STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092174	A. BUILDING: _____ B. WING _____	12/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN'S HOME AT RIVERSIDE	5614 APALACHICULA CIRCLE RALEIGH, NC 27616

(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 Section and the Wake County Department of Social Services conducted an annual survey on December 12, 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	C 007		

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C 007	Continued From page 1 possible changes that may be required to the building. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews the facility failed to notify DHSR that the resident evacuation capabilities were different from the evacuation capabilities listed on the homes license for 6 of 6 residents (Resident #1, #2, #3, #4, #5, #6) having cognitive and/or physical impairments which could delay or prevent the residents from evacuating the facility independently. The findings are: Review of the facility's license revealed the facility was licensed for 6 ambulatory residents. 1. Review of Resident #1's current FL-2 dated 02/07/17 revealed: -Diagnoses of dementia, muscle weakness, falls, chronic history of urinary tract infections, constipation, chronic obstructive pulmonary disease, diabetes, and hypertension. -Resident #1 was constantly disoriented. -Resident #1 was semi-ambulatory. -Resident #1 required a walker and assistance for ambulation. Review of Resident #1's care plan dated 09/22/17 revealed Resident #1 required extensive assistance with performing all activities of daily living including ambulation and transfers. Review of Resident #1's Licensed Health	C 007		

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C 007	Continued From page 2 Professional Support evaluation dated 10/31/17 revealed Resident #1 required assistance with ambulation and a walker for ambulation. Observation of Resident #1 in the dining room on 12/12/17 at 7:30 AM revealed Resident #1 was sitting at the table in a wheel chair. Observation of Resident #1 on 12/12/17 at 8:45 AM revealed: -Resident #1 was pushed in a wheel chair from the dining room into the living room. -The staff at the facility then assisted with transferring Resident #1 out of the wheel chair into a chair in the living room. Based on observations, interviews, and record reviews the attempted interview Resident #1 on 12/12/17 revealed Resident #1 was not inter-viewable. Refer to interview with a Medication Aide on 12/12/17 at 9:55 AM. Refer to interview with a second Medication Aide on 12/12/17 at 10:10 AM. Refer to interview with the Assistant Administrator on 12/12/17 at 10:30 AM. Refer to interview with the Administrator on 12/12/17 at 1:00 PM. 2. Review of resident #1's current FL-2 dated 10/03/17 revealed: -Diagnoses of dementia and hypertension. -There was an entry that Resident #2 was constantly disoriented. Review of Resident #2's care plan dated 09/22/17	C 007		

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C 007	Continued From page 3	C 007		

revealed:
-Resident #2 required limited assistance with performing some activities of daily living including ambulation and transfers.
-Resident #2 required assistance to ambulate with an aide or an assistive device.

Review of Resident #2's Licensed Health Professional Support evaluation dated 10/31/17 revealed Resident #2 required an assistive device and gait belt for ambulation.

Based on observations, interviews, and record reviews the attempted interview Resident #2 on 12/12/17 revealed Resident #2 was not inter-viewable.

Refer to interview with a Medication Aide on 12/12/17 at 9:55 AM.

Refer to interview with a second Medication Aide on 12/12/17 at 10:10 AM.

Refer to interview with the Assistant Administrator on 12/12/17 at 10:30 AM.

Refer to interview with the Administrator on 12/12/17 at 1:00 PM.

3. Review of resident #3's current FL-2 dated 11/01/17 revealed:
-Diagnoses of acute encephalopathy, senile dementia, hypertension, anxiety, depression, and syncope.
-There was an entry that Resident #3 was intermittently disoriented.
-There was an entry that Resident #3 was semi-ambulatory.

Observation of Resident #3 on 12/12/17 at 7:20

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C 007	Continued From page 4 AM revealed: -A staff member went into Resident #3's bedroom and assisted her in ambulating to the dining room table for breakfast. -Resident #3 was holding on to the staff members arm and ambulated very slowly form her room to the dining room table. -The staff member had to assist Resident #3 to sit down at the table. Based on observations, interviews, and record reviews the attempted interview Resident #3 on 12/12/17 revealed Resident #3 was not inter-viewable. Refer to interview with a Medication Aide on 12/12/17 at 9:55 AM. Refer to interview with a second Medication Aide on 12/12/17 at 10:10 AM. Refer to interview with the Assistant Administrator on 12/12/17 at 10:30 AM. Refer to interview with the Administrator on 12/12/17 at 1:00 PM. 4. Review of resident #4's current FL-2 dated 08/18/17 revealed: -Diagnoses of atrial fibrillation, hypertension, hypothyroidism, and dementia. -There was an entry that Resident #4 was intermittently disoriented. Review of Resident #4's Licensed Health Professional Support evaluation dated 10/31/17 revealed Resident #4 required a walker and Assistance for ambulation. Observation of Resident #4 in the living room on	C 007		

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C 007	Continued From page 5 12/12/17 at 7:35 AM revealed: -The staff prompted Resident #4 to come and eat breakfast four times and the resident said thank you and continued to sit on the couch. -The staff member had to come over to the couch and prompt a fifth time to come and eat breakfast and assisted the resident to stand and guided Resident #4 while she walked to the dining room to eat breakfast. Based on observations, interviews, and record reviews the attempted interview Resident #4 on 12/12/17 revealed Resident #4 was not inter-viewable. Refer to interview with a Medication Aide on 12/12/17 at 9:55 AM. Refer to interview with a second Medication Aide on 12/12/17 at 10:10 AM. Refer to interview with the Assistant Administrator on 12/12/17 at 10:30 AM. Refer to interview with the Administrator on 12/12/17 at 1:00 PM. 5. Review of resident #5's current FL-2 dated 07/07/17 revealed: -Diagnoses of dementia, depression, hypertension, vitamin D deficiency, history of sepsis, peripheral vascular disease, falls, and history of urinary tract infections. -There was an entry that Resident #5 was intermittently disoriented. Review of Resident #5's care plan dated 02/07/17 revealed Resident #5 required limited assistance with performing some activities of daily living including ambulation and transfers.	C 007		

