STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059032	A. BUILDING: _____ B. WING _____	R 04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

(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
{D 000}	Initial Comments The Adult Care Licensure Section and the McDowell County Department of Social Services conducted a follow-up survey on April 25, 2018 through April 26, 2018.	{D 000}		
{D 270}	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: FOLLOW-UP TYPE B VIOLATION Non-compliance continues with increased severity resulting in residents placed at substantial risk that death or serious physical harm, abuse, neglect or exploitation will occur. TYPE A2 VIOLATION Based on observations, interviews, and record reviews, the facility failed to assure supervison of 4 of 6 sampled residents (Residents #1, #3, #5, #6) related to smoking. The findings are: 1. Review of Resident #5's current FL2 dated 8/17/2017 revealed: -Diagnoses included paranoid schizophrenia, neurocognitive disorder, syndrome of inappropriate antidiuretic hormone, and nicotine dependence.	{D 270}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 5/24/2018

Reviewed and accepted 5/29/18 RP

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{D 270}	Continued From page 1 -The resident was ambulatory. Review of Resident #5's Resident Register revealed: -An admission date of 5/5/2016. -Resident #5 had a guardian. Review of Resident #5's Smoking Assessment dated 5/6/2016 revealed the resident was "assessed for smoking and requires smoking restrictions, at this time." Review of Resident #5's current Care Plan dated 5/17/2017 revealed: -Resident #5 was documented as oriented with adequate memory. -The resident required extensive assistance with bathing, dressing, and grooming/personal hygiene. -The resident required limited assistance with toileting. -"Resident does smoke, but in doing so often burns his fingertips" was documented in the social/mental health history. -"Resident's fingertips are burned from smoking" was documented in skin care needs. Review of Resident #5's physician's order dated 10/25/2017 revealed: -Physician "aware" Resident #5 "has a habit of rummaging for old cigarettes, frequently smoking them until he burns his finger." -"We have used non-flammable aprons in the past with little success." -"I have reviewed his medications, and other than keeping his beard/mustache trimmed shorter he will continue to be at risk for cigarette related burns due to his poor smoking habits." -"Staff will continue to remind him to practice better smoking habits."	{D 270}		

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{D 270}	Continued From page 2 -Resident #5's Guardian is aware of the situation and in agreement." a. Interview with a personal care aide (PCA) on 4/25/2018 at 10:20am revealed: -Resident #5 was on "scheduled" smoking. -Resident #5 "has caught himself on fire twice now." -One occurrence had happened "about a month ago." -Resident #5 had "caught himself on fire" and "we had to shave his hair off." -Resident #5 "will roll tobacco" in the paper off the outside of toilet paper rolls and "smoke it." -"That's why he burns himself." Review of Resident #5's Incident/Accident Report dated 3/13/2018 revealed: -Resident "was outside smoking and set hair on fire-fire put out by staff-no injuries." -"Hair and beard was singed off during an early smoking incident." -Type of injury "burnt hair." -The guardian and physician were documented as having been notified of the incident. Observation of Resident #5 on 4/25/2018 at 10:31am revealed: -The resident sat outside in the designated smoking area with several other residents. -No staff were present in the smoking area. -Resident #5 was smoking a cigarette made out of folded paper. -There was a 1/2 inch long area of singed blackened mustache stubble visible above the resident's left upper lip. -Resident #5's index fingers and thumbs on both hands were black in color on the tips of his fingers.	{D 270}		

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{D 270}	Continued From page 3 Interview with a medication aide (MA) on 4/25/2018 at 11:35am revealed: -She was not working the day when Resident #5 had caught his hair on fire. -A resident "came and told me" what had happened. -She was told another resident had lit a "small short butt" for Resident #5 and "it caught his beard on fire and then smoked up his head." -"We shaved his beard and hair and we've had no other issues since." -"One other time before" Resident #5 "caught his shirt pocket on fire, but they were able to get the shirt off him before it burned him." -The shirt incident had occurred sometime after June 2017. -Resident #5 was not on 15 minute supervision checks. -Resident #5 was not on supervised smoking. -Staff did not control Resident #5's access to his cigarettes or lighter. Interview with a second MA on 4/26/2018 at 11:40am revealed: -She was working the day Resident #5 caught himself on fire. -"It happened at breakfast time. I didn't find out about it until lunch time when I went outside and saw his hair." -"A resident then told me what happened." -"We started to be with him after that. I think they tried, but it didn't stick" referring to staff supervising Resident #5's smoking. Interview with a resident on 4/25/18 at 2:00pm who was outside with Resident #5 on 3/13/2018 when the resident caught on fire revealed: -"No staff were out there." -"Happened kinda [sic] early in the morning." -"He was sitting there and another resident said	{D 270}		

