STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL068032	A. BUILDING: _____ B. WING _____	08/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL COKER HILLS	202 N ELLIOTT ROAD CHAPEL HILL, NC 27514

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 8/30/17.	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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C 007	Continued From page 1 building. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation that residents' evacuation capabilities were different from the evacuation capability listed on the home's license for 3 of 3 sampled residents (#1, #2, and #3) residing in the facility who had cognitive and/or physical impairments which would prevent the residents from independently evacuating the facility. The findings are: Review of the facility's 2017 license revealed: -The facility was licensed for a capacity of 6 all ambulatory residents. 1. Review of Resident #1's current FL-2 dated 5/24/17 revealed: -Diagnoses included early dementia, muscle weakness, right hip fracture, osteoarthritis, and multiple spinal surgeries. -The resident was intermittently disoriented. -The resident was non-ambulatory, wheelchair bound and required assistance with transfers. Review of the Resident Register revealed Resident #1 was admitted to the facility on 06/06/16. Review of Resident #1's current assessment and care plan dated 07/11/17 revealed: -The resident was forgetful, needed reminders	C 007		

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C 007	Continued From page 2	C 007		

and was disoriented at times.
-The resident was non-ambulatory, wheelchair bound and required extensive assistance with ambulation.
-The resident required total assistance from staff for transferring and required the use of a sit to stand mechanical lift.
-The resident was oriented but was forgetful and needed reminders.
-The resident was totally dependent for bathing and dressing.
-The resident required extensive assistance from staff for toileting, grooming and personal hygiene.

Observation of Resident #1 on 08/30/17 at 10:00am revealed:
-The resident was awake and lying in a hospital bed with both side rails (1/3 rails) up.
-The resident made a low sounds when spoken to but she did not speak back.
-The resident was assisted out of bed by a staff onto a sit to stand lift. The lift was rolled to the bathroom and 2 staff members assisted the resident onto the commode.

Interview with a 1st shift nursing aide (NA) on 8/30/17 at 10:10am revealed;
-Resident #1 was non-ambulatory and required total assistance with all transfers and personal care.
-The resident required the use of a lift for transfers from bed to wheelchair and from wheelchair to bed.
-The staff would have to assist resident to wheelchair and push the wheelchair out of the home if their residents had to evacuate the home for any reason.

Observation of Resident #1 on 08/30/17 at

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C 007	Continued From page 3 12:25pm revealed: -The resident was sitting in her wheelchair and the wheelchair was pushed to the dining room table by a staff from her bedroom to the dining room. -The NA assisted the resident with feeding her lunch meal. -The resident did not talk or reply to the NA during the meal when spoken to. Interview with the Supervisor-in-Charge (SIC) on 08/30/17 at 2:30pm revealed: -Resident #1 required staff assistance with activities of daily living to include transfers and ambulation. -The resident could not get out of bed independently and was non-ambulatory. -In the event of a fire, fire drill or any emergency which required evacuation, Resident #1 could not evacuate the building on her own and the staff would have to physically transfer the resident to her wheelchair and push the resident outside. Interview with the Administrator on 8/30/17 at 11:45am revealed she was aware Resident #1 was non-ambulatory. Refer to interview with the Administrator on 08/30/17 at 11:45am. 2. Review of Resident #2's current FL-2 dated 6/23/17 revealed: -Diagnoses included Alzheimer's dementia with behavioral disturbances, history of closed hip fracture, fall history, congestive heart failure and carotid artery disease. -The resident was ambulatory with a walker. -The resident was disoriented intermittently. Review of Resident #2's Resident Register	C 007		

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C 007	Continued From page 4	C 007		

revealed Resident #2 was admitted to the facility on 2/2/16.

Review of Resident #2's current assessment and care plan dated 06/30/17 revealed:
-The resident ambulated with a walker and staff assistance.
-The resident was disoriented at times and was forgetful.
-The resident required extensive assistance with toileting, bathing, dressing and transferring (hands on assistance).

Observation of Resident #2 on 8/30/17 at 12:10pm revealed the resident was asleep in the living room in a recliner with her feet elevated. The resident's walker was next to the recliner.

