Division of Health Service Regulation

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 _____	R 04/27/2018

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 Construction Section conducted a follow-up survey on April 26-27, 2018.	{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}	SEE PAGE 12	

Reviewed & Accepted LEdwards 6/13/2018

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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: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation that the residents' evacuation capabilities were different from the evacuation capability listed on the home's license for 5 of 5 residents (#1, #2, #3, #4, #5) having cognitive and/or physical impairments which could delay or prevent the residents from evacuating the facility independently. Observations on 04/26/18 at 8:35am of the facility revealed: -There were 2 staff on duty at the facility. -There was no sprinkler system installed inside the facility. -There were smoke detectors installed in the rooms' ceilings. Observations on 04/26/18 of a fire drill inside the facility at 8:55am revealed: -There were 5 residents seated in the living room, on the sofas, and on an arm chair; Resident #1's wheel chair was positioned beside the arm chair. -Smoke was sprayed at the living room smoke detector to sound the fire alarm. -When the alarm went off no resident got up, or attempted to get up, from their places on the sofa and arm chair. -Two residents placed their hands over their ears.	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 2 -Staff started yelling "fire, fire!" and no resident moved until staff walked up to residents and urged them to stand and follow the staff outside. -Staff assisted Resident #1 to transfer to her wheel chairand pushed the resident in the wheelchair out the front door. -Staff held Resident #3's arms out in front of her to get her to walk out the front door. -Three residents walked out without assistance after being told to go out the front door. -The total time for the evacuation of the residents from the living room to outside the facility was 3 minutes. Interview on0 4/26/18 at 9:06am with the 2 Medication Aide/Supervisor-in Charge (MA) staff revealed: -Practice fire drills were done without setting the alarm off; staff yelled "fire, fire!" as a signal for residents to prepare to go outside. -Fire drills were practiced every week. -Residents had dementia and were confused at hearing the alarm; they did not know what to do when an alarm sounded. Review of the Fire Rehearsal Schedule logs revealed: -On 02/07/18, a fire rehearsal was held at 12:00pm; total evacuation time was 3 minutes; residents were getting ready for lunch; staff yelled "Fire, Fire!", residents headed towards the front door; (no documentation of how many residents needed assistance). -On 02/15/18, a fire rehearsal was held at 1:00pm; total evacuation time was 3 minutes, 25 seconds, the residents were relaxing, listening to music; the alarm sounded (not specific if staff yelled "Fire, Fire!" or an audible fire alarm), they (residents) got up and headed out the front door, 2 with assistance.	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 3 -On 02/20/18, a fire rehearsal was held at 10:00am; total evacuation time was 3 minutes; staff yelled "Fire, Fire!", residents exited towards the front door, 2 with assistance. -On 03/06/18, a fire rehearsal was held a 12:45am; total evacuation time was 3 minutes, 20 seconds; (residents) were in the activity room when the alarm sounded (not specific if staff yelled "Fire, Fire!" or an audible fire alarm), the residents headed towards the front door, 2 with assistance. -On 03/21/18, a fire rehearsal was held a 1:30pm; total evacuation time was 3 minutes, 45 seconds; (residents) were in the living room watching television, called "Fire, Fire!", residents stood up and headed to the front door, 2 residents needed assistance. -On 03/30/18, a fire rehearsal was held at 7:10am, total evacuation time was 4 minutes, residents were getting up for breakfast, called "Fire, Fire!", (the residents) headed towards the front door, 2 with assistance. -On 04/04/18, a fire rehearsal was held a 9:30am; total evacuation time was 4 minutes, 10 seconds; residents were in the living room watching television, called "Fire, Fire!", residents stood up and headed to the back door, 2 residents needed assistance. Review of the facility's current license effective January 1, 2018 - December 31, 2018 revealed the facility was licensed for 6 ambulatory residents. 1. Review of Resident #1's current FL-2 dated 02/09/18 revealed: -Diagnoses included dementia, muscle weakness, asthma, and hypertension. -The resident was constantly disoriented. -The resident was ambulatory using a wheelchair.	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 4 Review of Resident #1's Resident Register revealed as admission date of 03/14/2016. Review of Resident #1's Assessment and Care Plan dated 09/22/17 revealed: -The resident needed extensive assistance with ambulation, transferring, toileting bathing, dressing, and grooming. -The resident had significant memory loss and needed to be directed. Observation of Resident #1 on 04/26/18 at 12:40pm revealed: -The resident was seated at the dining room table holding a cup in her hand. -The resident smiled when spoken to, but did not respond and looked away. Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable. Observation of Resident #1 on 04/26/18 at 1:05pm revealed staff assisted the resident to stand, held her arms, and positioned the resident into the wheelchair. Interview with Staff A, MA, on 04/26/18 at 9:19am revealed: -Resident #1 needed assistance getting in and out of her wheelchair. -Resident #1 was confused; she would say "yes" or "no" to answer questions Interview with Staff B, MA, on 04/27/18 at 9:39am revealed: -Resident #1 was confused most of the time. -Resident #1 was dependent on staff for personal care.	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 5 -Staff assisted her in and out of her wheelchair. -During a fire drill, Resident #1 showed no reaction, staff was responsible for getting her up and evacuating the building. Refer to interview with the Administrator on 4/26/18 at 12:12 pm. 2. Review of Resident #2's current FL-2 dated 02/09/18 revealed: -Diagnoses included dementia, depression, and hypertension. -The resident was intermittently disoriented. -The resident was ambulatory. Review of Resident #2's Resident Register revealed an admission date of 10/08/15. Review of Resident #2's Assessment and Care Plan dated 02/28/18 revealed: -The resident needed assistance with ambulation, transferring, toileting, bathing, dressing, and eating. -The resident had significant memory loss and needed to be directed. -The resident wore glasses and was sometimes disoriented. Observation of Resident #2 on 4/26/18 at 12:35pm revealed: -The resident walked into the living room unaccompanied, sat in a lounge chair, and picked up a magazine. -She did not speak to other residents or to staff. