

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING OF FUQUAY VAF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526</b>
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D 000	Initial Comments	D 000		
D 269	<p>10A NCAC 13F .0901(a) Personal Care and Supervision</p> <p>10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to assure assistance with transfers, toileting and ambulation was provided in accordance with the assessed needs for 1 of 5 sampled residents (#1) which resulted in physical injuries.</p> <p>The findings are:</p> <p>Review of the Resident Registry revealed: - Resident #1 was admitted to the facility on 4/21/15. -The resident required assistance with ambulation, and walking therapy. -The residents memory was adequate and she had a diagnosis of vascular dementia. -The resident needed a wheelchair and walker for mobility.</p> <p>Review of Resident #1's current FL-2 dated 8/26/15 revealed:</p>	D 269		

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

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D 269	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Diagnoses included history of pelvic fracture (July 2015), hyponatremia, failure to thrive, pyuria, hypothyroidism, atrial fibrillation and history of chronic obstructive pulmonary disease.</li> <li>-The resident was ambulatory with a rolling walker.</li> <li>-The resident required assistance with bathing, and dressing.</li> <li>- Physician orders for physical therapy, occupational therapy and speech therapy to evaluate and treat.</li> </ul> <p>Review of Resident #1's personal care plan dated 4/22/15 revealed:</p> <ul style="list-style-type: none"> <li>- Resident #1 was alert and oriented.</li> <li>- The resident was occasionally forgetful.</li> <li>- The resident needed assistance with wheel chair propelling, and showers.</li> <li>- The resident was receiving physical and occupational therapy.</li> <li>- Resident #1 was ambulatory with devices (wheelchair/walker).</li> <li>- The resident required specific assistance that included cueing to dining room as needed for all meals.</li> <li>- The resident required limited assist to bathroom and with transfers.</li> <li>- The resident required extensive assistance with propelling the wheelchair.</li> <li>- The resident required limited assist with getting in and out the shower.</li> <li>- The resident required limited assistance with bathing the lower extremities and back.</li> <li>- The resident required limited assistance with putting on shoes and clothing to the lower extremities.</li> <li>- The resident required limited assistance with grooming and personal hygiene.</li> <li>- The resident required limited assistance with transfers.</li> </ul>	D 269		

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D 269	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- The resident is resistant to showering.</li> </ul> <p>Review of report of health services for Resident #1 dated 4/22/15 revealed Physician orders for physical therapy and occupational referral due to recent vertebrae fracture and gait impairment [difficulty walking].</p> <p>Review of a resident assessment tool completed by a facility Registered Nurse dated 4/22/15 revealed:</p> <ul style="list-style-type: none"> <li>- The resident required extensive hands on assistance more than 50% of time with mobility.</li> <li>-The resident required limited assistance less than 50% hands on assistance with toileting, dressing and bathing.</li> </ul> <p>Review of Resident #1's Licensed Health Professional Support (LHPS) evaluation dated 4/24/15 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnosis included vertebral fracture, atrial fibrillation, and esophageal reflux.</li> <li>-The resident required physical assistance with ambulation.</li> <li>-The resident required assistance with transferring.</li> <li>- The resident was prescribed Physical and Occupational Therapy.</li> </ul> <p>Review of the physical assessment section of the LHPS evaluation dated 4/24/15 revealed:</p> <ul style="list-style-type: none"> <li>- The assessment was completed by the facility registered nurse.</li> <li>-The resident was alert and oriented with periods of forgetfulness.</li> <li>-The resident prefers to sleep late.</li> <li>-The resident uses wheelchair propelled by staff.</li> <li>-The resident is only to use walker after physical therapy approval.</li> <li>-The resident required assistance with bathing,</li> </ul>	D 269		

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D 269	<p>Continued From page 3</p> <p>dressing, toileting, transfers, and walking mobility. -Staff are to assist with activities of daily living as needed and encourage resident to maintain clutter free environment.</p> <p>Interview with the Physical Therapist (PT) on 9/24/15 at 11:45 am revealed: -Resident #1 has had multiple falls and poor safety awareness. -The resident was admitted to the facility from independent living after sustaining fractures. -The resident's gait has improved but varies from day to day. -The resident needs standby contact guard because she wobbles (staff should be with the resident). -Staff need to assist the resident with walking. -The resident "does not carry through with pushing the call pendant to ask for help". -The PT staff documented in the agency log book and talked with staff at each visit conveying the resident's condition and services needed. -The resident states falls are occurring using bathroom or coming out of bathroom. The resident says she uses the walker, but the walker is often observed not near her for use when PT comes to visit.</p> <p>Interview with Resident #1 during facility tour on 9/22/15 at 11:40 am revealed: -The resident uses a walker because she wobbles when trying to walk. -She fell on Saturday between the chair and her bed. -Her leg hurts to move it now. -She has had multiple falls at the facility. -She saw the medical provider a couple of weeks ago. -"I do not want to get anyone in trouble it is my fault I guess".</p>	D 269		