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{D 270}	Continued From page 4 'You're on fire'." -"I looked around and his hair was on fire and he never stopped puffing the entire time his hair was on fire." -"He tried to light a cigarette that was too short." -"He was lighting the cigarette by himself." -"The whole side of his head was on fire. Scared me." -"He kept smoking until we put him out." -"I used my hand to smother it out." -"It was burning good." -"His mustache and sideburns were sizzling. He was burning." -"We told the staff." -"They said they were going to put him on the back hall, but they didn't do what they threatened to do." -"He needs supervised smoking." -"He needs constant supervision and he ain't [sic] getting it." -"It was his own fault he caught on fire." -"They cut his hair and beard off to keep him from torching up again." -"I don't even know why he didn't feel it." -"I think he should be on the back hall so they can monitor him better." Review of Resident #5's physician visit note dated 3/14/2018 revealed: -The resident was documented as having "poor insight and judgement." -There were no abnormal skin assessment findings documented. Telephone interview with Resident #5's guardian on 4/25/2018 at 11:15am revealed: -The incident on 3/13/2018 "was not reported to me." -"I knew there were some issues with his smoking."	{D 270}		

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{D 270}	Continued From page 5 -"The facility tried to address those issues using clips, gloves, and supervising the smoking." -His understanding of the supervision provided for Resident #5 was staff were "supervising him out there when he smokes." -"This was sometime back when they had mentioned about staff supervision of smoking." -He did not know of any incident of Resident #5 catching his clothing on fire back in June 2017. Interview with the Resident Care Coordinator (RCC) on 4/25/2018 at 1:30pm revealed: -Resident #5 "was sitting outside and he caught his hair on fire." -"He didn't burn his skin or anything." -"He had bushy hair. A lot of hair." -"When he first came to us, he had a history of burning his fingertips and they told us he would sometimes catch his clothes on fire." -"We put a smoking apron on him when he first got here." -"We worked with him to stop smoking to his fingers and he had been good for awhile" until the incident 3/13/2018. -She had found out about the burnt hair incident from the incident/accident report. -"We put him on 15 minute checks for a couple days" after the incident on 3/13/2018. -"Staff were not outside with him" on 3/13/2018 when he caught on fire "so we aren't really sure how it happened." Interview with Resident #5 on 4/26/2018 at 11:35am revealed: -"I have my faculties." -"I'm 67 years old. I'm not a child." -"I don't need staff's help with smoking." Review of Resident #5's record revealed no smoking interventions documentation sheet.	{D 270}		

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{D 270}	Continued From page 6 Interview with the Executive Director on 4/26/2018 at 11:29am revealed: -Resident #5 did not currently have a mental health service provider. -His primary care physician was now managing his mental health care. -"He wasn't being seen" for mental health services, because "they couldn't credential him." -The facility was working on getting another provider to provide mental health services to Resident #5. -She had been unable to find any documentation of notification of the incident that had occurred on 3/13/2018 to Resident #5's primary care physician. Telephone interview with the Administrator on 4/26/2018 at 12:09pm revealed: -He did not know about the incident of Resident #5 having caught himself on fire smoking. -Resident #5 "was a chain smoker." -"This man not smoking is not an option." -"It's unrealistic to say every time he wants to smoke, we will be able to supervise him." -"We may have to discharge" the resident. -"There's only so much policy we can put in place." Attempted telephone interview with Resident #5's primary care physician on 4/26/2018 at 10:10am was unsuccessful. b. Interview with a medication aide (MA) on 4/25/2018 at 11:35am revealed: -Resident #5 "on second and third shifts he would go in the bathroom and smoke." -Smoking in the building happened "more on evening staff." -Resident #5 was not on 15 minute supervision	{D 270}		

