to prevent sores. - The resident had a sore toe at one time but it was healed over at present. <p>Based on observation and record review, the resident was not interviewable.</p> <p>Refer to interview on 7/28/15 at 10:00 a.m. with the Administrator / Owner.</p> <p>Refer to interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner.</p> <p>3. Review of the current FL-2 dated 4/30/15 for Resident #3 revealed:</p> <ul style="list-style-type: none"> - The resident was admitted on 3/24/15. - Diagnoses of Vascular Dementia, and Migraine headaches. - The resident was listed as semi-ambulatory/ambulatory. - No information was listed related to disorientation. <p>Review of the record for Resident #3 record revealed:</p> <ul style="list-style-type: none"> - There was no Resident Register to document date of admission for the resident. - There was no documentation of an Assessment and Care Plan. 	C 231		

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C 231	<p>Continued From page 12</p> <p>Observation of Resident #3 on 7/28/15 at 9:10 a.m. revealed the resident was sitting in a wheel chair eating breakfast in the dining room.</p> <p>Interview on 7/28/15 at 11:15 a.m. with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - Resident #3 had migraine headaches. - She was on hospice care. - Required assistance with activities of daily living-dressing, grooming transfers, ambulation-wheelchair. - Resident # 3 had had a noticeable decline in this last week. - The resident required a Hoyer lift in this last week for transfers and was forgetful. - The resident had had a fall this month without injury. <p>Review of the record for Resident #3 revealed the resident had received a physical therapy evaluation and treatment in April 2015.</p> <p>Interview on 7/28/15 at 3:05 p.m. with the nursing assistant revealed she had to take the resident to her room to change her briefs.</p> <p>Based on observation and record review, the resident was not interviewable.</p> <p>Refer to interview on 7/28/15 at 10:00 a.m. with the Administrator / Owner.</p> <p>Refer to interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner.</p> <hr/> <p>Interview on 7/28/15 at 3:15 p.m. with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - All of the three residents were admitted when the facility opened on 3/28/15. 	C 231		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER MIDTOWN SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6220 DRESDEN LANE RALEIGH, NC 27612
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 231	<p>Continued From page 13</p> <ul style="list-style-type: none"> - She had not completed Resident Register no the Assessments and Care Plans for the residents since admitted. - She would have to complete them now. <p>Interview on 7/28/15 at 4:10 p.m. with the Administrator / Owner revealed:</p> <ul style="list-style-type: none"> - The facility had residents who required transfers (#1, #2, #3); use of the Hoyer lift for transfers (#3), pushing residents in wheelchairs (#3), anti-thrombotic hose (#2) and oxygen therapy (#1). - Residents all required transfer assistance with one person by Hoyer lift. - Resident # 1 had a portable oxygen system to use and used oxygen inconsistently in her room by oxygen concentrator. 	C 231		