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AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and a follow-up survey on 04/22/21, 04/23/21, 04/26/21 and 04/27/21.	D 000		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews the facility failed to ensure that hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 5 fixtures in the common residents' A and B bathrooms on the Assisted Living (AL) A Hall with temperatures of 119°F to 127°F, 1 fixture in the common residents' bathroom room on the AL C Hall and with 5 fixutes in the common residents' bathrooms and shared rooms on the Special Care Unit (SCU). The findings are: 1.Observations of the AL section A hall's common bathroom A on 04/22/21 at 10:03am revealed: -The hot water temperature in the sink was 127	D 113		

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D 113	Continued From page 1 degrees F. -The hot water temperature in the shower was 120 degrees F. Observation of the AL section A hall's common bathroom B on 04/22/21 at 9:45am revealed: -The hot water temperature in the sink was 120 degrees F. -The hot water temperature in the tub was 126 degrees F. -The hot water temperature in the shower was 119 degrees F. Second observations of the AL section A hall's common bathroom A on 04/22/21 at 10:03am revealed: -The hot water temperature in the sink had increased to 130 degrees F. -The hot water temperature in the shower had increased to 127 degrees F. Second observation of the AL section A hall's common bathroom B on 04/22/21 at 11:18am revealed: -The hot water temperature in the sink was 120 degrees F. -The hot water temperature in the tub had increased to 127 degrees F. -The hot water temperature in the shower was 119 degrees F. Review of the facility's weekly water temperature log dated April 2021 revealed: -On week 1 A hall's common bathroom (B) shower was 104 degrees F, the tub was 101 degrees F and the handwashing sink was 107 degrees F. -On week 2 A hall's common bathroom (A) shower was 101 degrees F and the sink was 103 degrees F.	D 113		

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-On week 3 A hall's common bathroom (B) shower was 103 degrees F, the tub was 104 degrees F and the handwashing sink was 106 degrees F.
-There was no documentation for week 4 temperature log.

Interview with a resident on 04/22/21 at 2:40pm revealed:
-He used the first common bathroom on A hall (common bathroom A) and the water in the sink was "very hot".
-He used the hot water in the sink in the common bathroom on A hall (common bathroom A) to make his instant coffee because the water was so hot that he would not have to heat the water.
-He last used the sink on 04/22/21.

Interview with a second resident on 04/22/21 at 2:42pm revealed:
-The water in the first common bathroom on A hall (common bathroom A) and the water in the sink was "hot".
-He had to mix the cold water with the hot water before he used the water.
-He had never told staff the water was too hot.
-The water had been too hot for 15 years.

Interview with a third resident on 04/22/21 at 2:44pm revealed:
-The hot water in the second common bathroom on A hall (common bathroom B) was "scorching hot".
-He had never burned himself because he knew he had to cut the cold water on and mix the hot water with the cold water.
-He last used the second common bathroom on A hall (common bathroom B) a few minute ago.

Interview with a personal care aide (PCA) on

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D 113	Continued From page 3 04/22/21 at 11:11am revealed maintenance was responsible for checking the water temperatures. Interview with a second PCA on 04/26/21 at 4:30pm revealed: -The water on A hall was "really hot". -She let the resident's put their hand under the water to text the hot water temperature before assisting them with a shower. -She had told a medication aide about the water being really hot about a week or two ago. Interview with a medication aide MA on 04/26/21 at 4:49pm revealed the water a A hall was "warm" and you has to add cold water to it if it was too hat. Interview with the maintenance staff on 04/22/21 at 11:35am revealed: -He had been working at the facility for a month. -He did not know he was responsible for checking the hot water temperatures. -He thought housekeeping was responsible for checking the hot water daily. -He had never checked the hot water temperature at the facility before 04/22/21. -He did not know the last time the hot water temperatures had ben check at the facility. -No one had told him about any problems with the hot water temperatures at the facility. Interview with a housekeeper on 04/22/21 at 2:20pm revealed: -Housekeeping was responsible for checking the hot water temperatures in before November of 2020. -The new maintenance person was hired in November 2020 prior to the current maintenance staff and took on the responsibility of checking the hot water temperatures.	D 113		