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D 269	<p>Continued From page 4</p> <p>Observation on 9/22/15 at 11:40 am revealed Resident #1 had a black cord around her neck with a white device that hung from the cord.</p> <p>Observation on 9/22/15 at 11:55 am revealed Resident #1 exiting her room pushing a rolling walker without staff.</p> <p>Observation on 9/23/15 at 9:52 am revealed Resident #1 had a large fading bruise on her left hip.</p> <p>Interview with Resident #1 on 9/24/15 at 5:10 pm revealed</p> <ul style="list-style-type: none"> <li>- "My doctor told me to call someone to go with me so I don't fall".</li> <li>- "You can tell a lot about attitudes of staff and they don't want to be bothered".</li> <li>- She was going to bathroom or coming back from bathroom and fell and hurt her eye.</li> <li>- She was reaching for her walker to go to the bathroom and fell.</li> <li>- She had to go to the bathroom often, "feels like every 15 minutes".</li> <li>- She was trying to go to the bathroom and fell into the shower stall.</li> <li>- She needs help with dressing, putting on her socks and shoes because she cannot reach and not supposed to lean over.</li> <li>- She had broken her back before she was admitted to the facility in April 2015.</li> </ul> <p>Review of Resident #1's personal care record for May 2015 revealed:</p> <ul style="list-style-type: none"> <li>- Resident #1 required assistance from staff to push the wheelchair, assist with bed/chair/toilet transfers, assist with in/out shower, and assist with stairs and steps.</li> <li>- On May 19, 2015 and May 30, 2015, there was</li> </ul>	D 269		

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D 269	<p>Continued From page 5</p> <p>no documentation that the required assistance with the task of bath/shower had been provided for Resident #1.</p> <p>-On May 19, 2015, first shift staff documented the resident refused toileting (assist with on/off toilet as needed), 2nd shift documented the resident refused toileting (assist with on/off toilet as needed), for 3rd shift there was no documentation the resident was provided assistance with toileting.</p> <p>-On May 30, 2015, there was no documentation that assistance with the task of ambulation/mobility, dressing/grooming/oral care had been provided for the resident on 1st, 2nd or 3rd shift.</p> <p>Review of Resident #1's personal care record for June 2015 revealed:</p> <p>-Resident #1 required assistance from staff to push the wheelchair, assist with bed/chair/toilet transfers, assist with in/out shower, and assist with stairs, steps.</p> <p>-On June 12, 2015, there was no documentation on 2nd or 3rd shift that assistance with specific tasks of ambulation/mobility, dressing /groom/oral care were provided.</p> <p>-On June 12, 2015, there was no documentation assistance with toileting had been provided on 2nd shift.</p> <p>- There was no documentation of assistance had been provided nor any documentation of any refusals.</p> <p>-On June 30, 2015, there was no documentation on 1st, 2nd or 3rd shift that assistance was provided with ambulation/mobility, and dress/groom/oral care.</p> <p>Review of Resident #1's personal care record for July 2015 revealed:</p> <p>-The resident was provided assistance for</p>	D 269		

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D 269	<p>Continued From page 6</p> <p>ambulation/mobility, dress/groom, and oral care on 8/1/15, 8/2/15, 8/3/15, 8/25/15, and 8/26/15 by facility staff.</p> <p>-The resident refused toileting on 8/1/15, 8/2/15, 8/3/15, 8/23/15, 8/24/15, 8/25/15, and 8/26/15.</p> <p>-Staff documented that the resident was provided personal care on the above days when the resident was not residing in the facility. Record review revealed the resident was in the hospital 7/2/15-7/6/15 at a rehab facility 7/6/15-8/4/15 and was readmitted to the hospital 8/24/15-8/27/15.</p> <p>Review of Resident #1's personal care record for September 2015 revealed:</p> <ul style="list-style-type: none"> <li>- There were no tasks were identified for staff to provide personal care assistance to the resident.</li> </ul> <p>Interview with a Personal Care Aide on 9/23/15 at 3:40 pm revealed:</p> <ul style="list-style-type: none"> <li>-The personal care records are used for staff to know what care to provide for residents.</li> <li>-Resident #1 is independent but would ask for help.</li> <li>-Resident #1 will go to bathroom on her own.</li> <li>-Resident #1 fell two months ago and hurt her hip. "No one knew the resident had fallen".</li> </ul> <p>Interview with another Personal Care Aide (PCA) on 9/23/15 at 4:15 pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 needs assistance with going to the bathroom so she does not fall.</li> <li>-Staff are supposed to check on resident at least every two hours.</li> <li>- The staff are trained to check residents every two hours.</li> <li>-The PCA checks on resident more often because she has fallen.</li> </ul>	D 269		