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Interview with Staff A, MA, on 04/26/18 at 9:23am	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 6 revealed: -Resident #2 could walk to the bathroom on her own and ate her meals without assistance. -During a fire drill, when staff yelled "fire, fire!" she stood when prompted and walked out with staff. -During the fire drill today with the alarm, she put her hands over her ears and did not get up. Interview with Staff B, MA, on 04/27/18 at 9:43am revealed: -Resident #2 had dementia and was often confused. -During practice fire drills, when staff yelled "fire, fire!", she would sit still until staff came to her and encouraged her to get up. -During the fire drill today with the alarm, she covered her ears and did not move until staff went to get her. Refer to interview with the Administrator on 04/26/18 at 12:12pm. 3. Review of Resident #3's current FL-2 dated 10/03/17 revealed: -Diagnoses were dementia and hypertension. -The resident was constantly disoriented. -The resident was ambulatory. Review of Resident #3's Resident Register revealed an admission date of 11/15/15. Review of Resident #3's Assessment and Care Plan dated 09/22/17 revealed: -The resident needed assistance with ambulating, transferring, and eating. -The resident needed extensive assistance with toileting, bathing, dressing, and grooming. -The resident had significant memory loss and needed to be directed.	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 7 -The resident had slurred speech. Observation of Resident #3 on 04/26/18 at 12:32pm revealed: -The resident was seated at the dining room table eating lunch with assistance from staff. -The resident was mumbling and speaking incoherently. -When the resident finished lunch, she was escorted to the living room with staff walking beside her, holding on to her waist. Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable. Interview with Staff A, MA, on 04/27/18 at 9:26am revealed: -Resident #3 needed assistance to balance herself when standing and walking. -Staff would hold on to Resident #3's arm to steady her. -When staff had practice fire drills yelling "fire, fire!", Resident #3 would not get up on her own, she always needed assistance. Interview with Staff B, MA, on 04/27/18 at 9:47am revealed: -Resident #3 could walk with assistance, having staff close beside her, to steady her. -In a fire drill, Resident #3 would just sit and not move; "we have to go get her and help her to stand". -When the fire alarm went off, Resident #3 did not understand what staff wanted her to do. Refer to interview with the Administrator on 04/26/18 at 12:12pm. 4. Review of Resident #4's current FL-2 dated	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 8 08/08/17 revealed: -Diagnoses included dementia, atrial fibrillation, hypertension, and hypothyroidism. -The resident was intermittently disoriented. -The resident was ambulatory. Review of Resident #4's Resident Register revealed an admission date of 08/18/17. Review of Resident #4's Assessment and Care Plan dated 08/15/17 revealed: -The resident needed assistance with toileting and bathing. -The resident was forgetful, needed reminders, and was sometimes disoriented. -The resident had a hearing loss and wore a hearing aid. Observation of Resident #4 on 04/26/18 at 12:25pm revealed: -The resident was walking independently in and out of the living room and down the hallway. -The resident did not respond to attempted conversation, walked away, sat on the living room sofa, and closed her eyes. Attempted interview with Resident #4 on 04/26/18 at 12:26pm was unsuccessful. Interview with Staff A, MA, on 4/27/18 at 9:32 am revealed: -Resident #4 walked independently and could understand conversation, but was hard of hearing. -When staff had fire drills, they had to yell and wave their arms to get her attention to move and evacuate the building. Interview with Staff B, MA, on 04/27/18 at 10:00am revealed:	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 9 -Resident #4 could walk on her own independently. -Resident #4 was very hard of hearing; she had hearing aids. -During a fire drill, staff would yell 'fire, fire!", but Resident #4 would wait for gestures from staff to move and walk outside. Refer to interview with the Administrator on 04/26/18 at 12:12pm. 5. Review of Resident #5's current FL-2 dated 08/31/17 revealed: -Diagnoses included dementia, major depressive disorder, and atrial fibrillation; the resident wore a pacemaker. -The resident was constantly disoriented. -The resident was ambulatory. Review of Resident #5's Resident Register revealed an admission date of 08/25/17. Review of Resident #5's Assessment and Care Plan dated 08/26/17 revealed: -The resident needed assistance with bathing, dressing, and grooming. -The resident had significant memory loss and must be directed. Observation of Resident #5 on 04/26/18 at 12:25pm revealed: -The resident was quietly eating lunch in the dining room. -The resident stood up from the table, walked to the living room, and sat on the sofa. -The resident did not speak to other residents in the room. Attempted interview on 04/26/18 at 12:40pm with Resident #5 was unsuccessful.	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 10 Observation on 04/26/18 at 12:40pm with Resident #5 revealed: -The resident smiled, but made no comment. -The resident rose from her chair, walked to her bedroom with staff observing, and lay down on her bed. Interview with Staff A, MA, on 04/27/18 at 9:35am revealed: -Resident #5 walked independently and ate by herself. -Resident #5 did not recognize the sound of a fire alarm -When staff said "fire, fire!" in a fire drill, she would move; she did not respond to fire alarms and would not get up if seated. Interview with Staff B, MA, on 04/27/18 at 10:05am revealed: -Resident #5 had dementia and was often confused. -Resident #5 could walk independently. -In a fire drill when staff yelled "fire, fire!" and came over to her, she would follow staff to evacuate the building. -If a fire alarm was used for a drill, Resident #5 would cover her ears and not move. Interview with the Administrator on 04/26/18 at 12:12pm revealed: -All the residents in the facility had a diagnosis of dementia. -She did not want to move the residents, because this was their home. -When having a fire drill, sometimes the residents would follow staff outside for evacuation and sometimes not. -The facility license could not be changed to non-ambulatory residents until the sprinkler	{C 007}	SEE PAGE 12	

