STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060020	A. BUILDING: _____ B. WING _____	04/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S & T SENIOR CARE WESSEX SQUARE	4720 WILSHAM COURT CHARLOTTE, NC 28226

(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 04/15/21.	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: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the building was equipped and maintained for 3 of 3 sampled residents (#1, #2, and #3) residing in the facility who had cognitive and physical impairments and were unable to evacuate the facility independently. The findings are: Review of the facility's license with an effective date of 01/01/21 revealed the facility was licensed for a capacity of 6 ambulatory residents. Observation of the facility on 04/15/21 between 8:15am and 10:00am revealed: -The facility had a census of 4 residents. -There were 2 staff members in the facility. -The facility did not have a fire suppression system installed.	C 022		

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C 022	Continued From page 1 -The facility had 3 entrance / exits. Interview with the Supervisor in Charge (SIC) on 04/15/21 at 8:30am revealed: -There were four residents living in the facility who were non-ambulatory. -There were four residents living in the building who required staff assistance to transfer from their beds to their wheelchairs. -There were four residents who could not move their wheelchairs without staff assistance. -The four residents in the facility who were non-ambulatory did not have the ability to respond accordingly to evacuate the facility on their own. 1. Review of Resident #1's current FL2 dated 09/16/20 revealed: -Diagnoses included Alzheimer dementia and anxiety. -The resident was constantly disorientated. -The resident was non-ambulatory. Review of Resident #1's Licensed Health Professional Support (LHPS) dated 04/12/21 revealed the tasks identified were assistance with transfers and assistance with ambulation with an assistive device. Review of Resident #1's Care Plan dated 09/16/20 revealed: -The resident's level of assistance with ambulation was assessed as extensive assistance. -The resident's level of assistance with transfers was assessed as extensive assistance. Interview with the SIC on 04/15/21 at 8:30am revealed: -Resident #1's ability to ambulate independently	C 022		

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C 022	Continued From page 2	C 022		

changed and declined since the end of last year.
-Resident #1 was able to understand when you asked her questions, but she was not physically able to get into her wheelchair and leave a room without someone's assistance.
-Resident #1 needed one person to get her out of bed by getting her to stand and placed into a wheelchair.

Observation on 04/15/21 at 2:36pm revealed:
-The SIC assisted Resident #1 out of her bed and into her wheelchair.
-Resident #1 was assisted to the sitting position on the edge of her bed.
-The SIC placed his arms around Resident #1 lifted her to her feet, holding her he turned and placed her into a wheelchair.

Based on observation, interviews and record review it was determined Resident #1 was not interviewable.

Refer to interview with the Administrator in Charge (AIC) on 04/15/21 at 9:00am .

Refer to interview with the Administrator on 04/15/21 at 9:50am.

2. Review of Resident #2's current FL2 dated 9/11/20 revealed:
-Diagnoses included Alzheimer's.
-The resident was constantly disorientated.
-The resident was semi-ambulatory.

Review of Resident #2's Licensed Health Professional Support (LHPS) dated 04/12/21 revealed the tasks identified were assistance with transfers and assistance with ambulation with an assistive device.

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C 022	Continued From page 3	C 022		

Review of Resident #2's Care Plan dated 04/12/21 revealed:
-The resident's level of assistance with ambulation was assessed as extensive assistance.
-The resident's level of assistance with transfers was assessed as extensive assistance.

Interview with the Supervisor on 04/15/21 at 8:30am revealed:
-Resident #2 was not able to help with being transferred to the wheelchair.
-Resident #2 did not have the ability understand and follow directions all the time.
-He had to physically move Resident #2 from a bed or chair into a wheelchair and push her wheelchair from one place to another place.

Observation on 04/15/21 at 2:36pm revealed:
-The SIC assisted Resident #2 off the couch into her wheelchair.
-Resident #1 was assisted to the sitting position on the edge of the couch.
-The SIC placed his arms around Resident #2 lifted her to her feet, holding her he turned and placed her into a wheelchair.

Based on observation, interviews and record review it was determined Resident #2 was not interviewable.