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D 113	Continued From page 4 Interview with a second housekeeper on 04/22/21 at 2:25pm revealed: -Housekeeping was responsible for checking the hot water temperatures every 2 months. -She had last checked the hot water temperatures was 2 months ago. Interview with the Administrator on 04/22/21 at 11:12am revealed: -Housekeeping was responsible for check the water temperatures weekly. -Housekeeping was responsible for notifying the maintence staff and the Administrator if there were any issue with the hot water temperatures. -She did not know when the water temperatures were last checked. -She had sent staff out to buy thermometer on 04/22/21 because the facility's thermometers could not be found. 2. Observation of the community bathroom on the C Hall on 04/22/21 at 9:45am revealed: -The hot water temperature at the sink was 74 degrees F. -The hot water temperature at the tub was 100 degrees F. -The hot water temperature at the shower was 102 degrees F. A second observation of the community bathroom on the C hall on 04/22/21 at 11:20am revealed: -The hot water temperature at the sink was 109 degrees F. -The hot water temperature at the tub was 106 degrees F. -The hot water temperature at the shower was 102 degrees F.	D 113		

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D 113	Continued From page 5 Interview with a resident on 04/22/21 at 10:15am revealed: -She did not use the community bathroom shower because the water was too cold. -She washed herself at the sink in the bathroom connected to her room. -She did not remember reporting that the hot water was too cold to staff. -She wanted to tell somebody to "please get it (water) hot". Interview with a second resident on 04/22/21 at 10:25am revealed he would take quick showers because the water wasn't warm "at all". 3. Observation of the first common residents' bathroom on the SCU on 04/22/21 at 9:41am revealed: -The hot water temperature at the sink was 96.0 degrees F. -The hot water temperature at the shower was 94.6 degrees F. Observation of the shared bathroom for rooms 4 and 6 on the SCU on 04/22/21 at 9:51am revealed the hot water temperature at the sink was 93 degrees F. Observation of the second common residents' bathroom on the SCU on 04/22/21 at 9:54am revealed the hot water temperature for sink was 87.8 degrees F. Observation of the shared bathroom for rooms 1 and 2 on the SCU on 04/22/21 at 9:56am revealed the hot water temperature was 88.4 degrees F. Interview with a third Personal Care Aide (PCA) on 04/22/21 at 10:02am revealed: -It took the hot water about five minutes to get hot	D 113		

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in all of the residents' rooms.
-In common bathrooms the water was hot "instantly" after turning on the facets.
-The residents had informed her about the water not getting hot in the bathrooms.
-She had not reported the water taking at least five minutes to get hot.

Interview with the Medication Aide (MA) on 04/22/21 at 10:13am revealed:
-She had not noticed the hot water temperature not being hot.
-She allowed the hot water to warm up for at least 2 to 3 minutes.

Interview with a fourth Housekeeper on 04/22/21 at 10:27am revealed:
-The housekeepers used to be responsible for checking the water temperatures after the Maintenance Director left.
-She did not remember when she last checked the hot water temperatures.
-She had logged the water temperatures.
-She did not know who was responsible for checking the water temperatures now.

Interview with a fifth Housekeeper on 04/22/21 at 10:4am revealed:
-It was housekeeping responsibility to check the water temperature.
-She had not checked the water temperature "in a while".
-The housekeepers were not assigned specific days to check the hot water temperature.

Interview with Maintenance on 04/22/21 at 10:24am revealed housekeeping were responsible for checking the water temperatures.

Interview with the Housekeeper Supervisor on

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D 113	Continued From page 7 04/22/21 at 8:56am revealed: -She had not completed hot water temperature checks on the SCU. -Housekeeping was responsible for completing hot water temperature checks. -The hot water was to be checked on each hall weekly. -The hot water temperature was not documented. -She did not remember the hot water temperature requirements. _____ The facility failed to ensure hot water temperatures were maintained between 100° to 116° degrees Fahrenheit (F) which resulted in hot water temperatures of 127°F degrees in the common residents' bathroom on the A Hall increasing the risk for burning. The facility's failure was detrimental to the health and safety of residents residing on that hall and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/22/21 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED June 11, 2021.	D 113		
D 482	10A NCAC 13F .1501(a) Use Of Physical Restraints And Alternatives 10A NCAC 13F .1501Use Of Physical Restraints And Alternatives (a) An adult care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent to the resident's body that the resident cannot remove easily and which restricts freedom of movement or normal	D 482		