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{D 270}	Continued From page 7 checks. -Resident #5 was not on supervised smoking. -Staff did not control Resident #5's access to his cigarettes or lighter. Observation of Resident #5's shared bathroom on 4/26/2018 at 9:15am revealed: -There was a strong smell of cigarette smoke in the bathroom. -The bathroom window was closed, so the smoke could not have come in from outside the building. Interview with a housekeeper on 4/26/2018 at 8:58am revealed: -Resident #5 was smoking in his room. -Smoke "hits" the housekeeper "in the face" when he goes into the bathroom. -The housekeeper "thinks" the smoking in the facility is happening at night. -The housekeeper had to wipe ash off the walls. Review of Resident #5's record revealed no smoking interventions documentation sheet. Review of Resident #5's Resident Agreement dated 5/6/2016 revealed: -The facility was a "smoke free facility with exception of designated smoking areas." -"Smoking is not permitted in other areas of the building." Review of the facility Smoking Agreement dated 5/6/2016 revealed: -The agreement was signed by Resident #5's guardian. -In the event a resident is caught smoking in the facility three times, "all smoking materials will be confiscated and then the resident will be placed on an every two hour supervised smoking list."	{D 270}		

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{D 270}	Continued From page 8 Interview with the facility Executive Director on 4/26/2018 at 10:20am revealed: -The blackened areas on Resident #5's fingers "were not worse" and the resident had seen a dermatologist about his fingers. -She had been aware Resident #5 had a history of smoking in the building. -No one had reported smelling smoke in Resident #5's bathroom to her on 4/26/2018. Refer to the telephone interview on 4/26/2018 at 1:05pm with the Administrator. Refer to the facility's Smoking Policy dated 2/9/2018. 2. Review of Resident #1's current FL2 dated 3/9/2017 revealed: -Diagnoses included schizophrenia and neurocognitive disorder. -The resident was ambulatory. Review of Resident #1's Resident Register revealed: -An admission date of 12/29/2015. -Resident #1 had a guardian. Review of Resident #1's discharge summary from an acute psychiatric care facility dated 12/29/2015 revealed Resident #1 "does have neurocognitive disorder, so he has difficulty remembering things on a daily basis." Review of Resident #1's Care Plan dated 3/9/2017 revealed: -The resident required limited assistance with bathing, dressing, and grooming/personal hygiene. -The resident was oriented with adequate memory.	{D 270}		

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{D 270}	Continued From page 9 Review of Resident #1's Smoking Assessment dated 12/29/2015 revealed the resident was "assessed for smoking and does not require smoking restrictions, at this time." Interview with one resident revealed Resident #1 "smokes in the bathroom." Interview with a second resident revealed: -Resident #1 and his girlfriend smoked in the bathroom. -The staff had been made aware Resident #1 and his girlfriend smoked in the bathroom. -"Everybody" had been told, "It doesn't do no good." -The Executive Director had "caught them smoking about twice" in the building "several months ago." -There was smoke in the bathroom recently "everyday" at 7:00pm and 10:00pm. Review of Resident #1's record revealed no smoking interventions documentation sheet. Interview with a personal care aide (PCA) on 4/25/2018 at 10:20am revealed Resident #1 was not on any type of smoking restriction. Interview with a medication aide (MA) on 4/25/2018 at 11:35am revealed Resident #1 and his girlfriend "try to smoke in the building while staff are giving meds." Interview with another MA on 4/25/2018 at 3:30pm revealed: -She had no knowledge of Resident #1 smoking in the building. -Resident #1 and his girlfriend "know the staff schedule and where staff are gonna be in the	{D 270}		

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{D 270}	Continued From page 10 building and when." Interview with a housekeeper on 4/26/2018 at 8:58am revealed: -Residents were still smoking in the rooms and bathrooms. -The housekeeper "thinks" the smoking in the facility is happening at night. Interview with the Executive Director on 4/26/2018 at 10:20am revealed she was unaware of Resident #1 "smoking in the building." Refer to telephone interview on 4/26/2018 at 1:05pm with the Administrator. Refer to the facility's Smoking Policy dated 2/9/2018. 3. Review of Resident #3's current FL2 dated 5/11/2017 revealed: -Diagnoses included bipolar disorder, cognitive deficit, and tobacco use. -There was documentation that Resident #3 was ambulatory and intermittently disoriented. Review of Resident #3's Resident Register revealed an admission date of 1/25/2006. Review of Resident #3's current Care Plan dated 5/16/2017 revealed: -Resident #3 had an adequate memory and was oriented. -Resident #3 required limited assistance for dressing, bathing, toileting, grooming and personal hygiene. -Resident #3 was independent with ambulation. Review of a Smoking Assessment for Resident #3 dated 8/14/2014 revealed the resident had been assessed for smoking and did not require	{D 270}		

