STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092236	A. BUILDING: _____ B. WING _____	10/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE INNOVATIONS OF NORTH CAROLINA	2409 HORTON ROAD KNIGHTDALE, NC 27545

(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 000	Initial Comments The Adult Care Licensure conducted an initial survey on October 26, 2017.	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 assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 1 of 1 resident (#1) residing in the facility who had cognitive and/or physical impairments which would prevent the resident from independently evacuating the facility. The findings are: Review of the facility's initial license dated 6/2/17 revealed: -The facility was licensed for a capacity of 4 residents. -The facility was licensed for all ambulatory residents. Review of the daily census revealed 2 residents resided in the facility on 10/26/17. Review of Resident #1's most current FL-2 dated 8/3/17 revealed: -Diagnosis included Lewy body dementia and hypothyroidism (Lewy body dementia is a type of dementia that causes a progressive decline in mental abilities that affects brain regions involved in thinking, memory and movement that may result in patients suffering visual hallucinations and changes in alertness and attention). -Resident #1 was ambulatory. -There was no information in the orientation section.	C 007		

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C 007	Continued From page 2 Review of Resident #1's Resident Register revealed he was admitted to the facility on 8/15/17. Review of Resident #1's Care Plan dated 7/31/17 revealed: -Resident #1 was independent with eating and transferring. -Resident #1 required supervision with toileting and ambulation. -Resident #1 required limited assistance with bathing, dressing, and grooming. -Resident #1 was sometimes disoriented, forgetful, and needed reminders. Review of Resident #1's licensed health professional support (LHPS) dated 10/18/17 revealed: -The LHPS nurse noted that Resident #1 exhibited signs of dementia by incoherent speech patterns. -Resident #1 showed signs of paranoia. Observation of Resident #1 on 10/26/17 at 11:05am revealed: -Resident #1 was sitting in a chair in the living room. -It was difficult to understand Resident #1 sometimes due to unclear thought processes and sometimes garbled speech. Interview with Resident #1 on 10/26/17 at 11:05am revealed: -Resident #1 was able to verbalize his name. -Resident #1 was not oriented to place or time. Interview with the Director/Owner on 10/26/17 at 11:30am revealed: -She knew that her license was for all ambulatory	C 007		

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C 007	Continued From page 3	C 007		

residents.
-She considered Resident #1 to be an ambulatory resident when he was admitted to the facility because he could walk.
-She had not thought that Resident #1's mental status had any connection to his ambulatory status until both the county department of social services and the state construction told her about it in September 2017.
-She had seen that Resident #1's mental status had declined since he was admitted to the facility.
-She was trying to find to alternate facility placement for Resident #1.
-She had already given notice of discharge to Resident #1's family last week.
-Resident #1 was supposed to be transferred to another facility on 11/30/17.
-She believed Resident #1 would be able to evacuate the facility without any type of assistance during an emergency.
-She and the staff had practiced several fire drills with Resident #1 and he was able to safely evacuate the facility without staff assistance.
-Only one staff person worked during the day at the facility as live-in staff.
-Resident #1 had a sitter at night to help monitor him when the live-in staff person was sleeping.

Telephone interview with the Director/Owner on 10/27/17 at 8:45am revealed:
-She knew that her license was for 4 - all ambulatory residents.
-She currently had 2 residents in the facility.
-She considered both of the 2 residents to be ambulatory.
-She opted to discharge Resident #1.
-She had given notice of discharge to Resident #1's family on 10/22/17.
-Resident #1 was scheduled to be transferred to another facility on 11/30/17.

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C 007	Continued From page 4 The facility exceeded its licensed capacity for 1 of 1 resident (#1) that was unable to evacuate the facility independently due to cognitive limitations. In the event of an emergency, such as a fire, the facility would be unable to evacuate residents in a timely manner. The non-compliance of the facility to assure that resident's evacuation capabilities were in accordance with the evacuation capability listed on the home's license was detrimental to the safety of the resident and constitutes a Type B Violation. Review of a Plan of Protection dated 10/27/17 revealed: -The facility will continue to diligent evacuation training with Resident #1 as recommended by Department of Health Service Regulation Construction Section. -The facility has provided the resident with a sitter at night to ensure safety. -The facility has installed sounding alarm systems on all windows and doors. -The facility has opted to discharge the resident to an alternate appropriated facility. -Resident will be transferred to the new facility on 11/30/17. THE CORRETION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 28, 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	C 912		

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C 912	Continued From page 5 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 facility license capacity and resident's ambulatory status. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 1 of 1 resident (#1) residing in the facility who had cognitive and/or physical impairments which would prevent the resident from independently evacuating the facility.	C 912		