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D 482	Continued From page 8 access to one's body, shall be: (1) used only in those circumstances in which the resident has medical symptoms that warrant the use of restraints and not for discipline or convenience purposes; (2) used only with a written order from a physician except in emergencies, according to Paragraph (e) of this Rule; (3) the least restrictive restraint that would provide safety; (4) used only after alternatives that would provide safety to the resident and prevent a potential decline in the resident's functioning have been tried and documented in the resident's record. (5) used only after an assessment and care planning process has been completed, except in emergencies, according to Paragraph (d) of this Rule; (6) applied correctly according to the manufacturer's instructions and the physician's order; and (7) used in conjunction with alternatives in an effort to reduce restraint use. Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and providing supportive devices such as wedge cushions. This Rule is not met as evidenced by:	D 482		

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D 482	Continued From page 9 TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure a geri-chair with lap tray was used safely and in conjunction with an assessment and care plan for 1 of 1 sampled residents (#4) with an order for restraints. The findings are: Review of Resident #4's current FL2 dated 09/24/20 revealed: -Diagnoses included cognitive disorder, unspecified dementia with behavioral disturbance, delirium due to another medical condition and schizoaffective disorder depressive type. -Resident #4 was constantly disoriented. -Resident #4 was semi-ambulatory with assistive device specified as gerichair with a tray. Review of Resident #4's Resident Register revealed admission date of 10/16/19. Review of Resident #4's Licensed Health Professional Support (LHPS) dated 12/03/20 revealed: -Resident #4 was a risk for falls. -Resident #4 required extensive assistance with activities of daily living and eating. -Resident #4 had a gerichair with tray as a physical restraint. -The nurse recommended a 90-day reevaluation unless there was a change in his condition. Review of Resident #4's current Care Plan signed by the Primary Care Provider (PCP) on 04/13/21 revealed: -Resident #4 was totally dependent upon staff for	D 482		

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eating, toileting, bathing, dressing and grooming.
-Resident #4 required extensive assistance with transferring and ambulation.

Review of Resident #4's resident record revealed:
-There were signed physician orders for restraints dated 07/06/20, 10/16/20, 01/12/21 and 04/12/21 that included the use of gerichair with a tray.
-There was a care note dated 10/17/20 that stated a restraint had been obtained for a gerichair with a tray for "proper body alignment" due to "poor safety awareness"
-There were care notes dated 11/07/20 and 04/06/20 that documented assessment and continuation of need to continue restraints.

Review of Resident #4's Assessment and Care Plan for a physical restraint with signed consent dated 10/16/19 revealed:
-Resident #4's medical reasons that warranted the need for restraints included unsteady gait and confusion with the risk for falls.
-The medical symptoms were first observed in October 2019 and occurred daily.
-Alternatives to restraints had been provided included "increased staff monitoring", "family involvement" and "increased communication".
-"Alternatives and how the alternatives will be used" listed under the care plan indicated "wheelchair" and both areas had been marked for "Alternative has failed" and "Alternative seem to be helpful".

Observation of the television sitting room on 04/27/21 at 9:25am revealed:
-Resident #4 was sitting upright in his gerichair with lap tray in place.
-There was no staff in the room.
-Resident #4 stated loudly that he needed to use the restroom.

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-Housekeeping staff heard Resident #4's request from the hallway and left to inform a personal care aide (PCA).
-Resident #4 slid himself out of the chair onto the floor, under the attached tray and stood up.

Interview with the housekeeper on 04/27/21 at 9:25am revealed Resident #4 would slide himself under the lap tray to the floor to get out of the gerichair when he needed to use the restroom and would not wait for staff to come and assist.

Interview with the PCA on 04/27/21 at 9:30am revealed:
-Resident #4 was able to verbalize his need to use the restroom.
-Resident #4 needed to be checked on more often because he slid himself out of the gerichair "sometimes" but has never injured himself.
-She did not know how often Resident #4 was supposed to be checked for restraints.
-She did not know how often routine checks were supposed to be done on residents without restraints.
-All resident checks were documented on a log that was kept on the medication cart.