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{D 270}	Continued From page 11 smoking restrictions. Review of a Smoking Policy signed by Resident #3 on 1/29/2006 revealed: -No smoking anywhere except the smoking area outside the building. -No residents were allowed to have a lighter or matches in their possession. -Staff would provide lighters for cigarettes. Observation on 4/25/2018 at 8:53am of the outside smoking area revealed: -There were ten residents smoking cigarettes. -There were no staff members present. Observation on 4/25/2018 at 11:58am of Resident #3's room revealed: -There was an oxygen concentrator on the floor next to Resident #3's roommate's bed. -The oxygen concentrator was not turned on. -There was an oxygen tank in a holder on the floor next to Resident #3's roommate's bed. -The oxygen tank was not on. Interview on 4/25/2018 at 11:55am with Resident #3's roommate revealed: -He used oxygen on an as needed basis, about once every three days. -Resident #3 smoked cigarettes once every day sitting on the side of the bed. -"The staff knows because they've seen him do it." -"They just tell him if he doesn't stop they will take the cigarettes, then he puts it out." -"Every one of the staff knows". -The staff had observed Resident #3 smoking in his room "about 3 days ago". Interview on 4/25/2018 at 11:57am with Resident #3 revealed:	{D 270}		

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{D 270}	Continued From page 12 -Resident #3 knew he was not to smoke in the facility. -Resident #3 only smoked outside. Review of smoking interventions for Resident #3 revealed: -There was documentation that Resident #3 had been "caught smoking inside the building". -There was documentation of "1st offense warning given on 2/21/18". -There was documentation of "2nd offense warning given on 3/12/18, Resident stated he was not but room was full of smoke and smelled. Resident will be put on the smoking schedule in which the resident will receive 2 cigarettes every hour from 7am to 11pm and cigarettes will be held by staff". -There was documentation of "3rd offense warning given on 4/14/18, was caught smoking by staff in room on 1st shift, Resident will be placed on a more intense smoking "back hall" schedule and cigarettes will be held by staff". Observation on 4/25/2018 at 3:35pm of Resident #3's room revealed: -The resident was laying on his bed with both eyes closed. -There was an unlit cigarette on the resident's bed. -There was a pack of cigarettes and a lighter on the floor next to Resident #3's bed. -The oxygen concentrator and oxygen tank were not on. The Resident Care Coordinator (RCC) was informed on 4/25/2018 at 3:36pm of the cigarettes and lighter in Resident #3's room. Observation on 4/25/2018 at 3:37pm of the RCC revealed she removed the cigarettes and lighter	{D 270}		

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{D 270}	Continued From page 13 from Resident #3's room. Interview on 4/26/2018 at 8:58am with a housekeeper revealed: -Residents were smoking in the rooms and bathrooms. -Resident #3 was smoking in his room. -There was a strong smell of smoke when the housekeeper went into the bathroom. -There were smoked cigarette butts on the floor of Resident #3's room and bathroom. -The housekeeper "thinks" the smoking in the facility is happening at night. -The housekeeper had to wipe ash off the walls. Interview on 4/26/2018 at 1:30pm with a first shift medication aide (MA) revealed: -Resident #3 was not to have his own cigarettes. -Resident #3 had not been "caught smoking in his room in over one month". -Resident #3 was on 15 minute checks due to smoking in his room. Interview on 4/26/2018 at 1:40pm with a second housekeeper revealed: -"I smelled smoke in the middle hall about 4 months ago, but none since then." -"I have never seen ashes, or cigarettes, or caught a resident smoking." Interview on 4/26/2018 at 9:00am with the RCC revealed: -The staff had "gone through the policy (smoking) with him (Resident #3)". -Resident #3 had been given a warning on the first offense of smoking in the building. -Resident #3 had his cigarettes taken away on the second offense of smoking in the building. -The resident was on a schedule of a cigarette provided by the staff every two hours.	{D 270}		

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	HAL059032	A. BUILDING: _____ B. WING _____	R 04/26/2018

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LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

