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AVENDELLE ASSISTED LIVING ON TRYON	6645 TRYON ROAD CARY, NC 27518

(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 initial survey with an onsite visit on February 15, 2021.	C 000		
C 069	10A NCAC 13G .0312(g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 3 of 3 exit doors had an alarm that was activated and sounded when the door was opened to alert staff for 2 of 2 residents sampled, who were intermittently and or constantly disoriented. The findings are: Observations upon entrance to the facility on 02/15/2021 at 9:30am and intermittently throughout the day until 4:15pm revealed there was no alarm sounding device when the front/entrance door to the facility was opened. Observation in the laundry room/pantry door of	C 069		

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the facility on 02/15/2021 at 9:52am revealed there was no alarm sounding device when the door to the facility was opened.

Observation in the lounge area of the facility on 02/15/2021 at 10:30am revealed there was no alarm sounding device when the door to the facility was opened.

1. Review of Resident #1's current FL-2 dated 11/03/20 revealed:
-Diagnoses included hypertension, congestive heart failure, chronic renal failure, and depression with anxiety.
-Resident #1 was constantly disoriented.
-She was ambulatory with a rollator.

Review of Resident #1's Care Plan dated 12/22/20 revealed:
-Her mental and social history did not included wandering.
-Resident #1 had no behaviors.
-Resident #1 experienced periods of anxiety and anxiousness.
-She was able to communicate her needs.

Review of Resident #1's primary care provider (PCP)'s visit note dated 11/18/20 revealed:
-She was oriented times one.
-Mood and affect pleasantly disoriented.
-Recent and remote memory not intact.
-Judgment and insight inappropriate.

Review of Resident #1's PCP's visit note dated 11/23/20 revealed Resident #1's assessment included hypertension, congestive heart failure, chronic kidney disease, hypothyroidism, anemia, dementia which was assessed as clinically stable, and depression/anxiety was assessed as clinically stable.

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C 069	Continued From page 2 Review of a clinic transmittal form to Resident #1's PCP dated 12/01/20 revealed Resident #1 had been more agitated and had increased signs of anxiety starting at 2:00pm. Review of Resident #1's PCP's visit note dated 12/02/20 revealed: -Resident #1 was anxious starting at 2:00pm. -A family member requested a psychology evaluation. -The assessment included agitation and restlessness, anxiety, sun downing, and poor appetite. -Plan was a referral/follow-up with a mental health provider for behavioral changes, agitation, and anxiety. Interview with the medication aide/supervisor-in charge (MA/SIC) on 02/15/21 at 11:15am revealed: -Resident #1 had a history of dementia, anxiety, and depression. -She was intermittently confused; her orientation level varied each day. -To re-orient Resident #1 in the morning time, she tried to keep her on a routine, Resident #1 would eat breakfast and then she would have Resident #1 speak with her family member. -Resident #1 had wandered to the front door "previously", but she was easily re-directed. -She was not sure the last time she had observed Resident #1 at the front exit door, but she remembered she heard Resident #1 saying she had to take her family members to school. Interview with Resident #1's responsible party on 02/15/21 at 3:18pm revealed: -Resident #1 was admitted to the facility in November 2020.	C 069		

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-Her anxiety had improved since her admission.
-There was only one time Resident #1 was seen at the front door of the facility around Christmas 2020.
-Staff was able to easily re-direct her away from the front door of the facility.
-Her orientation level was like riding a roller-coaster depended on the day.

Interview with the facility's Communications Relations Director on 02/15/21 at 3:35pm revealed:
-Resident #1 was not assessed to be an elopement risk or have wandering behaviors.
-She was not aware of Resident #1 being found at the facility's front exit door around Christmas time.

Attempted interview with Resident #1 on 02/15/21 at 11:30am was unsuccessful.

Attempted telephone interview with Resident #1's PCP on 02/15/21 at 2:56pm was unsuccessful.

Attempted telephone interview with Resident #1's mental health provider on 02/15/21 at 3:06pm was unsuccessful.

Refer to the interview with the MA/SIC on 02/15/21 at 11:15am.

Refer to the interview with the facility's Communications Relations Director on 02/15/21 at 3:35pm.

2. Review of Resident #2's current FL-2 dated 01/12/21 revealed:
-Diagnoses included heart and kidney chronic disease, heart failure, atrioventricular block, type 2 diabetes, cerebral atherosclerosis, anemia,

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osteoporosis, and hypothyroidism.
-She was intermittently disoriented.
-She was semi-ambulatory with a rollator.
-She had an indwelling Foley catheter and was incontinent of bowel.

Review of Resident #2's legal documents revealed:
-She was adjudicated incompetent on 08/23/16 and appointed a power of attorney (POA).
-The post incompetent POA was also signed on 08/23/16.

Observation of the dining room on 02/15/21 at 9:40am revealed Resident #2 was sitting at the dining room table in a wheelchair and was talking with another resident.

Interview with Resident #2 on 02/15/21 at 9:45am revealed she was unsure how long she had been staying at the facility.

Observation of Resident #2 on 02/15/21 at 9:45am revealed she was alert and oriented to self and surroundings; and was disoriented to time.