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D 269	<p>Continued From page 7</p> <p>Review of Resident #1 facility progress notes dated 5/19/15 revealed:</p> <ul style="list-style-type: none"> <li>-At 3:00 pm, the resident was observed in an upright sitting position next to her bed.</li> <li>-The resident had a small lump on the right eyebrow with a dime size bruise.</li> <li>-The resident refused to go to emergency room after hitting her head. Emergency Medical Services were called.</li> <li>-At 7:00 pm, the facility RN documented the resident had a bruise on the right eye.</li> </ul> <p>Review of an Accident report dated 5/19/15 revealed the resident "sustained Ecchymosis (bruise) to the right eye functioning at baseline" had been hand written on the bottom of the report by the facility RN.</p> <p>Interview with a Medication Aide (MA) on 9/23/15 at 3:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-The staff are trained to check on all resident every one to two hours.</li> <li>-Resident #1 was either going or coming back from the bathroom when she falls.</li> <li>-The resident is supposed to push the pendant for staff assistance.</li> <li>-The resident forgot her walker and hit her head.</li> <li>-The resident does not remember to get her walker.</li> <li>- The resident does not like going to the hospital and refused to go out.</li> <li>-The staff are trained to check the resident on rounds.</li> <li>- The MA will look in on her when going down the hall.</li> <li>- The resident keeps the door open.</li> <li>-The personal care log tells staff what care needs are supposed to be provided to residents.</li> <li>-Staff have to be present when residents take showers.</li> </ul>	D 269		

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D 269	<p>Continued From page 8</p> <p>-Resident #1 will go to bathroom by herself.</p> <p>Review of a Accident report dated 5/30/15 at 7:30 pm revealed: -The resident fell and hit her head on the air conditioning unit. -The resident got up pressed the pendant button for help, 911 was called, the resident refused to be taken to emergency room. -A hand written note at the bottom of the report by the facility RN documented the resident ambulating without difficulty no abnormalities noted (no time documented).</p> <p>Review of a Accident report dated 6/30/15 at 8:30 pm revealed: -The Personal Care Aide responded to a page and observed Resident #1 sitting down on the floor. -A hand written note by RCD on the bottom of the accident report dated 7/1/15 (no time) revealed the resident was transported to local emergency room for further evaluation and was admitted to the hospital with pelvic fractures. The resident stated she was trying to get clothes out of closet.</p> <p>Review of Resident #1's facility progress notes dated 5/30/15 revealed: -The resident fell and hit her head on air conditioning unit. - The residents head was bleeding. - The "Emergency Medical System" was called. - The resident refused to go to the local emergency room.</p> <p>Review of Resident #1's facility progress notes dated 6/1/15 revealed: - A Urinalysis was obtained at 1:20 pm. -At 4:25 pm, "the resident was confused thought she heard someone walking in ceiling".</p>	D 269		

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D 269	<p>Continued From page 9</p> <p>- A care plan meeting was held with family member. The "facility nurse discussed resident's hesitation with bathing and getting out of bed before lunch, lack of desire to participate in activities and the need for the resident to call for assistance".</p> <p>Review of Home Health documentation flow sheet revealed:</p> <p>-On 6/8/15, the resident was seen by physical therapy for gait balance, improved gait pattern increase distance.</p> <p>-On 6/9/15, the resident was seen by speech therapy for cognition. The resident continues with decreased insight and safety awareness.</p> <p>-On 6/11/15, the resident was seen by speech therapy for cognition. The resident continues with decrease compliance with safety, and memory aides were posted in the room.</p> <p>-On 6/18/15, the resident was seen by occupational therapy. The resident was a high falls risk. The resident was not consistent with implementation of activity of daily living (ADLs). The resident had limited progress and was able to recall safety measures but not consistent with implementation of safety measures.</p> <p>-On 8/20/15, the resident was seen by physical therapy for poor safety awareness. Facility staff reported inconsistent use of the walker.</p> <p>-On 8/24/15, the resident was seen by physical therapist for gait and strengthening balance. The resident requires assistance with ambulation from staff.</p> <p>Review of Resident #1's facility progress notes revealed:</p> <p>-On 6/12/15 at 11:15 pm, the resident was located sitting on her bottom bedside _____ (missing word) by aide. Resident stated she was trying to reach for her walker. Walker was at her</p>	D 269		

