

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETHANY TENDER LOVE AND CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>532 GREENWOOD DRIVE BURLINGTON, NC 27215</b>
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C 000	Initial Comments  The Adult Care Licensure Section and the Alamance County Department of Social Services conducted an Annual Survey and Complaint investigation 3/15/16 and 3/16/16.	C 000		
C 311	<p>10A NCAC 13G .0909 Residents' Rights</p> <p>10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review; the facility failed to ensure every resident be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy as related to speaking loudly and disrespectfully in the presence of 1 of 5 sampled residents(Resident # 1) .</p> <p>Review of Resident #1's Current FI-2 dated 7/7/15 revealed a diagnosis of schizophrenia.</p> <p>Review of Resident Register revealed Resident #1 was admitted to the facility 6/22/15.</p> <p>Interview with Resident #1 on 3/15/16 at 11:10am revealed: -Resident #1 enjoyed living in the home because the Supervisor In Charge (SIC) took the residents to the library, the local community center, and out to eat several times a week. -He enjoyed playing chess and listening to music outside. -He was his own responsible person.</p>	C 311		

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

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C 311	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-His family member was very involved in his care, and he liked to "run things by her" before making final decisions.</li> <li>-A gentleman came to the facility (Could not recall time or date) to assess Resident #1's eligibility to live independently.</li> <li>-The gentleman provided contact numbers and activity forms to fill out for a return visit as they were in the beginning process for eligibility for placement.</li> <li>-Resident #1 had given all contact numbers and information to his family member regarding the visit to assess for eligibility for independent living.</li> <li>-Resident #1 was not sure if he was ready to "live on his own" again as he was not taking his medications regularly before.</li> <li>-Resident #1's priority was getting back into community college.</li> <li>-Resident #1 denied any problems with the way the Administrator talked to him or any other residents in the home.</li> <li>-Resident #1 denied any problems with the way the SIC talked to him or any other residents in the home.</li> <li>-Resident #1 denied any disrespect from the Administrator during the conversation with the initial visit from the gentleman discussing independent living.</li> </ul> <p>Interview with SIC on 3/15/16 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The formal dining room was "off limits" to the residents and used as an office.</li> <li>-The formal living room was "off limits" to the residents with the exception of use for visiting professionals' meetings.</li> <li>-The residents were allowed to use the TV room/den at the front of the house.</li> <li>-The Administrator was hard of hearing.</li> <li>-"She doesn't talk unkindly; she talks loudly."</li> <li>-All residents were their own responsible person.</li> </ul>	C 311		

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C 311	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-All residents were ambulatory.</li> <li>-Resident #1's family member is very involved and she just got his transcripts so he could go back to school.</li> <li>-Resident #1's conversion was difficult to understand at times.</li> <li>-Resident #1's family member was a little afraid for him to live independently because he was not taking his medications regularly when he lived with her.</li> </ul> <p>Resident #1's family member paid for him to visit the local community center 3 times a week.</p> <ul style="list-style-type: none"> <li>-Resident #1's social skills, confidence, and responsibility had improved since he had been living in the home</li> <li>-The SIC passed medications at the family care home.</li> <li>-The Administrator and another family member lived in the family care home.</li> </ul> <p>Three confidential interviews revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator had been sick and is poor health.</li> <li>-The Administrator is hard of hearing and talks loudly.</li> <li>-The Administrator's family talk loudly because of her hearing issues.</li> <li>-The SIC is the "boss" and everyone likes her.</li> </ul> <p>Interview with the 4th resident at 2:30pm was unsuccessful as he declined to be interviewed.</p> <p>Interview with the SIC on 3/15/16 at 3:50pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not at the facility the day the Transition to Community Living Initiative (TCLI) worker visited.</li> <li>-The Administrator was trying to explain to the worker about how Resident #1's family did not want him to get confused about what was being</li> </ul>	C 311		

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C 311	<p>Continued From page 3</p> <p>offered.</p> <p>-The Ombudsman came to the facility (Can't recall date or time) to talk to the Administrator and Resident #1.</p> <p>Interview with Resident # 1's family member on 3/15/16 at 3:50pm revealed:</p> <p>-Resident #1 was his own responsible person.</p> <p>-"He has been doing really well since living there; it's more like a home than an institution."</p> <p>-He wanted to get back into school and the SIC was helping with that process.</p> <p>-Resident # 1 might not do well living independently as he does not stay on his medications.</p> <p>-Resident #1 becomes paranoid and anxious when he does not take his medications.</p> <p>-Resident #1 denied hearing anything negative about the staff in the home or the way he is talked to.</p> <p>-"Even with his dad passing away he is doing well. Our whole family commented on how good he looked and acted."</p> <p>An attempted phone interview with the Ombudsman 3/14/16, 3/15/16, and 3/16/16 was unsuccessful.</p> <p>Interview with the Personal Care Aide (PCA) on 3/15/16 at 4:30pm revealed:</p> <p>-Three professionals came to the facility to discuss independent living with Resident #1.</p> <p>-The PCA was working and did not hear the conversation.</p> <p>-The PCA did not listen in on conversations so she did not hear the conversation about Resident #1 signing papers.</p> <p>Interview with the Administrator on 3/15/16 at 5pm revealed:</p>	C 311		