Observation during lunch preparation on 02/15/21 at 1:05pm revealed:
-The medication aide/supervisor in charge (MA/SIC) went into the living room where Resident #2 was resting on the couch and alerted her that lunch was being served.
-Resident #2 was noted to be disoriented and stated: "I don't even know who I am or where I am."
-The MA/SIC reoriented Resident #2 to place and time and assisted her to the dining room table for lunch.

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C 069	Continued From page 5 Interview with the MA/SIC on 02/15/21 at 3:18pm revealed: -Resident #2 was usually alert and oriented to herself and staff; however she did have moments where she forgot things. -Resident #2 would sometimes forget where she was at. -The MA/SIC and other staff reoriented Resident #2 to place and time when needed; Resident #2's cognition would improve after reorientation provided. Refer to the interview with the MA/SIC on 02/15/21 at 11:15am. Refer to the interview with the facility's Communications Relations Director on 02/15/21 at 3:35pm. _____ Interview with the medication/supervisor-in charge (MA/SIC) on 02/15/21 at 11:15am revealed: -The facility had alarms at each exit door but currently the door alarms were not operational. -The current process in place was for all exit doors to be locked. -Normally when she worked, she kept the glass doors closed in the common area which lead to one of the exit doors at the front of the facility. -She had concerns for residents who were intermittently confused even though the exit doors were locked. -The residents could still turn the door handle which would unlock the exits doors and allow them to exit the facility. Interview with the facility's Communications Relations Director on 02/15/21 at 3:35pm revealed: -All exit doors at the facility were currently locked	C 069		

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C 069	Continued From page 6 due to the pandemic to keep visitors out. -The alarm system was currently not turned on due to all exit doors being locked. -There were no residents who were assessed to have wandering behaviors based on their history or current assessment. -She was aware of the regulation related to the facility having a sounding device activated when the door was opened when one resident was determined to be disoriented or wandered. -She agreed with concerns related to a resident being disoriented and having a sounding activated in place when any of the facility's doors were opened. -She had contacted the facility's logistic personnel today, 02/15/21, to have the alarm activated. -She would rather be proactive than reactionary if a resident attempted to exit the facility.	C 069		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the food storage areas were protected from contamination as evidenced by expired foods and beverages noted in the	C 256		

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C 256	Continued From page 7 refrigerator. The findings are: Observation of the refrigerator located near the storage room on 02/15/21 at 10:00am revealed: -There was a calendar for January 2021 displayed on the door of the refrigerator with hand written instructions for staff to clean the refrigerator every Wednesday and Sunday and sign in the box once task was completed. -The January 2021 calendar had "7pm" hand-written at the top, with dates that occurred on Sunday and Wednesday highlighted in yellow. -There was no staff signature or initials noted on the following dates: 01/10/21, 01/17/21 and 01/24/21. -There was not a calendar for February 2021 displayed. -There were three hearts of celery that expired on 12/06/20. -There was a 17 ounce (oz) serving of French bread that expired on 12/17/20. -There was a 14oz loaf of Italian bread that expired on 12/18/20. -There were two 40oz servings of honey wheat bread that expired on 12/25/20. -There were two 40oz servings of whole wheat bread that expired on 12/28/20. -There were two 40oz servings of honey bread that expired on 01/02/21. -There were eight hamburger buns that expired on 01/26/21. -There was a 32oz serving of Hawaiian sweet bread that expired on 02/06/21. -There was a total of two one-gallon whole milk jugs that expired on 02/14/21. Observation of the refrigerator located in the kitchen on 02/15/21 at 10:32am revealed:	C 256		

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C 256	Continued From page 8 -There was a calendar for January 2021 displayed on the door of the refrigerator with hand-written instructions for staff to clean the refrigerator every Wednesday and Sunday and sign in the box once task was completed. -The January 2021 calendar had "7pm" hand-written at the top with the dates that occurred on Sunday and Wednesday highlighted in yellow. -There was no staff signature or initials noted on the following dates: 01/10/21, 01/17/21 and 01/24/21. -There was not a calendar for February 2021 displayed. Interview with the medication aide/supervisor in charge (MA/SIC) on 02/15/21 at 10:15am revealed: -The January 2021 calendar displayed on the refrigerator doors were the weekly cleaning logs for staff to sign after they cleaned the refrigerators. -The January 2021 calendar was displayed on both refrigerators because the facility did not have ink toner for the printer and was unable to print an updated refrigerator cleaning log for February 2021. -She posted the cleaning logs on the refrigerators and it was the responsibility for the MA/SIC working night shift on Wednesday and Sunday to clean the refrigerators and sign the logs after tasks were completed. -The night shift MA/SIC removed all the items from the refrigerators, cleaned the refrigerator shelves and bins and returned the items to the proper places. -The night shift MA/SIC were responsible for removing expired foods and beverages while they performed the weekly cleaning of the refrigerators. -The Operations Manager was notified by the	C 256		

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night shift MA/SIC of any expired items and the Operations Manager was responsible for replenishing the expired items.
-She was responsible for ensuring that staff cleaned the refrigerators and removed the expired food; she checked the refrigerators on Mondays.
-She had not checked the refrigerators in about three weeks because she had been working at different sister facilities and had not had time.
-She was not aware that there were dates on the January 2021's refrigerator logs that were blank but felt that the staff completed the task and forgot to sign.
-She was concerned because expired foods or beverages consumed by residents could make them ill.
-She expected staff to clean the refrigerators as scheduled and for expired foods and beverages to removed immediately.