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{D 270}	Continued From page 14 -The residents would take cigarette butts out of the ash cans and make their own cigarettes. -The RCC did not know where Resident #3 got the pack of cigarettes and lighter. -"The residents give each other packs of cigarettes." Interview on 4/26/2018 at 10:20am with the Executive Director revealed: -The last time Resident #3 had been caught smoking in the building was this month (April 2018). -"He picks up anything to smoke." -The resident was on the "back hall smoking schedule, every two hours supervised smoking schedule". -"The pack of cigarettes next to his bed could have come from anywhere, maybe a roommate. There are three of them that smoke in there." Refer to the telephone interview on 4/26/2018 at 1:10pm with the Administrator. Refer to the facility's Smoking Policy dated 2/9/2018. 4. Review of Resident #6's current FL2 dated 10/31/2017 revealed: -Diagnoses included dementia with behaviors, asthma, polysubstance/alcohol abuse, hypothyroidism, and diabetes. -There was documentation that Resident #6 was intermittently disoriented and ambulatory. Review of Resident #6's Resident Register revealed an admission date of 9/19/2012. Review of Resident #6's Assessment and Care Plan dated 7/7/2017 revealed: -There was documentation that Resident #6 was	{D 270}		

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{D 270}	Continued From page 15 oriented. -There was documentation that Resident #6 had adequate memory. Review of a Smoking Assessment for Resident #6 dated 9/19/2012 revealed the resident had been assessed for smoking and did not require smoking restrictions. Interview on 4/25/2018 at 2:45pm with Resident #6 revealed: -The resident never smoked in the building. -"I go outside, that's the law". Interview with a resident revealed. -Resident #6 smoked in the bathroom. -The staff had been made aware Resident #6 smoked in the bathroom. -"Everybody" had been told, "It doesn't do no good." -The Executive Director here had "caught them smoking about twice" in the building "several months ago". -There was smoke in the bathroom recently "everyday" at 7:00pm and 10:00pm. Interview on 4/26/2018 at 9:00am with the RCC revealed she had no knowledge of Resident #6 smoking in the facility. Interview on 4/26/2018 at 10:20am with the Executive Director revealed she had no knowledge of Resident #6 smoking in the facility. Refer to the telephone interview on 4/26/2018 at 1:10pm with the Administrator. Refer to the facility's Smoking Policy dated 2/9/2018.	{D 270}		

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{D 270}	Continued From page 16 Telephone interview on 4/26/2018 at 1:10pm with the Administrator revealed: -His expectation of residents was they would smoke "outside the facility". -If staff were aware of residents smoking inside the facility they should "report it to management". Review of the facility Smoking Policy dated 2/9/2018 revealed: -Smoking was not permitted in any areas of the building. -Residents that were caught smoking in the building would be given a warning. -Residents that had a second offense were put on the smoking schedule in which they received two cigarettes every hour from 7:00am to 11:00pm and the cigarettes were held by staff. -Residents that had a third offense were placed on the "back hall" schedule and cigarettes held by staff. -Residents that had a fourth offense were no longer allowed to have any tobacco products and a thirty day discharge notice would be issued. The facility failed to ensure staff provided supervision for Residents #1, #3, #5, and #6 who smoked cigarettes in the facility where oxygen was in use. This failure placed all residents at substantial risk of physical harm from a possible fire in the facility and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131-34 on 4/25/18 for this violation. DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED MAY 25, 2018.	{D 270}		

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D 338	Continued From page 17	D 338		
D 338	10A NCAC 13F .0909 Resident Rights	D 338		

10A NCAC 13F .0909 Resident Rights
An adult 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.

This Rule is not met as evidenced by:
Based on interviews and record reviews the facility failed to ensure all residents were treated with respect and consideration related to residents engaging in sexual activities in the presence of other residents.

The findings are:

Interviews on 4/25/2018 and 4/26/2018 with four residents revealed
-One resident had woken up in the night "last week" to see two residents engaged in sexual activity in the next bed of the same room. "It made me uncomfortable. I didn't tell the staff."
-A second resident's roommate woke up to his roommate and his girlfriend "unclothed in his roommates bed having sex. A couple weeks ago, I walked in and found them in our room having sex." The resident had informed staff. "I just go get staff as not to directly confront him when it's happening." The resident described the behavior as "disrespectful."
-A third resident's roommate "and her boyfriend had sex in my room about two month ago. I didn't like it. I was uncomfortable. I didn't tell anyone".
-A fourth resident who shared a bathroom with a