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D 269	<p>Continued From page 10</p> <p>bedside.</p> <p>-On 6/30/15 at 9:00 pm, the personal care aide responded to a page and observed resident sitting down on the floor.</p> <p>-On 8/4/15, the resident was readmitted to the facility after rehabilitation secondary to pelvic fractures, sustained from fall. Resident ambulating with walker with periods of confusion. knows month, name, year and President of US.</p> <p>-On 8/11/15 at 1:15 am, the resident paged and she was located on the floor in her bathroom, sitting on her bottom with her walker beside her. She stated she got off the commode and lost her balance and slid to the floor. Staff told resident next time call before you take yourself to the bathroom.</p> <p>Review of Hospital admission record dated 7/1/15 revealed:</p> <p>-"The resident stated she was returning back from the bathroom when she sat down on the floor as her legs started to buckle".</p> <p>-T"he facility staff reports resident had fall when she was trying to get her _____ (illegible word) closet".</p> <p>- "Regardless, she had a fall on yesterday that resulted in right hip pain that worsen and was found to have pelvic fractures on the right".</p> <p>-"The Resident stated she was using her walker when she fell. The resident uses a walker for ambulation".</p> <p>Review of Resident #1's Licensed Health Professional Support (LHPS) evaluation dated 8/5/15 revealed:</p> <p>-The resident returned from rehabilitation facility on 8/4/15 following hospital stay for pelvic fractures; fell on 6/30/15.</p> <p>- The resident ambulates with walker uses wheel chair for longer distances.</p>	D 269		

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D 269	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-The resident reported she always feels tired; hasn't felt well in long time.</li> </ul> <p>Interview with a third Medication Aide (MA) on 9/22/15 at 11:55 am revealed:</p> <ul style="list-style-type: none"> <li>- Resident #1 was high risk for falls because the resident had fallen at the facility.</li> <li>-On 8/5/15, the resident was supposed to ask for assistance, so falls do not occur.</li> <li>-The resident goes to the bathroom when she had not asked for assistance and falls.</li> <li>-All falls were unwitnessed.</li> <li>- The resident was between the bed and chair, the chair sits in front of the air conditioner unit.</li> <li>-The resident fell coming out of the bathroom no one was present.</li> </ul> <p>Interview with a fourth Medication Aide/Personal Care Aide on 9/24/15 at 3:12pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident fell between the chair and air conditioner.</li> <li>-The resident said she just fell.</li> <li>-The resident was bleeding.</li> <li>-The resident pushed the pendant and was observed sitting on a stool near the air conditioner.</li> <li>-The staff are supposed to remind the resident to push the pendant so staff can make sure she gets up and down from the toilet okay.</li> <li>-The staff tell the resident to hit the button (pendant).</li> <li>-Residents are checked every two hours.</li> <li>-The MA went in the room and the resident said she had fallen.</li> <li>- The resident was supposed to use the pendant to alert staff.</li> <li>-The resident is supposed to ask for assistance to go to the bathroom.</li> <li>-The staff encouraged the resident to ask for help and to use the pager.</li> </ul>	D 269		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING OF FUQUAY VAF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6516 JOHNSON POND ROAD FUQUAY VARINA, NC 27526</b>
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D 269	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-The resident will often go ahead and do for herself but does not ask for help.</li> </ul> <p>Interview with Supervisor in Charge/Medication Aide/Personal Care Aide on 9/23/15 at 3:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 stays in her room in the mornings.</li> <li>-The resident forgets her walker.</li> <li>-The resident forgot her walker and fell hit her head on the air conditioner unit and was bleeding.</li> <li>- The resident does not remember to get her walker.</li> <li>-The staff check on residents at least every two hours by looking in on the resident, when the door is "open staff will peep in on resident".</li> <li>-The resident goes to the bathroom by herself.</li> <li>-Staff have to be present when residents take showers.</li> <li>-The personal care logs tells staff what care the residents need.</li> </ul> <p>Interview with another Supervisor in Charge/Medication Aide/Personal Care Aide on 9/24/15 at 3:35 pm revealed:</p> <ul style="list-style-type: none"> <li>-The staff are supposed to walk Resident #1 to the bathroom and assist the resident with personal hygiene.</li> <li>-The staff are to walk with the resident because she leans to the right to assure she does not fall.</li> <li>-On 9/8/15, the Supervisor in Charge saw the resident on the floor after she had fallen. The personal care aide had put the resident to bed. The resident had paged the Personal Care Aide. The aide responded to the page. The resident was coming out the bathroom and fell into the shower stall/on the floor. The resident head/ upper body was in the shower stall and her lower portion of her body was outside the shower stall on the bathroom floor. The resident stated she was walking towards her bed. The resident stated</li> </ul>	D 269		

