

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL096045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2015
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NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 SE RAILROAD STREET PIKEVILLE, NC 27863
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 08/28/15.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the	C 007		

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

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C 007	<p>Continued From page 1 building.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation that a resident's evacuation capabilities were different from the evacuation capability listed on the homes license for 1 of 3 residents sampled (#1) with cognitive impairments and episodes of unresponsiveness which prevent the resident from independently evacuating the facility. The findings are:</p> <p>Review of the facility's 2015 license revealed: - The facility was licensed for a capacity of 6 residents. - The facility was licensed for all ambulatory residents.</p> <p>Review of Resident #1's most current FL-2 dated 04/06/15 revealed: -Diagnoses included senile dementia, acute encephalopathy, hyperlipidemia, and hypertension. -Resident is intermittently disoriented. -Resident is semi-ambulatory. -Resident requires personal assistance with bathing and dressing.</p> <p>Review of the Resident Register revealed Resident #1 was admitted to the facility on 02/11/15.</p> <p>Interviews with a Medication Aide (MA) at 9:52 a.m. and 10:00 a.m. on 08/28/15 revealed: -Facility staff provided assistance to Resident #1 with bathing, dressing, transferring, and "sometimes" with toileting. -Resident #1 had "spells."</p>	C 007		

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C 007	<p>Continued From page 2</p> <p>-During a "spell," Resident #1 "falls asleep and you just can't wake her up."</p> <p>Observation and interview of Resident #1 at 10:35 a.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -Resident #1 was sitting upright in a chair in her room with eyes closed. -Resident #1 was dressed for the season and her hair was neatly groomed. -There was a rolling walker sitting beside Resident #1. -Resident #1 opened her eyes when spoken to. -Resident #1 was not oriented to time or place. -Resident #1 was not able to answer questions about her plan of care. <p>Interview with the Co-Owner at 10:44 a.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -Resident #1 had lost her short term memory after falling "years ago." -Resident #1 gets confused. -Some days Resident #1 "really follows you" and "she can talk and answer questions." <p>Interview with the MA at 11:50 a.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -Resident #1 started having episodes of unresponsiveness not long after she was admitted to the facility. -The MA described Resident #1's episodes as her being "asleep." -Staff monitored and documented Resident #1's vital signs every 15 minutes during her episodes of unresponsiveness. -Staff are "in and out" checking on Resident #1 during her episodes of unresponsiveness. -Staff had attempted to awaken Resident #1 by shaking her shoulders and calling her name. -The Owner/Administrator/RN (O/A/RN) was notified when Resident #1 had an unresponsive 	C 007		

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C 007	<p>Continued From page 3</p> <p>episodes.</p> <ul style="list-style-type: none"> -Resident #1's episodes of unresponsiveness were documented/communicated on the facility shift report. -Resident #1's physician was not notified every time she had an episode of unresponsiveness. <p>Observation of Resident #1 08/28/15 at 12:10 p.m. revealed:</p> <ul style="list-style-type: none"> - The resident was sitting at dining room table for lunch meal. - The resident required prompting by staff and another resident to eat. - The resident was prompted multiple times to use utensils instead of fingers to eat dessert. <p>Observation of Resident #1 08/28/15 at 12:50 p.m. revealed:</p> <ul style="list-style-type: none"> - The resident was sitting at dining room table. - The resident was assisted by staff using her walker to walk to the bathroom. - Staff went inside the bathroom with Resident #1 to provide assistance. <p>Interview with the Co-Owner at 2:00 p.m. on 08/28/15 revealed when Resident #1 had an unresponsive episode "it's kinda like she goes to sleep. She is unresponsive."</p> <p>Review of the "Narrative Note" in Resident #1's record dated 04/02/15 written and signed by the O/A/RN revealed:</p> <ul style="list-style-type: none"> -Documentation that Resident #1 "appeared to be in a deep sleep. Eyelids would flutter on occasion. No response to verbal or physical stimuli" which started at "10:30 a.m." and lasted "30-45" minutes. -Documentation that Resident #1 was unresponsive for a second time on 04/02/15 at 6:00 p.m. 	C 007		