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C 311	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- At the first visit the TCLI worker told Resident #1 "You have to give your family the okay" because he could not talk to his family without Resident #1's permission.</li> <li>-There were 3 visitors the 2nd visit.</li> <li>-"They came through the door unannounced, no badges and said they wanted to talk with Resident #1. I requested to sit in on the meeting, but they said no. They took Resident #1 into the formal living room. There were no other residents in that room. They did not stay long. They walked back to the TV room where I was sitting and that is when the lady said: "You make me nervous when you talk to Resident #1. "I don't understand because I never said a word to Resident #1 while they were here."</li> <li>-"The Ombudsman came out in between visits. Evidently the focus was on the 3 visitors saying that I kept Resident #1 from signing those papers."</li> <li>-"The only thing I referred to was sometimes I can't understand what Resident #1 is saying. I did not say that in front of Resident #1. I started crying after that woman was talking to me and one of them said "Let's go." He was a supervisor, he said. Then they left. They have never been back."</li> <li>-The Administrator denied ever talking ugly to the residents or around them. She denied residents ever accusing her of talking ugly to them or around them. "I try to counsel them and expose them to church."</li> </ul> <p>Interview with the TCLI worker on 3/15/16 at 5:25pm revealed:</p> <ul style="list-style-type: none"> <li>-His job included meeting clients to discuss the Transition to Community Living Initiative. (TCL)</li> <li>-He had tried to schedule an in-reach meeting with Resident #1 but had been denied access to visit the facility over the phone by the</li> </ul>	C 311		

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C 311	<p>Continued From page 5</p> <p>Administrator on 1/25/16 and was told not to come onto the property.</p> <p>-The Administrator had answered the phone that day and handed the phone to the (SIC) and when the (Adm) found out who it was she grabbed the phone from the SIC and told me "He's (Resident #1) not right ; you're just going to mess his mind up, his mother doesn't want him to go anywhere."</p> <p>-The TCLI worker explained to the Administrator his need to meet with Resident #1. The Administrator said: "You will not be coming here to this house, don't you be coming around here."</p> <p>-The Administrator went on to say "The state can come and take my license but you will not come and mess up Resident #1's life."</p> <p>-The TCLI worker told the Administrator by phone on 1/25/16 his intention was not to upset her but he still intended on coming to the home.</p> <p>-The TCLI worker had submitted an internal document notification to his supervisor for being denied access to his client.</p> <p>-On 2/10/16 at 1:00 pm the TCLI worker entered the facility through the front door after the PCA answered the door. He introduced himself, showed an ID badge, and requested to speak with Resident #1. The PCA brought Resident #1 to him and they sat down in the formal living room for their meeting. The Administrator was sitting in a recliner in the TV room.</p> <p>-The TCLI worker then began to explain the process, left a copy of the bill of Resident Rights and a contact list on Division of Aging. The worker re-enforced resident rights and Resident #1 was encouraged to call the worker with any questions. The conversation lasted 1 and ½ hours.</p> <p>-The TCLI worker then came into the TV room to meet with the Administrator before he left. Resident #1 had unknowingly come into the TV room and sat down on a couch. The</p>	C 311		

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C 311	<p>Continued From page 6</p> <p>Administrator said: "He's (Resident #1) not right; Resident #1, you sign that paper (HIPPA) form. Your mom don't want you to go anywhere."                      -The TCLI worker then informed the resident and the Administrator that Resident #1 was his own guardian and that he had the right to sign at will.                      -"The Administrator's family member asked me to talk to the Administrator before I left. I discussed what we had talked about. Initially when I first started to talk to the Administrator, Resident #1 was not in the room, but I turned around and he was quietly sitting on the couch                      -The TCLI worker left the form with Resident #1 and concluded the interaction as it had happened in front of the resident. There were no other residents present during the interaction.                      -On 3/10/16 the TCLI worker, his supervisor and another professional visited the home. "We all arrived together. The Administrator's family member remembered us from the last visit, we all introduced ourselves to the Administrator. The Administrator informed the 3 visiting professionals the ombudsman visited and the Administrator said: I didn't say not to sign those forms, I told Resident #1 he had to sign the forms."                      -"The Administrator wanted us to conduct our interview in the TV room where she could be present. The TV was blaring. We reminded her of our need for privacy in conversation so we took Resident #1 to the formal living room and had our meeting."                      -"The Administrator's family member came in the formal living room and insisted we should have introduced ourselves, we reminded him that we did introduce ourselves to the Administrator before the meeting. We re-introduced ourselves and he went back into the TV room."                      -"The Administrator entered the formal living room and told us the ombudsman was on the phone</p>	C 311		

