STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032086	A. BUILDING: _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELICA HOUSES FAMILY CARE HOME	2007 STADIUM DRIVE DURHAM, NC 27705

(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 an annual survey on July 2, 2019.	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: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that the resident's evacuation capability was different from the evacuation capability listed on the facility's license for 1 of 4 residents (Resident #2). The findings are: Review of the facility's current license having an effective date of 01/01/19 revealed a capacity of 6 ambulatory residents. Review of the facility census revealed 4 residents resided at the facility on 07/02/19. Observation of Resident #2 on 07/02/19 at 9:25 am revealed: -The resident was resting on her bed, was propped up with pillows, and in a left turned sitting position. -The resident's knees were together, her legs were contracted, and she was leaning to her left side. -A mechanical lift was positioned above the end of her hospital bed. -The resident did not speak, but followed staff with her eyes. Review of the fire drill log revealed: -Fire drills were conducted monthly on different shifts from January to June 2019. -Documented evacuation times for the fire drills	C 007		

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C 007	Continued From page 2 varied from 3 to 4 minutes for residents to have evacuated the building after hearing the alarm. Interview with the Administrator on 07/02/19 at 5:40 pm revealed: -She had not notified construction that one of the residents was not ambulatory on her own and had declined cognitively. - "In case of a fire drill, (Resident #2) would not be able to walk by herself; she was a Hospice patient." -The facility license was for 6 ambulatory residents; she did not know she was supposed to notify the state she had a non-ambulatory resident. -For the last 6 months she had been considering installing a sprinkler system. -She would call construction to discuss what she needed to do about having a non-ambulatory resident. Refer to Tag C 022 NCAC 13G .0302(b) Design and Construction (Type B Violation).	C 007		
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: TYPE B VIOLATION	C 022		

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C 022	Continued From page 3 Based on observations, interviews, and record reviews, the facility failed to assure residents' evacuation capabilities were in accordance with the evacuation capability on the home's license for 1 of 4 residents (Resident #2), residing in the facility, that had cognitive and physical impairments which could prevent the resident from independently evacuating the facility. The findings are: Review of the facility's current license having an effective date of 07/01/19 revealed a capacity of 6 ambulatory residents. Review of the facility census revealed 4 residents resided at the facility on 07/02/19. Review of the fire drill log revealed: -Fire drills were conducted monthly on different shifts from January to June 2019. -Documented evacuation times for the fire drills varied from 3 to 4 minutes for residents to have evacuated the building after hearing the alarm. Review of Resident #2's current FL-2 dated 03/14/19 revealed: -Diagnoses included mixed etiology dementia (a combination of 2 or more types of dementias), hypertension, coronary artery disease, anxiety and depression. The resident needed total care for feeding, dressing, bathing and toileting. -The resident was constantly disoriented. -The ambulatory status for Resident #2 was not documented. Review of Resident #2's Resident Register revealed an admission date of 12/08/2007.	C 022		

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C 022	Continued From page 4 Observation of Resident #2 on 07/02/19 at 9:25 am revealed: -The resident was resting on her bed, was propped up with pillows, and in a left turned sitting position. -The resident's knees were together, her legs were contracted, and she leaned to her left side. -A mechanical transfer lift was positioned over the end of her hospital bed. -The resident did not speak, but followed staff with her eyes. Based on observations, interviews, and record review, it was determined Resident #2 was not interviewable. Interview on 07/02/18 at 4:45 pm with the Supervisor-in-Charge (SIC) revealed: -Resident #2 required total personal care and needed a mechanical lift for transferring. -It would take 2 staff to transfer Resident #2 without using the mechanical lift; 1 staff could transfer the resident using the lift. -There were 3 staff working on the 1st and 2nd shifts; there was 1 staff working on the 3rd shift. -Resident #2 used to walk with a rolling walker on her own. -About a year and a half ago she started losing her balance and needed ambulatory assistance. -Resident #2 was not ambulatory. -Resident #2 became a patient of Hospice about 3 months ago. Interview on 07/02/19 at 4:30 pm with the Hospice nurse revealed: -Resident #2 was admitted to Hospice on 05/17/19. -Resident #2 could not ambulate, could not bear weight, and her legs were contracted. -"In order to respond to a fire drill, Resident #2	C 022		

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C 022	Continued From page 5 would have to be mechanically lifted into a wheelchair by 2 staff." Attempted interview on 07/02/19 at 5:30 pm with Resident #2's Power of Attorney was unsuccessful. Attempted interview on 07/02/19 at 4:30 pm and 4:45 pm with Resident #2's primary care physician was unsuccessful. Interview on 07/02/19 at 5:40 pm with the Administrator revealed: -Resident #2 could not walk on her own; staff transferred her to her wheelchair using a mechanical lift. -The mechanical lift stayed over the foot of Resident #2's bed for staff to use when needed. -In case of a fire drill Resident #2 could not walk out by herself. The facility license was for 6 ambulatory residents. -She did not know she was supposed to notify the state if she had a non-ambulatory resident. -She did not notify construction she had a non-ambulatory resident. -For the last 6 months she had been considering to have a sprinkler system installed. -She would call construction to see what she needed to do about having a non-ambulatory resident. _____ The facility failed to assure the evacuation capabilities of 1 of 4 residents was consistent with the current license status of 6 ambulatory residents. The facility's failure to assure residents living in the facility were able to evacuate in an emergency without physical or verbal prompting by staff was detrimental to the safety of the residents and constitutes a Type B Violation.	C 022		

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C 022	Continued From page 6 The facility provided a plan of protection in accordance with G. S. 131D-34 on 07/02/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 16, 2019.	C 022		
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 review, the facility failed to assure that 1 of 4 residents (Resident #2), having cognitive and physical impairments, received care and services which were adequate and appropriate, and in accordance with the evacuation capability of the facility's license. Based on observations, interviews, and record reviews, the facility failed to assure residents' evacuation capabilities were in accordance with the evacuation capability on the home's license for 1 of 4 residents (Resident #2), residing in the facility, that had cognitive and physical impairments which could prevent the resident from independently evacuating the facility.[Refer to Tag 022 10A NCAC 13G .0302(b) Design and Construction (Type B Violation)].	C 912		

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