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 06/22/2018

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 conducted a follow up survey on June 22, 2018.	{C 000}		
C 022	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure the building met the North Carolina State Building Code requirements for non-ambulatory residents as evidenced by 5 of 5 residents (#1, #2, #3, #4, and #5) who were physically and/or cognitively impaired residents residing in the facility and being unable to evacuate the facility independently without verbal or physical assistance. The findings are: Review of the facility's license effective May 21, 2018 revealed the facility was licensed for six ambulatory residents. Observations on 06/22/18 at 9:35am revealed: -There were four residents sitting in the dayroom. -There was one resident, being assisted by staff, in the bathroom. -There were four staff in the dayroom with the four residents.	C 022	SEE PAGE 7	

Reviewed and accepted 08/13/2018. HF

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C 022	Continued From page 1 Review of staff attendance reports from 06/05/18 through 06/22/18 revealed there was documentation for 5 staff on duty 24 hours each day. 1. Review of Resident #1's current FL-2 dated 02/09/18 revealed: -Diagnoses included dementia, colonic polyps, muscle weakness, falls, ischemic colitis, gastro-esophageal reflux disease, rectal polyps, chronic obstructive pulmonary disease, diabetes, cerebrovascular accident, hysterectomy, and hypertension. -There was an entry that Resident #1 was constantly disoriented. -Resident #1 was semi-ambulatory. 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. -The resident had limited ability with ambulation/locomotion. -The resident was forgetful and needed reminders. Observation of Resident #1 on 06/22/18 at 10:25am revealed Resident #1 was sitting at the dining room table in a wheelchair participating in a group activity. Observation of Resident #1 on 06/22/18 at 12:45pm revealed Resident #1 was fed by staff. Interview with a Personal Care Aide (PCA) in attendance on 06/22/18 at 10:25am revealed Resident #1 was a two person assist for some activities of daily living.	C 022	SEE PAGE 7	

ADMINISTRATOR 8.6.18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 022	Continued From page 2 Based on observations, interviews, and record reviews, it was determined Resident #1 was not interviewable. Refer to interview with the Medication Aide/Supervisor (MAS) on 06/22/18 at 9:35am. Refer to interview with a Personal Care Aide (PCA) on 06/22/18 at 10:12am. Refer to interview with another PCA on 06/22/18 at 10:25am. Refer to interview with the Administrator on 06/22/18 at 9:50am and 10:50am. 2. Review of Resident #2's current FL-2 dated 10/03/17 revealed: -Diagnoses included dementia and hypertension. -There was an entry that Resident #2 was constantly disoriented. Review of Resident #2's care plan dated 09/22/17 revealed: -Resident #2 required limited assistance with performing some activities of daily living including ambulation and transferring. -Resident #2 was ambulatory with aide or device(s). -The resident was always disoriented. -The resident had significant memory loss and must be directed. Interview with a PCA on 06/22/18 at 10:25am revealed Resident #2 needed assistance of staff to stand. Observation of Resident #2 on 06/22/18 at 1:50pm revealed: -Two staff assisted Resident #2 from a sitting	C 022	SEE PAGE 7	

/ OWNER/ADMIN 8.6.18

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C 022	Continued From page 3 position on the sofa to a standing position. -The staff guided Resident #2 hand-in-hand to the dining room table. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable. Refer to interview with the Medication Aide/Supervisor (MAS) on 06/22/18 at 9:35am. Refer to interview with a Personal Care Aide (PCA) on 06/22/18 at 10:12am. Refer to interview with another PCA on 06/22/18 at 10:25am. Refer to interview with the Administrator on 06/22/18 at 9:50am and 10:50am. 3. Review of resident #3's current FL-2 dated 08/18/17 revealed: -Diagnoses included atrial fibrillation, hypertension, hypothyroidism, and dementia. -There was an entry that Resident #3 was intermittently disoriented. -The resident was ambulatory. Observation of Resident #3 on 06/22/18 at 1:50pm revealed: -Resident #3 was sitting on the sofa in the dayroom. -Resident #3 was prompted by staff to "come on" when the resident got up from the sofa and followed the staff. Review of Resident #3's care plan dated 08/18/17 revealed: -Resident #3 required limited assistance with	C 022	SEE PAGE 7	