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D 269	<p>Continued From page 13</p> <p>she was in bed and got up and went to the bathroom. The resident was supposed to push the pendant for assistance.</p> <ul style="list-style-type: none"> <li>-Everyone should assure residents are assisted.</li> <li>-The staff are supposed to check resident every two hours.</li> <li>- The staff are supposed to provide care according to tasks checked on the personal care log for each resident.</li> <li>-The September 2015 personal care log for Resident #1 was supposed to be checked so staff know what care they should be providing the resident.</li> </ul> <p>Interview with Assistant Resident Care Director (ARCD) on 9/23/15 at 4:00 pm revealed:</p> <ul style="list-style-type: none"> <li>-The personal care logs are used by staff to know what care the resident needs.</li> <li>-The logs are checked for the specific task the resident needs. The information is gathered from the resident's FL-2, care plan and assessments.</li> <li>-The ARCD is responsible for staffing, updating and completing the personal care logs and monitoring of staff.</li> <li>-Residents are supposed to be checked every one to two hours depending on the resident needs.</li> <li>-Staff are supposed to keep a close eye on Resident #1 because the resident does not call for staff assistance.</li> <li>- The resident should push the call pendant for assistance.</li> <li>-The resident tends to lie in bed or sit in her chair.</li> <li>-The resident does for her self.</li> </ul> <p>Interview with Executive Director on 9/23/15 at 9:25 am revealed:</p> <ul style="list-style-type: none"> <li>-"If residents are not feeling well, the resident will let staff know".</li> <li>-Staff should respond to the resident's needs.</li> </ul>	D 269		

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D 269	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- Resident #1 liked to stay in bed and staff are supposed to encourage the resident to go to the dining room and get out of the room to socialize.</li> </ul> <p>Review of Resident #1's facility progress notes revealed:</p> <ul style="list-style-type: none"> <li>-On 9/8/15 at 10:40 pm, Resident paged to notify Personal Care Aide that she fell in the shower. The resident hit her head and was complaining of pain in the shoulders and left hip.</li> </ul> <p>Review of a Accident report dated 9/8/15 at 10:40 pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident paged to notify the Personal Care Assistant that she fell in the shower.</li> <li>-Resident hit her head and was complaining of pain in her shoulders and left hip.</li> </ul> <p>Review of Resident #1's care plan for significant change dated 9/23/15 revealed:</p> <ul style="list-style-type: none"> <li>-The resident does not like to come out of her room.</li> <li>- "Per family member, she has never been a social person always slept late, did not always dress, and wore night clothes most of the time".</li> <li>-The resident is ambulatory with a walker.</li> <li>-The resident had limited upper extremity strength, had occasional bladder incontinence, some confusion at times, and was forgetful-needed reminders.</li> <li>- Staff are supposed to provide supervision, monitoring and assistance as needed with toileting, supervision with ambulation, ensure has walker.</li> <li>- Staff are supposed to provide limited assistance with bathing resident, (the resident cannot reach all areas) and monitor for safety.</li> <li>- The resident required limited assistance with dressing, assist to dress as needed.</li> <li>- The resident required supervision with transfers,</li> </ul>	D 269		