Interview with the SIC on 8/30/17 at 2:30pm revealed:
-Resident #2 was able to get up and down with the use of her walker, but she had an unsteady gait.
-The resident was confused at times but would be able to ambulate out of the facility during an evacuation. The staff would have to direct her and provided stand by assistance.

Interview with the Administrator on 8/30/17 at 11:45am revealed she was aware Resident #2 had dementia with confusion and was ambulatory.

Refer to interview with the Administrator on 08/30/17 at 11:45am.

3. Review of Resident #3's current FL-2 dated 02/17/17 revealed:
-Diagnoses included dementia, osteopenia, and episodes of unresponsiveness.

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C 007	Continued From page 5 -The resident was ambulatory. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 1/18/16. Review of Resident #3's current assessment and care plan dated 7/11/17 revealed: -The resident ambulated without problem but was always disoriented and had significant memory loss and must be directed. -The resident's speech was weak and incoherent. -The resident transferred and ambulated independently with supervision. -The resident required hands on extensive assistance with personal care. Observation on 8/30/17 at 11:15am revealed Resident #3 ambulating in the facility. Interview with the SIC on 8/30/17 at 2:30pm revealed: -Resident #3 was ambulatory without assistance but was confused at all times. -The staff provided supervision at all times and assisted with her personal care. -In the event of a fire, or any emergency which required evacuation of the home, the staff would have to assist and direct the resident out of the building. Interview with the Administrator on 8/30/17 at 11:45am revealed she was aware Resident #3 had dementia with confusion and was ambulatory. Based on observation, interview and resident records, Resident #3 was determined to not be interviewable.	C 007		

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C 007	Continued From page 6 Refer to interview with the Administrator on 08/30/17 at 11:45am. Interview with the Administrator on 8/30/17 at 11:45am revealed: -The current census of the facility was 6 residents with 1 resident hospitalized since last week. -She had not discussed discharge of either resident because the facility's goal was to keep the resident in the home they were accustomed to. -The county Adult Home Specialist had advised her to put proper measures in place to protect the residents and provide for the residents safety in the event of an evacuation. -Starting in April 2017, 4 staff provided 1 to 1 supervision and care for Resident's #1, #2 and #3 from 7:00am until 7:00pm and 1 staff provided care and supervision for the other 3 residents. - From 7:00pm until 7:00am, 3 staff were scheduled to provide care and supervision for the residents and 1 staff was scheduled from 7:00pm until 8:00pm. -They constructed/upgraded the wheelchair ramp at the front entrance and constructed a wheelchair ramp at the back entrance. -The facility installed sprinklers throughout the facility, including the residents' bedrooms and bathrooms. -The facility had applied for a change in license capacity to include non-ambulatory residents. The facility exceeded its licensed capacity by having 3 of 6 residents that were unable to	C 007		

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C 007	Continued From page 7 evacuate the facility independently due to cognitive and physical limitations. In the event of an emergency, such as a fire, the facility staff would be unable to evacuate residents in a timely manner. The failure of the facility to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's license was detrimental to the safety and welfare of the residents and constitutes a Type B Violation. Review of the facility's Plan of Protection dated 8/30/17 revealed: -Staff has been increased in the home to provide an additional staff member for each non-ambulatory resident to include 4 staff 7:00am to 7:00pm and 3 staff from 7:00pm to 7:00am, but not limited to evacuating the home in the event of a fire. -The home has installed sprinkler systems, added an additional wheelchair ramp, and put in emergency windows for resident evacuation. -The home has contacted the city inspection office for a building inspection and anticipate their visit on 9/5/17. -Once the city inspection is complete, the home will contact the Construction Section of DHSR for inspection. -The Licensee has applied for non-ambulatory license in April, 2017. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED OCTOBER	C 007		

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C 007	Continued From page 8 15, 2017.	C 007		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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, record reviews, and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to capacity. The findings are: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation that residents' evacuation capabilities were different from the evacuation capability listed on the home's license for 3 of 3 sampled residents (#1, #2, and #3) residing in the facility who had cognitive and/or physical impairments which would prevent the residents from independently evacuating the facility. [Refer to Tag 0007, 10A NCAC 13G .0206 Capacity (Type B Violation)].	C 912		