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C 007	Continued From page 6 Review of Resident #5's Licensed Health Professional Support evaluation dated 10/31/17 revealed Resident #5 required the use of a gait belt for ambulation. Observation of Resident #5 in the living room on 12/12/17 at 7:35 AM revealed: -The staff prompted Resident #5 to come and eat breakfast four times and the resident said thank you and continued to sit on the couch. -The staff member had to come over to the couch and prompt a fifth time to come and eat breakfast and after the resident stood up the staff member guided Resident #5 to the dining room to eat breakfast. Based on observations, interviews, and record reviews the attempted interview Resident #5 on 12/12/17 revealed Resident #5 was not inter-viewable. Refer to interview with a Medication Aide on 12/12/17 at 9:55 AM. Refer to interview with a second Medication Aide on 12/12/17 at 10:10 AM. Refer to interview with the Assistant Administrator on 12/12/17 at 10:30 AM. Refer to interview with the Administrator on 12/12/17 at 1:00 PM. 6. Review of resident #6's current FL-2 dated 08/30/17 revealed: -Diagnoses of dementia, major depressive disorder, and atrial fibrillation. -There was an entry that Resident #3 was constantly disoriented.	C 007		

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C 007	Continued From page 7 Based on observations, interviews, and record reviews the attempted interview Resident #6 on 12/12/17 revealed Resident #6 was not inter-viewable. Refer to interview with a Medication Aide on 12/12/17 at 9:55 AM. Refer to interview with a second Medication Aide on 12/12/17 at 10:10 AM. Refer to interview with the Assistant Administrator on 12/12/17 at 10:30 AM. Refer to interview with the Administrator on 12/12/17 at 1:00 PM. --- Interview with a Medication Aide on 12/12/17 at 9:55 AM revealed: -She had been working at the facility for a little over a year. -All the residents except for 1 resident had been at the facility since she was hired. -All the residents at the facility were constantly disoriented and confused. -All 6 residents required assistance and total care including transferring and personal care needs. -In the event of an emergency it would take 2 staff members to get everyone out of the facility because the residents requires assistance due to cognitive functioning. -She did not feel that 1 person working at night could safely evacuate everyone from the facility because all of the residents needed assistance to evacuate due to cognitive functioning. Interview with a second Mediation Aide on 12/12/17 at 10:10 AM revealed all 6 of the	C 007		

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C 007	Continued From page 8 residents were constantly disoriented and confused. Interview with the Assistant Administrator on 12/12/17 at 10:30 AM revealed: -She would usually be at the facility at least 2 times per week during the day to help out. -The facility had three fire safe doors installed in the event of a fire a few months ago. -In the event of an evacuation there are 2 residents that can safely get to the door alone but the other 4 residents requires assistance by staff to get out. -The 2 residents requiring assistance would need assistance to get up and out of the facility with assistance or assistive devices. -Fired drills were done almost every week at the facility and she was there for most of them. -If she was present for a fire drill she did assist with getting residents out of the facility during the fire drill. -There was only 1 staff person working in the evening shift and there were never any fire drills performed at this time. Interview with the Administrator on 12/12/17 at 1:00 PM revealed: -She was aware that she could have her licensed changed without the sprinkler system if she dropped her capacity but she was not willing to do that. -She did not feel that she needed to add a second staff member to the night shift. -She had not had the license changed to non-ambulatory because she could not until a sprinkler system had been installed. -She was working on getting a sprinkler system installed but was waiting on all the plans to be finalized.	C 007		

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C 007	Continued From page 9 -She planned to have the system installed by March of 2018. -She did have someone come and install some fire safe doors and extra smoke alarms until she could have the sprinkler system installed. -She did not feel that any of the residents were at danger in the facility at this time. -She only had 2 residents that requires assistive devices to get out of the facility. -She was aware that all the residents were disoriented and had dementia. _____ Review of the Plan of Protection dated 12/12/17 revealed: -The facility would add an extra staff member at night until she could appeal the license. -The Administrator would be responsible for making sure an extra staff member was in place for night shift by 12/13/17. -The Administrator was currently working on having a sprinkler system installed and then would have her licensed changed. -The Administrator hoped to have this completed no later than March 2018. _____ The facility failed to notify DHSR of the evacuation capability of residents who would not be able to evacuate the facility independently in case of an emergency; and in accordance with the current license for 6 ambulatory residents. Based on observations, interviews, and record reviews, 6 of 6 residents had cognitive impairments which could delay or prevent them from evacuating the facility independently. The failure to assure residents capabilities were in accordance with the facility's license was detrimental to the safety and welfare of the residents and constitutes a Type B violation.	C 007		

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C 007	Continued From page 10 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED January 26, 2018.	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, interviews, and record reviews the facility failed to assure residents were not receiving proper care and personal care services as related to Capacity. The findings are: 1. Based on observations, interviews, and record reviews the facility failed to notify DHSR that the resident evacuation capabilities were different from the evacuation capabilities listed on the homes license for 6 of 6 residents (Resident #1, #2, #3, #4, #5, #6) having cognitive and/or physical impairments which could delay or prevent the residents from evacuating the facility independently. [Refer to Tag D0007, Capacity (Type B Violation)].	C 912		