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D 269	<p>Continued From page 15</p> <p>monitor for safety and ensure she has rollator(walker).</p> <p>-Staff are supposed to monitor for safety and assist with Activities of Daily Living (ADLs) as needed.</p> <p>Telephone interview with family member on 9/23/15 at 9:35 am revealed:</p> <p>-Resident #1's memory is getting worse.</p> <p>- The resident does not remember to ask for help.</p> <p>-The resident had 6 to 7 falls since April 2015, one that resulted in a broken pelvis.</p> <p>- The facility staff requested the removal of a larger bed, and some other items in the resident's room.</p> <p>-The resident must be strongly encouraged to participate in activities much of the time.</p> <p>-The resident had a bruise on the hip from a fall she had about two weeks ago and was sent out to the local emergency room because she hit her head.</p> <p>-The resident has had physical therapy multiple times; she needs support.</p> <p>-Staff reported that they walked by the room and saw the resident on the floor.</p> <p>-The resident is weak and feeble.</p> <p>Interview with Resident Care Director on 9/24/15 at 10:20 am revealed:</p> <p>-Resident #1's personal care assessment was coded for supervision (which means a resident should have staff for assistance).</p> <p>- The staff monitors Resident #1 and will check on the resident a minimal of every two hours.</p> <p>- Resident #1's needs vary from day to day.</p> <p>-Extensive Assistance means "staff are supposed to be there with the resident".</p> <p>- The Home Health agency staff document in the home health book and will give a verbal report to staff of what care Resident #1 needs.</p>	D 269		

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D 269	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>- The staff are supposed to follow personal care logs for resident care needs.</li> <li>- The staff report to each other during shift change and update each other as necessary. Any kind of changes or significant changes should be in the resident record.</li> <li>- On 6/30/15, the resident was trying to find clothes because she had experience death of a family member. While she was trying to get clothing from her closet the resident fell.</li> <li>-Staff are supposed to go in and offer assistance to the resident's and encourage the resident to participate in activities.</li> <li>- The ARCD is to ensure information is correct and completed for staff guidance in care needs.</li> <li>-The assessment information is gathered from the history and physical, FL-2, nursing assessments when residents are admitted.</li> <li>-The information is transcribed to the personal care logs for personal care aide to follow.</li> <li>- The staff are supposed to check residents every two hours during rounds and encourage residents to use their pendants.</li> <li>- The staff are supposed to assist all resident with showers and assist with toileting when needed.</li> <li>- Resident #1 likes to do things alone, she is encouraged to use the call pendant for assistance.</li> <li>-She needs assistance but refuses to ask.</li> <li>-She has been receiving therapy since she has been admitted.</li> <li>-Resident #1 needs someone to go with her but she will not call for staff, she needs assistance because she has balance issues.</li> </ul> <p>Interview with the Executive Director on 9/24/15 at 3:40 pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility nurse's assesses each resident's needs and communicates the care needs using various tools available for staff to follow.</li> </ul>	D 269		

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D 269	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>-The personal care logs are used for staff to provide assistance with task required for each resident.</li> <li>- The personal care aide should provide care to residents according to the task assigned on the personal care logs for each resident.</li> <li>-Information is gathered and reviewed when the resident is admitted.</li> <li>- The information is then entered on the resident's care plan and personal care logs for staff guidance.</li> </ul> <p>_____</p> <p>A Plan of protection was submitted by the facility on 9/25/15 which included:</p> <ul style="list-style-type: none"> <li>-The resident of focus has been reminded to use her call pendant to ask for assistance with all ambulation needs, and the resident has given her verbal contract to do so acknowledging that attempting to ambulate without assistance could result in a fall and/or serious injuries related to falls.</li> <li>-Staff members caring for the resident have been asked to be sure to follow the resident check protocol when making rounds which require them to enter the resident's room, inquire if the resident has any needs they may assist the resident with and offer assistance to the resident while making rounds making suggestions such as helping her to bathroom, offering to take her to any location she may need, etc..</li> <li>-The resident of focus will receive a complete cognitive assessment to ensure she remains appropriate for the assisted living setting as there were questions raised by the survey team regarding her cognitive capacity and the community believes her to be fully oriented to place, person and situation, thus fully capable of requesting help and assistance as needed.</li> <li>-The resident will also receive a new assessment and care plan to ensure the assessed level of</li> </ul>	D 269		

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D 269	Continued From page 18  care and needs are appropriate for her required level of care. -All staff will receive re-education on how to make appropriate resident rounds in a manner that anticipates resident needs and will encourage the resident to use her call pendant should they need her for assistance with ambulation when they are not present.  CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 24, 2015.	D 269		
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to assure resident rights for care and services.  The findings are:  Based on observations, interviews and record reviews, the facility failed to assure assistance with transfers, toileting and ambulation was provided in accordance to the assessed needs for 1 of 5 sampled residents(#1) which resulted in physical injuries.[Refer to Tag 269, 10A NCAC 13F .0901 a Personal Care and Supervision. (Type A2 Violation)]	D912		