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C 311	<p>Continued From page 7</p> <p>and wanted to talk to me. The female visiting professional volunteered to speak with the ombudsman by phone in another room so I could continue my meeting. The Administrator re-entered the formal living room and sat down on the arm of a couch. The Administrator proceeded to talk about Resident #1 right in front of him." -The Administrator said: "He's not right; his memory is no good." -I tried to diffuse the situation and told Resident #1 we were there for him and we would advocate for him. My supervisor told Resident #1 that he didn't have to listen to someone being disrespectful. Resident #1 appeared nervous. We ended the meeting and left our cards and re-enforced that he had other options for living. As we were leaving the female professional and the Administrator started arguing. We made the decision to end the meeting and leave."</p> <p>Interview with Resident #1 on 3/16/16 at 9:30am revealed: -I can't recall the date of the first visit but the TCLI worker came to the home and introduced himself to the Administrator and took me into the formal room to talk. The Administrator walked through the living room and she was asking what was going on, she was questioning why he was coming into her living space." -The Administrator said she wasn't sure if she was going to allow the worker back in the home. I think she understood what he was talking to me about. She didn't say anything too offensive. She said: "We don't have any room here for people that are conflictive. He (Resident #1) may not be ready for that yet ( As in living independently on my own). She never said anything to me or in front of me that I felt was disrespectful or gave me a bad feeling." -The 2nd visit there was raising of voices. The</p>	C 311		

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C 311	<p>Continued From page 8</p> <p>Administrator's family member got me out of my room and told me someone was here to see me. They had already been talking to the Administrator for about 5 minutes in the TV room, I went to the formal living room. I heard the Administrator say: "You can only do so much, she never said I couldn't sign those papers. The 3 people requested to speak to the SIC. The Administrator was raising her voice in front of me only because I walked in."</p> <p>-I told the 3 people I wasn't sure if I was ready for independent living yet. There was heated discussion about whether they could get the disclaimer. The Administrator's family member told the people "You'll have to get out of here."</p> <p>-I was standing close to the door, shuffling my feet back and forth and that's when the female visitor noticed I was standing there, and that's when they all realized I was standing within earshot of the conversation."</p> <p>-The female worker said I looked nervous and I was. They talked for another minute and took me into the formal living room where we had a 10 minute conversation. Most of the other residents could hear their raised voices (Can't recall details). We talked about independent living again, they realized I needed to sign a paper and I hadn't filled out the questionnaire. I read through a packet of information to discuss and it was obvious I wasn't prepared."</p> <p>-"The TCLI worker walked out, the 2 other visitors were discussing my case and talking about money. They were discussing the way the process would work. I walked to another part of the house. There was another heated discussion between the Administrator and workers before they left (No details). I felt nervous."</p> <p>-"The 3rd visit there were 3 visitors again and it was as bad or worse as the 2nd visit. The 3 introduced themselves to the Administrator in the</p>	C 311		

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C 311	<p>Continued From page 9</p> <p>TV room. There wasn't a lot of what she said, it was about my case. The subtle context was what needed to be in place before my next visit. The Administrator said she didn't want them in her house. She was raising her voice. She asked the 3 people if they could do this on their own time. There was a discussion about whether I was ready or not."</p> <p>-Resident #1 did not like any form of confrontation and felt uncomfortable around such conversations.</p> <p>-People raising their voices around him made him nervous.</p> <p>Three confidential resident interviews revealed:</p> <p>- "I thought those people were coming to take Resident #1 away. We didn't want to lose him. Resident #1 is well liked. Resident #1 never stepped up and said he did want to go."</p> <p>- A resident denied being at facility when there were visitors. "It's none of my business."</p> <p>- The Administrator talked loud because she was hard of hearing.</p> <p>- Sometimes the Administrator and her family member "Get into it." It gets a little loud and makes me feel a little uneasy. That happens about once a month."</p> <p>- "The family member and Administrator fight (argue/yell) every day. They have never yelled at me. I think what happened with the whole Resident #1 thing was that they didn't communicate their emotions. When they get upset, they yell instead of being able to talk it out. I didn't hear the conversations when the workers visited Resident #1. There is yelling in the house; never at residents. The yelling makes us all uneasy but we are used to it. The other residents would not complain. They don't have anywhere else to go"</p>	C 311		