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C 007	<p>Continued From page 4</p> <p>-Resident was sent via emergency medical services (EMS) to the local hospital emergency room (ER) during the second episode of being unresponsive to verbal or physical stimuli.</p> <p>Review of the "Narrative Note" in Resident #1's record dated 04/06/15 revealed: -Resident #1 returned to the facility after being discharged from hospital. -"Per verbal report and written information from hospital there were no findings to explain the unresponsive episodes." -"Resident returned to her baseline status." -"Was kept in hospital for monitoring and tests."</p> <p>Review of hospital discharge summary form dated 04/06/15 revealed: -Resident #1 was discharged 04/06/15. -Diagnosis was acute encephalopathy.</p> <p>Review of the "Narrative Note" in Resident #1's record dated 04/07/15 written and signed by the O/A/RN revealed: -"Resident having another episode of unresponsiveness but vital signs are stable." -Episode lasted 2 hours. -The O/A/RN had spoken with Resident #1's Power of Attorney (POA). -The POA reported Resident #1's family wanted to discuss the option of Do Not Resuscitate (DNR) order with Resident #1's physician and did not want aggressive testing or treatment due to the residents age and mental status.</p> <p>Review of the "Narrative Note" in Resident #1's record dated 04/08/15 written and signed by the O/A/RN revealed: -"Resident had another episode like previously documented." -Resident #1's physician was called and gave</p>	C 007		

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C 007	<p>Continued From page 5</p> <p>instructions to send the resident to the ER. -Resident returned to the facility the same day "at baseline."</p> <p>Review of a copy of a letter in Resident #1's record written by the O/A/RN dated 04/09/15 and addressed to her primary physician revealed: -Resident #1 had been having episodes of unresponsiveness which lasted "30 minutes to 3 hours." -Resident #1 "requires frequent redirection and reorientation to time and place." -Resident #1 "ambulates with walker as desired throughout facility, with reminders to use the walker." -Resident #1 "becomes agitated/distressed with increased stimulation." -"If the unresponsive episodes continue on a regular basis we will need to initiate discharge plans due to our license specifying ambulatory status, defined as being able to exit independently in case of emergency." -The letter requested "input/orders regarding recent events." -The letter was faxed to Resident #1's primary physician office on 04/10/15.</p> <p>Review of the "Narrative Note" dated 04/16/15 revealed Resident #1's primary physician notified the facility of an appointment for Resident #1 with the Physician Assistant (PA) on 04/17/15.</p> <p>Review of the "Narrative Note" in Resident #1's record dated 04/17/15 written and signed by the O/A/RN revealed: -Resident #1 had went for an appointment with her Physician Assistant (PA). -"PA voiced episodes do appear to be related to her general decline with age and progressive dementia."</p>	C 007		

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C 007	<p>Continued From page 6</p> <p>-"We discussed if episodes become regular she may need to be discharged to a different level of care."</p> <p>Review of Resident #1's record revealed order written by the PA to monitor Resident #1's vital signs every 15 minutes during the unresponsive episodes.</p> <p>Review of the Vital Signs sheet for Resident #1 revealed: -Documentation of vital sign measurement on 04/07/15 at 12:27 p.m. and 12:33 p.m. with comments of "spell." -Documentation of vital sign measurement on 06/12/15 at 6:00 and 6:15 p.m. with comments including "episode start" and "non-responsive." -Documentation of vital sign measurement on 08/01/15 at 12:00 p.m. with comments "spell." -Documentation of vital sign measurement on 08/27/15 at 12:30 p.m., 12:45 p.m., 1:00 p.m., 5:30 p.m. and 6:00 p.m. with comments of "spell."</p> <p>Review of the "Daily Shift Report" for the month of August 2015 revealed: -Documentation dated 08/01/15 that Resident #1 had a "spell that lasted about 30 mins. Her vitals are on the episode vitals log in the back of this binder." -Documentation dated 08/27/15 that Resident #1 had a "spell" which lasted "for an hour."</p> <p>Telephone interview with Resident #1's POA at 1:27 p.m. on 08/28/15 revealed: -Resident #1 had episodes described by the POA as an "almost comatose state. She is non-responsive." -Resident #1 cannot get up or walk during the episodes. -Resident #1 had memory problems.</p>	C 007		