Interview with the Community Relations Director on 02/15/21 at 3:04pm revealed:
-It was the responsibility of the day shift MA/SIC to check the expiration dates on all foods and beverages and remove expired items.
-Food expiration dates should be checked once weekly.
-There were weekly logs that staff initialed after expiration dates were checked and the logs were kept on the doors of the two refrigerators.
-The refrigerator weekly logs were not posted for February 2021 because the facility was out of ink toner for the printer and was unable to print an updated log.
-It was the responsibility of the MA/SIC to ensure that all expired foods and beverages were removed immediately.
-The MA/SIC notified management of any expired foods and beverages that were discarded, and

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C 256	Continued From page 10 management had those items replaced. -The facility had a designated SIC and it was the responsibility of the facility's designated SIC to oversee the process for removing expired foods and beverages. -She was concerned with expired foods and beverages being in the facility because if residents were served these items, it could cause them to be sick.	C 256		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, record reviews, and	C 612		

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C 612	Continued From page 11 interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection of residents during the global pandemic of COVID-19 related to screening of staff. The findings are: Review of the Centers for Disease Control (CDC) guidelines for the prevention and spread of the Coronavirus Disease in long term care (LTC) facilities dated 11/20/20 revealed personnel should be screened for the presence of fever and symptoms of COVID-19 before starting each shift. Review of the North Carolina Department of Health and Human Services (NCDHHS) for prevention and spread of coronavirus in LTC facilities dated 10/2020 revealed residents and staff should be screened daily for signs and symptoms of COVID-19. Review of the facility's staff schedule and COVID-19 Screening Log dated from 02/01/21 to 02/10/21 and 02/15/21 revealed: -On the master sign-in sheet, there were columns for the date, time in, printed name, signature, third party provider if applicable, name of resident, temperature readings, and time out. -This was all staff which included medication aides, management team, third party providers, residents' family members, and all healthcare personnel. -Multiple staff did not sign in consistently each shift they worked at the facility. -On 02/01/21, on 02/03/21, on 02/06/21, on	C 612		

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C 612	Continued From page 12 02/09/21, on 02/10/21, and on 02/15/21, there was 1 out of 2 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -On 02/07/21 and on 02/08/21 there were 2 out of 2 total staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. -There was 10 out of the reviewed 21 shifts for staff members on duty who did not sign the COVID-19 Screening Log at the beginning of shift. Interview with the Community Relations Director on 02/15/21 at 12:22pm revealed: -The staff members did not complete a "self-screen" when completing the COVID-19 Screening Log at the beginning of shift. -The off going medication aide/supervisor in charge (MA/SIC) would screen the on-coming MA/SIC upon entrance to the facility. -There was currently no audit process at the facility to confirm staff members completed the COVID-19 Screening Log. -On 02/01/21, on 02/03/21, on 02/06/21, on 02/09/21, on 02/10/21, and on 02/15/21, 1 staff member on duty did not sign the COVID-19 Screening Log at the beginning of shift. -On 02/07/21 and on 02/08/21, 2 staff members on duty did not sign the COVID-19 Screening Log at the beginning of shift. -She was not able to locate the COVID-19 Screening Logs for staff members on 02/01/21, 02/03/21, 02/06/21, 02/07/21, 02/08/21, 02/09/21, 02/10/21, and 02/15/21. -The review of the staff members' COVID-19 Screening Logs was the Operations Manager's responsibility. -It was the facility's policy for all staff members to complete the COVID-19 Screening Log daily	C 612		

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AVENDELLE ASSISTED LIVING ON TRYON	6645 TRYON ROAD CARY, NC 27518

(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 612	Continued From page 13 before they started their scheduled shift. -She expected for all staff members to complete the COVID-19 Screening Log daily before they clocked in to start their scheduled shift. Interview with the MA/SIC on 02/15/21 at 3:18pm revealed: -The COVID-19 screening questions and temperature checks were completed by all staff daily prior to their shift and all visitors prior to their entry into the facility. -Once screening was completed, staff and visitors signed in at the front entrance and their temperatures were documented. -The COVID-19 screening for the on-coming staff members was done by the staff members that were at the facility at that time; staff did not screen themselves. -She was screened daily for COVID-19 prior to the start of her scheduled shift; she was asked the COVID-19 screening questions and her temperature was checked by another staff member. -Once screening was completed, she signed the screening log at the front entrance, documented her temperature and clocked in. -She did not sign in on 02/01/21, 02/08/21 and 02/15/21; however she did complete the COVID-19 screening questions and her temperature was checked by another staff member on those dates. -There had never been a time where she had not completed the COVID-19 screening and temperature check prior to working her scheduled shift.	C 612		