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C 311	<p>Continued From page 10</p> <p>Interview with the SIC 3/16/16 at 10:15am revealed: -She was not at home during the visits with Resident #1. -"The Administrator and family member argue sometimes and I'm sure the other residents can hear it. I don't know that the Administrator has ever talked ugly to Resident #1 or in front of him. No residents had ever complained about the Administrator or the way she talks to residents."</p> <p>Interview with the Administrator's family member on 3/16/16 at 11:00am revealed: -"I was not involved with the first visit with the TCLI worker other than he introduced himself when asked who he was and what purpose he was here. He introduced himself that time but never showed an ID badge." -There were 3 people during the 2nd visit. -"They came to the door, I asked them what they wanted, they said they wanted to speak to Resident #1. I requested an ID badge and an introduction. They introduced themselves to the Administrator but only afterwards did they introduce themselves to me." -"We did not ask them to leave. I was not there when they were trying to get Resident #1 to sign papers." -This was not the first time members from their organization have been very off-handed in their approach. "You don't just walk in and not introduce yourselves and disrespect someone else's home." -The 3rd visit 3 visitors came and I was outside and they were discussing matters amongst themselves. I told them they were very disrespectful the way they approached things. The woman said it didn't happen that way. I said you were not even here the last time. She denied being disrespectful."</p>	C 311		

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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 311	<p>Continued From page 11</p> <p>- "We never yell at the residents or make them feel disrespected. I walked back inside and Resident #1 was acting like his normal demeanor (quiet)."</p> <p>- "You have people coming in our home; their attitudes were, oh, we will report you. I never have any trouble with ACLS or DSS. We have asked repeatedly to introduce themselves first and show ID. Even before this last group came, their manner was unprofessional."</p> <p>Interview with the TCLI worker's supervisor on 3/16/16 at 2:33pm revealed:</p> <p>- On 3/10/16 the TCLI worker, I and another visiting professional all entered the facility at the same time. The Administrator's family member met us at the back door, the worker introduced himself and requested to speak with Resident #1."</p> <p>- "The TCLI worker and I had our badges on. We all introduced ourselves to the Administrator who was in the TV room. She recognized the worker from a previous visit and started in on him immediately."</p> <p>- The Administrator said: "She told that lady that I told Resident #1 not to sign those papers and that's not true. I was telling him he had to sign the papers." (HIPPA release for family member to talk to the worker).</p> <p>- The TCLI worker said: "that's not the way it went, we are here to see Resident #1." The Administrator yelled to her family member to go get Resident #1 and he did.</p> <p>- The TCLI worker then re-enforced the need to speak with Resident #1 privately and the need for another room so they all went into the formal living room. The response from the Administrator was: "Oh you don't want me to hear what you all are saying."</p> <p>- The TCLI worker responded: "No Resident #1</p>	C 311		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2016</b>
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C 311	<p>Continued From page 12</p> <p>has the right to privacy with conversation." -The TCLI worker and his supervisor proceeded to the formal living room, re-introduced themselves and their roles to Resident #1 and re-capped the last visit. -"The Administrator came into the formal living room and said: "That lady (The County Ombudsman) is on the phone and wants to talk to you (The TCLI worker)." -The 3rd professional left the room to take the call so the worker could continue the meeting. The Administrator stayed in the formal living room while the female 3rd professional was on the phone in the kitchen. The worker reiterated the need for a private conversation with Resident #1. No other residents were present. -"There was a lot of chaos going on, Resident #1 appeared nervous and withdrawn. The Administrator said: "I was just trying to give her (3rd professional) her privacy. You know Resident #1 is just not right, he's not ready to leave, he doesn't understand things." -The Administrator never yelled at Resident #1; she raised her voice and acted as if Resident #1 wasn't there. The worker told the Administrator: "You know you can't talk to Resident #1 like that." -The Administrator then said: I didn't say it to Resident #1, I'm saying it to you." -"Meanwhile Resident #1 was sitting on the couch with us. The TCLI worker reinforced the fact of the need for privacy. The Administrator left the formal living room and went back to the TV room. Resident #1 was very nervous, there were almost tears in his eyes. I reinforced that he was worthy and it was not okay for someone to talk this way in front of him and he deserved to be treated with respect."</p>	C 311		