Interview with a medication aide (MA) on 04/27/21 at 9:40am revealed:
-There was no check log for Resident #4 at that time.
-Some residents were on 30-minute checks and some were on 2-hour checks.
-Not all residents' checks were documented on a log.
-Resident #4 was "usually" positioned in the hall close to the medication cart so he could be closely monitored.
-She did not know why the PCA had not positioned him close to the medication cart this

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morning.
-PCAs were responsible for completing and documenting checks on each resident.
-MAs were supposed to review and ensure resident check logs were completed daily.
-She did not answer when asked how often Resident #4 should be checked.
-She did not answer when asked about knowledge of facility's restraint policy.

A second interview with the MA on 04/27/21 at 12:10am revealed:
-Resident #4 slides out of the gerichair onto the floor two to three times per week.
-She had notified the assistant administrator/ resident care coordinator (AA/RCC) verbally but had no documented the communication.
-It was the responsibility of the AA/RCC
-She did not know if the PCP had notified.

Telephone interview with the PCP for Resident #4 on 04/27/21 at 11:40am revealed:
-The gerichair with tray was ordered as a restraint for Resident #4 to provide safety and positioning.
-She was not aware Resident #4 slid himself out of the gerichair onto the floor.
-She expected to be notified if he slid to the floor often even if there was no injury.
-She was concerned Resident #4 could get "entangled" or "stuck" between the chair and the lap tray.
-She would have explored other restraint options such as a Posey vest or lap belt and made changes to the restraint order if she had known Resident #4 had been sliding himself under the lap tray to the floor often.
-The gerichair with lap tray may not have been the safest option for Resident #4.
-A gerichair was usually ordered for residents that were not as active as Resident #4 and may not

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have been the safest option for a resident that was as active as Resident #4.

Interview with the AA/RCC for C hall on 04/27/21 at 10:02am revealed:
-She was aware Resident #4 would slide out of the gerchair, under the lap tray.
-She had made the primary care provider aware of Resident #4's behavior.

A second interview with the AA/RCC for C hall on 04/27/21 at 12:15pm revealed:
-She was not aware of Resident #4 sliding out of the gerichair two-three times per week.
-She expected the staff to notify her of each time Resident #4 slid himself out of restraints.
-She would have notified the PCP if she had been made aware of resident behaviors.
-She expected the medication aide to notify her of behaviors regardless of injury.
-She was concerned Resident #4 could hurt himself or fall trying to get up when he slid himself onto the floor to get out of the gerichair.

Interview with the Administrator on 04/27/21 at 12:25pm revealed:
-She was aware that Resident #4 slid himself out of the restraints two to three times per week.
-Resident #4 could become injured or fall sliding between the lap tray and the chair.
-She expected the AA/RCC for C Hall to notify the primary care provider because of the frequency of this behavior.

_____

The facility failed to ensure physical restraints were used safely for Resident #4 who had a gerichair with a tray. Resident #4 was observed to slide under the lap tray onto the floor and staff were aware that this occurred two to three times per week which put the resident at risk of injury

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 04/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE ASSISTED LIVING	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

(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
D 482	Continued From page 14 due to possible entrapment between the lap tray and the chair. The facility's failure was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/27/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 11, 2021.	D 482		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 reviews, the facility failed to assure residents received care and service which were adequate, appropriate, and in substantial compliance with relevant federal and state laws and rules and regulations as related other requirements and the use of physical restraints and alternatives. The findings are: 1.Based on observations, interviews, and record reviews the facility failed to ensure that hot water temperatures were maintained at 100° to 116° degrees Fahrenheit (F) for 5 fixtures in the common residents' A and B bathrooms on the Assisted Living (AL) A Hall with temperatures of	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046020	A. BUILDING: _____ B. WING _____	R 04/27/2021

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(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
D912	Continued From page 15 119°F to 127°F, 1 fixture in the common residents' bathroom room on the AL C Hall and with 5 fixutes in the common residents' bathrooms and shared rooms on the Special Care Unit (SCU). [Tag 113 10A NCAC 13F .0311(d) Other Requirements (Type B Violation)]. 2.Based on observations, interviews and record reviews, the facility failed to ensure a geri-chair with lap tray was used safely and in conjunction with an assessment and care plan for 1 of 1 sampled residents (#4) with an order for restraints.[Tag 482 10A NCAC 13F .1501 Use Of Physical Restraints And Alternatives (Type B Violation)].	D912		