Refer to interview with the Administrator in Charge on 04/15/21 at 9:00am.

Refer to interview with the Administrator on 04/15/21 at 9:50am.

3. Review of Resident #3's current FL2 dated 09/12/20 revealed:
-Diagnoses included early Alzheimer's dementia.

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C 022	Continued From page 4 -Resident #3 was constantly disorientated. -Resident #3 was semi-ambulatory. -It was documented the resident required a wheelchair. Review of Resident #3's Licensed Health Professional Support (LHPS) date 04/12/21 revealed the tasks identified were assistance with transfers and assistance with ambulation with an assistive device. Review of Resident #3's Care Plan dated 03/19/21 revealed: -The resident's level of assistance with ambulation was assessed as extensive assistance. -The resident's level of assistance with transfers was assessed as extensive assistance. Interview with the SIC on 04/15/21 at 8:30am revealed: -Resident #3 was not able to get up and get into her wheelchair without someone assisting her to stand and sit in her wheelchair. -Resident #3 required someone to push her wheelchair to get her from one place to another. -Resident #3 understood a situation but could not respond physically if she was told to do something. Observation on 04/15/21 at 2:36pm revealed: -The Supervisor getting Resident #3 off the couch to her wheelchair. -Resident #3 was assisted to the sitting position on the edge of the couch. -The SIC placed his arms around Resident #3 lifted her to her feet, holding her he turned and placed her into a wheelchair. Based on observation, interviews and record	C 022		

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C 022	Continued From page 5 review it was determined Resident #3 was not interviewable. Refer to interview with the Administrator in Charge on 04/15/21 at 9:00am. Refer to interview with the Administrator on 04/15/21 at 9:50am. _____ Interview with the Administrator in Charge (AIC) on 04/15/21 at 9:00am revealed: -When all three residents were able to ambulate on their own when they were admitted to the facility. -Over the past year their physical and cognitive abilities began to decline. -She was concerned in October 2020 because she knew the facility's licensure was for six ambulatory residents. -She informed the Administrator and he reached out to the North Carolina Division of Health Service Regulation (NC DHSR) Construction Section. -The Administrator spoke to a representative from the NC DHSR Construction Section in February 2021. -The representative from DHSR Construction Section informed them the facility would be required to add a sprinkler system. -After the Administrator spoke to the representative from the construction division, she was under the impression the facility would be offered "leniency" until completing the installation of the sprinkler systems and the NC DHSR Construction Section completed a visit and approved it. Interview with the Administrator on 04/15/21 at 9:50am revealed: -In February 2021, he contacted a representation	C 022		

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C 022	Continued From page 6 from the NC DHSR Construction Section after the AIC informed it was necessary to contact them to be advised on the facility's modifications needed because the residents were no longer ambulatory. -He informed the representative from the NC DHSR Construction Section the current residents were no longer ambulatory, the residents had aged in place, and due to the COVID-19 pandemic finding placement for the residents elsewhere would be difficult. -The representative from the NC DHSR Construction Section gave them the impression all they needed to do in February 2021 was to continue to pursue the necessary construction permits and hire a contractor to install a sprinkler system. -He received bids from local contractors and pursued getting the necessary permits to get a sprinkler system installed since February 2021. -He was not told to contact the NC DHSR Adult Licensure Section. _____ The facility failed to ensure the building was in compliance with its current license for 6 ambulatory residents resulting in 3 of 3 sampled residents (#1, #2, and #3) who had physical and cognitive impairments that impeded the ability to independently evacuate the building in an emergency. The facility's failure was detrimental to the safety and welfare of the residents which constitutes a Type B Violation _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/15/21 for this violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, MAY 30, 2021.	C 022		

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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 reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to facility fire safety. The Findings are: Based on observations, interviews, and record reviews, the facility failed to ensure the building was equipped and maintained for 3 of 3 sampled residents (#1, #2, and #3) residing in the facility who had cognitive and physical impairments and were unable to evacuate the facility independently. [Refer to Tag C022, 10A NCAC 13G .0302 (b) Design and Construction (Type B Violation)].	C 912		