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D 338	Continued From page 18 sexually active resident revealed "they have sex in [his] bedroom." Interview on 4/25/2018 at 2:50pm with a second shift medication aide (MA) revealed no residents had reported sexual activity to the staff. Interview on 4/26/2018 at 10:10am with a third shift MA revealed: -Management instructed the MA to "break it up" any sexual activity between residents if another resident is present. -No residents had reported any other residents engaging in sexual activity in the presence of other residents. Interview on 4/26/2018 at 10:45am with second third shift MA revealed: -The MA was not aware of any residents engaging in sexual activity. -No residents had reported any sexual activity in the facility. -Residents were not allowed in other resident rooms after 10:00pm. -Residents that were in other resident rooms after 10:00pm were escorted out. -Resident were allowed in the day room after 10:00pm. -The MA's check on all residents every two hours. -The MA had been instructed to "break up" any sexual activity between residents, write an incident report, and inform the RCC. Interview on 4/26/2018 at 9:00am with the RCC revealed: -There had been residents that reported to staff other residents were engaged in sexual activity in front of them. -"We tell those residents it's not appropriate." -"If a resident's guardian doesn't want them to	D 338		

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D 338	Continued From page 19	D 338		

have sex, we break it (sexual activity) up."
-The other residents can engage in sexual activity, "it's their right".
-The residents engage in sexual activity in their rooms.
-"We can't monitor 24/7 (24 hours a day, 7 days a week)."
-There was no private area for the residents to engage in sexual activity.
-An HIV/Aids community education group would give a class to the residents and staff once per year.
-The facility provided condoms for the residents.
-The residents were encouraged to ask staff for condoms.
-Staff were informed "to break up residents (engaging in sexual activity) when a guardian has said no".
-Staff were informed to ask residents engaging in sexual activity, in rooms with other residents present, to leave the room.
-The policy was there was to be no "inappropriate sexual behavior".

Interview on 4/26/2018 at 10:20am with the Executive Director revealed:
-She knew some residents were engaging in sexual activities.
-The residents were "in their rooms having sex".
-"They have to be respectful of their roommate. We let them know that."
-Staff had been told to redirect residents that were engaging in sexual activities in the presence of other residents.
-Residents that wanted to engage in sexual activities would put a sock on the outside of the resident's door as a sign that privacy was needed.
-The facility provided condoms for the residents.
-The Aids Project came in anually for resident and

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D 338	Continued From page 20 staff training. -She had not been informed that residents were engaging in sexual activities in the presence of other residents. -"Residents are usually good about telling me that residents are having sex in their rooms. Then we address it." Telephone interview on 4/26/2018 at 1:10pm with the Administrator revealed: -He did not know of residents engaging in sexual activity in the presence of other residents. -He was not aware of the policy on sexual activity of the residents. -"I would have to see what the policy on sexual activity is." -"That is the right of the resident." -Residents that continued to engaged in sexual activities in the presence of other residents would be discharged. -"Maybe the staff wasn't taking this serious enough if it was being reported." Review of the policy on Sexual Behavior provided by the facility on 4/26/2018 revealed: -"Inappropriate sexual behavior and/or comments to other residents or staff will not be tolerated". -"No residents are to be having any sexual encounters at any time."	D 338		
{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.	{D912}		

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{D912}	Continued From page 21 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to supervision. The findings are: Based on observations, interviews, and record reviews, the facility failed to assure supervision of 4 of 6 sampled residents (Residents #1, #3, #5, #6) related to smoking. [Refer to Rule 10A NCAC 13F .0901(b) (Type A2 Violation)].	{D912}	Sexually active resident's roommate reported not telling staff. We have made attempts to ensure our resident's are educated and protected, however, if we are not informed, we cannot act appropriately. We have talked to all resident's separately and had them sign a new policy on our zero tolerance for sexual activity in front of their roommates. Staff meeting was held 5/4/2015 and have another scheduled for 6/6/2018. Staff will monitor residents that have been sexually active once an hour for the next 30 days. We can reevaluate situation after that time. We have updated our policy to a zero tolerance policy. Residents caught smoking in the building will now receive 30 day discharge notices. This policy goes into effect on 5/27/2018 (Residents were informed and given 30 days until effective date). All residents were made aware of this and signed a notice (we have already issued two discharge notices this month). We will begin a monthly resident council meeting to discuss any issues they are having. First meeting planned for 6/6/18.	