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C 007	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Resident #1 had "good and bad days." -The POA said she believed Resident #1 could evacuate the facility without assistance in the event of a fire or emergency. <p>Interview with the MA at 2:11 p.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -During a facility fire drill conducted "a couple of months ago" Resident #1 was sitting in the "front room." -Resident #1 had "just sat there." -Other facility residents had to "go get" and "helped" Resident #1 during the fire drill. <p>Interview with 2 different MA's at 4:05 p.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -Resident #1 required assistance with her walker "sometimes." -Resident #1 required verbal prompts and reminders from staff. <p>Observation of Resident #1 at 4:20 p.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -Resident was walking through the dining area with the use of her walker and assistance from one MA. -Resident was being given constant verbal prompts from the MA. <p>Interview with the PA at 1:37 p.m. on 08/28/15 revealed:</p> <ul style="list-style-type: none"> -Resident #1 required "a lot of direction." -In the event of a fire, Resident #1's safety would be a concern due to her cognition and "spells." -Resident #1 would not be able to evacuate the facility independently if she was having an episode of unresponsiveness. -Resident #1 would not be able to evacuate the facility independently due to cognitive impairment. 	C 007		

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C 007	Continued From page 8 Interview with the Co-Owner at 2:00 p.m. on 08/28/15 revealed: -He is responsible for conducting fire drills at the facility. -He tried to complete monthly fire drills. -The last fire drill at the facility was in June 2015. -Resident #1 was asleep at the time of the last fire drill in June. -Resident #1 woke up when the fire alarm went off and wanted to know what the noise was. -Resident required assistance by staff and other residents during the fire drill in June. -"Overall, most of the time I think she could get out" if there was a fire at the facility. -The Co-owner was not sure if Resident #1 could exit the facility independently. -If Resident #1 had a unresponsive episode she would need help getting out of the facility. -The Co-Owner and O/A/RN had discussed Resident #1's safety and evacuation capabilities. -The Co-Owner and O/A/RN had not notified the Construction Department of the Division of Health Service Regulation(DHSR) that Resident #1's evacuation capabilities did not match the capability listed on the facility's license. -"We just didn't know what to do." -He would notify the DHSR Construction Department about Resident #1's evacuation capabilities as soon as possible.	C 007		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory,	C 934		

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C 934	<p>Continued From page 9</p> <p>annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview, and record review, the facility failed to provide mandatory annual infection prevention training for 2 of 2 medication aides (A, C) sampled that had been employed for more than one year. The findings are:</p> <p>1. Review of Staff A's personnel file revealed:</p> <ul style="list-style-type: none"> - She was hired as a nursing assistant / medication aide on 02/08/14. - She completed the medication aide clinical skills checklist on 02/10/14. - She passed the written medication aide exam on 03/12/14. - The annual state infection control training was completed on 02/15/14. - There was no documentation the annual state approved infection control training had been completed since 02/15/14. <p>Interview with Staff A on 08/28/15 at 3:30 p.m. revealed:</p> <ul style="list-style-type: none"> - She completed the annual state infection control training once when she was hired in 	C 934		
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C 934	<p>Continued From page 10</p> <p>February 2014.</p> <ul style="list-style-type: none"> - She did not know the state infection control training had to be done annually. <p>Refer to interview with the Administrator on 08/28/15 at 3:45 p.m.</p> <p>2. Review of Staff C's personnel file revealed:</p> <ul style="list-style-type: none"> - She was hired as a nursing assistant / medication aide on 06/28/14. - She completed the medication aide clinical skills checklist on 06/29/14. - She passed the written medication aide exam on 08/28/14. - The annual state infection control training was completed on 06/30/14. - There was no documentation the annual state approved infection control training had been completed since 06/30/14. <p>Staff C was unavailable for interview on 08/28/15.</p> <p>Refer to interview with the Administrator on 08/28/15 at 3:45 p.m.</p> <p>_____</p> <p>Telephone interview with the Administrator on 08/28/15 at 3:45 p.m. revealed:</p> <ul style="list-style-type: none"> - She was aware of the required annual state approved infection control training. - She was in the process of pulling things together to do the training again. - She thought if the training was done in 2014, it could be done again at any time in 2015. - She did not interpret annual to mean every 365 days but sometime within the next calendar year. 	C 934		