OWNER ADMIN 8.6.18

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C 022	Continued From page 4 performing some activities of daily living including ambulation and transferring. -Resident #3 was ambulatory. -The resident was sometimes disoriented. Based on observations, interviews, and record reviews, it was determined Resident #3 was not interviewable. Refer to interview with the Medication Aide/Supervisor (MAS) on 06/22/18 at 9:35am. Refer to interview with a Personal Care Aide (PCA) on 06/22/18 at 10:12am. Refer to interview with another PCA on 06/22/18 at 10:25am. Refer to interview with the Administrator on 06/22/18 at 9:50am and 10:50am. 4. Review of resident #4's current FL-2 dated 02/22/18 revealed: -Diagnoses included dementia, depression, hypertension, vitamin D deficiency, history of sepsis, and peripheral vascular disease. -There was an entry that Resident #4 was intermittently disoriented. Review of Resident #4's care plan dated 02/22/18 revealed: -The resident had a "history of worsening dementia". -Resident #4 required limited assistance with performing activities of daily living including ambulation and transferring. Based on observations, interviews, and record reviews, it was determined Resident #4 was not	C 022	SEE PAGE 7	

OWNER - DAWN - 8.6.18

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C 022	Continued From page 5 interviewable. Refer to interview with the Medication Aide/Supervisor (MAS) on 06/22/18 at 9:35am. Refer to interview with a Personal Care Aide (PCA) on 06/22/18 at 10:12am. Refer to interview with another PCA on 06/22/18 at 10:25am. Refer to interview with the Administrator on 06/22/18 at 9:50am and 10:50am. 5. Review of Resident #5's current FL-2 dated 08/30/17 revealed: -Diagnoses included dementia, major depressive disorder, atrial fibrillation, and status post pacemaker . -There was an entry that Resident #5 was constantly disoriented. Review of Resident #5's care plan dated 08/26/17 revealed: -The resident was sometimes disoriented. -The resident had significant memory loss and must be directed. Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable. Refer to interview with the Medication Aide/Supervisor (MAS) on 06/22/18 at 9:35am. Refer to interview with a Personal Care Aide (PCA) on 06/22/18 at 10:12am. Refer to interview with another PCA on 06/22/18	C 022	SEE PAGE 7	

OWNER - ADMIN 8.6.18

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C 022	Continued From page 6 at 10:25am. Refer to Interviews with the Administrator on 06/22/18 at 9:50am and 10:50am. Interview with the Medication Aide/Supervisor (MAS) on 06/22/18 at 9:35am revealed -There were 5 staff working in the facility. -There had to be 5 staff working until the facility got the sprinkler system installed. Interview with the Administrator on 06/22/18 at 9:50am revealed: -There had been 1 on 1 staff for the residents at the facility since 04/27/18. -The installation of the facility sprinkler system had not yet been completed. -She had been given an extension for completing the installation of the sprinkler system to the facility from the state construction unit. Interview with a Personal Care Aide (PCA) on 06/22/18 at 10:12am revealed: -A sprinkler system was currently being installed in the facility. -There would be sprinkler heads in each room. Interview with another PCA on 06/22/18 at 10:25am revealed all the residents living in the facility had Alzheimers. Interview with the Administrator 06/22/18 at 10:50am revealed all the residents at the facility were disoriented and had dementia.	C 022	1) CONTRACTED [redacted] FOR SPRINKLER SYSTEM INSTAL 11.28.17 2) BEGAN AND CONTINUE TWO STAFF ON 24/7 12.12.17 3) FSES APPROVAL CONSTRUCTION 10/2016 4) FACILITY SUBMITTED ALL SPRINKLER PLANS AND NON AMBULATORY CHANGE APPLICATION 1.26.18 5) NC DHHS CONSTRUCTION APPROVED PLANS 3.8.18 6) SUBMITTED ALL PLANS TO CITY OF RALEIGH 3.8.18 7) FACILITY BEGAN AND CONTINUES 1 ON 1 CAREGIVER FOR EACH RESIDENT 4.27.18 8) FACILITY BEGINS HOURLY FIRE PREVENTION CHECKS 4.27.18 9) CITY OF RALEIGH ISSUES PERMIT FOR SPRINKLERS 5.14.18 10) [redacted] BEGAN SYSTEM INSTALLATION 5.15.18 11) AS OF 8.5.18 FIRE ALARM AND SPRINKLER SYSTEM INSTALL FINANCIAL WORK REMAINS ANTICIPATED COMPLETION DATE OF 8.10.18 ← 12) REMAINING INSPECTIONS AFTER SYSTEM IS COMPLETED WILL BE CITY OF RALEIGH FINAL BUILDING INSPECTION + NC DHHS CONSTRUCTION APPROVAL SCHEDULED FOR WEEK OF 8.13.18 ← 13) IDR SUBMITTED 8.6.18	

OWNER ADMINISTRATOR 8.6.18