STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL068032	A. BUILDING: _____ B. WING _____	04/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL COKER HILLS	202 N ELLIOTT ROAD CHAPEL HILL, NC 27514

(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 April 9, 2021.	C 000		
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents 10A NCAC 13G .1213 Reporting of Accidents and Incidents (a) A family care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to notify the county department of social services (DSS) for 1 of 3 sampled residents (#2) that required notification because of a transfer to the hospital after a fall at the facility. The findings are: Review of Resident #2's current FL-2 dated 10/19/20 revealed diagnoses included hypoxia present-on-admission, early onset Alzheimer's, down syndrome and hypothyroidism. Review of Resident #2's progress notes for 01/29/21 at 7:49am revealed: -Resident #2 passed out and fell off the toilet during a bowl movement. -Resident was transported to the local emergency	C 444		

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C 444	Continued From page 1 department by emergency medical transport. Telephone interview with the local county Adult Home Specialist (AHS) on 04/08/21 at 9:56am revealed he had not received any incident reports from the facility. Interview with the Administrator on 04/08/21 at 1:21pm and 3:16pm revealed: -Incident reports were to be completed for all falls by the MA on duty. -Resident #2 had been sent out to the hospital on 01/29/21 due to a fall in the bathroom. -She sent an email to the local county AHS and told him "Resident #2 had a fall, was sent to the hospital and returned; she did not include an incident report or any other information. -The local county AHS did not ask for any additional information. -She did not have a hospital report or an incident report for Resident #2's fall on 01/29/21. -She thought the facility only needed to report falls with injuries or hospital admissions to the county DSS office. -She reviewed her policy for the facility, and she did have a "lap" and should have reported the fall with the transport to the local hospital to the county DSS. Attempted interview with the medication aide (MA) on 04/08/21 at 3:20pm was unsuccessful. Based on observations, interviews and observations it was determined Resident #2 was not interviewable.	C 444		