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{C 007}	Continued From page 11 system was installed. -Starting on 12/12/17, staff was increased to 2 staff 24 hours a day, 7 days a week. -She was waiting on the city to issue the permit for a sprinkler system, the process was 95% completed. -She hoped to have a sprinkler system installed in June 2018. -It had been a long process to add a sprinkler system to the house; she had done all she could do; she was waiting on the city to complete their process. 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. for 5 of 5 residents who had cognitive and/or physical impairments which could delay or prevent them from evacuating the facility independently. The failure to assure residents were capable of evacuating the facility independently in the event of a fire was detrimental to the safety and welfare of the residents and constitutes an unabated Type B violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/26/18 for this violation.	{C 007}	(1) CONTRACTED TRADES FOR SPRINKLER SYSTEM INSTALL (2) BEGAN 2 STAFF 24/7 (3) FACILITY STILL HAS 10/16 FSES APPROVAL IN PLACE (4) FACILITY SUBMITTED ALL PLANS TO DHHS AND NON AMBULATORY LICENSE CHANGE APPLICATION. (5) NC DHHS APPROVED PLANS (6) CITY OF RALEIGH RECEIVED PLANS APPLICATION FOR APPROVAL (7) 1 ON 1 CAREGIVER PUT IN PLACE FOR EACH RESIDENT (8) HOURLY FIRE PREVENTION CHECK SYSTEM STARTED IN FACILITY (9) CITY OF RALEIGH FULLY APPROVED SPRINKLER PLAN AND PERMIT DELIVERED. (10) WORK BEGAN ON INSTALLATION OF SPRINKLER SYSTEM (11) ANTICIPATED COMPLETION DATE IF ALL INSPECTIONS ARE COMPLETED BY CITY OF RALEIGH AND NC DHHS CONSTRUCTION SECTION (12) IDR SUBMITTED	11/28/17 12/12/17 12/12/17 C10/16 11/26/18 3/8/18 3/8/18 4/2/18 4/2/18 5/14/18 5/16/18 6/29/18
{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}		

(13) PETITION FOR CONTESTED CASE HEARING FILED WITH NC OFFICE OF ADMINISTRATIVE HEARINGS

OWNER ADMINISTRATOR 6/6/18

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{C 912}	Continued From page 12 regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, 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 and evacuation capabilities. The findings are: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation that the residents' evacuation capabilities were different from the evacuation capability listed on the home's license for 5 of 5 residents (#1, #2, #3, #4, #5) having cognitive and/or physical impairments which could delay or prevent the residents from evacuating the facility independently.[Refer to Tag C007 10A NCAC 13G .0206 Capacity (Type Unabated B Violation)].	{C 912}	SEE PAGE 12	

6/6/18