STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001177	A. BUILDING _____ B. WING _____	05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND FAMILY CARE	1616 E WEBB AVENUE BURLINGTON, NC 27217

(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 05/27/21.	C 000	Above and Beyond will ensure that all needed assistive devices in the facility be provided to assure that all residents receive the proper care and services which are adequate, appropriate and in compliance with federal and states laws and compliance with the rules and regulations. Any changes in resident status after assessment (i.e from ambulatory to non ambulatory). Construction will contacted about the non ambulatory status so that the proper equipment be provided to provide proper services until higher placement can be found.	6/30/2021
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 evacuation capabilities were in accordance with the evacuation capabilities on the facility's current license for 1 of 3 sampled residents (#2) who was unable to evacuate independently. The findings are: Review of the facility's current license with an effective date of 01/01/21 revealed the facility was licensed for a capacity of 5 ambulatory residents. Observations during the initial tour of the facility on 05/27/21 at 8:15am revealed -There was a census of 4 residents. -The Supervisor-in-Charge (SIC) was the only staff present in the facility. -The facility did not have a sprinkler system.	C 022		

Division of Health Service Regulation
LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cindy Brown — TITLE: Admin. — (X6) DATE: 07/01/2021
STATE FORM ZTNF11 Page 1 of 11

Mary R. Agena

Reviewed and Accepted on 07/21/21 by MA

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C 022	Continued From page 1 Review of Resident #2's current FL2 dated 04/15/21 revealed -Diagnoses included urinary tract infection, depression, muscle weakness, anxiety disorder and hypertension. -Her current level of care was a skilled nursing facility and the requested level of care as well as the discharge plan was a family care home. -She was ambulatory with the assistance of a rolling walker. Review of care plan dated 01/14/21 revealed that Resident #2 required supervision with ambulation and was independent for transferring herself. Review of Resident #2's skilled nursing discharge summary notes dated 04/14/21 revealed: -She had a fall on 03/23/21 and went to the hospital where she was diagnosed with a pubic ramus (a section of the pubis bone) fracture. -After discharge from the hospital on 03/26/21 she went to a skilled nursing facility for rehabilitation. -Resident #2 was discharged from the skilled nursing facility on 04/16/21 to the family care home. Review of palliative care assessment on 04/29/21 revealed: -Resident #2 was non-ambulatory and required two person assist with transfers and activities of daily living (ADLs). -The facility requested that the physician order physical therapy to improve Resident #2's ability with transfers and propelling the wheelchair. -The facility was not equipped to work with residents that required as much assistance as Resident #2 needed. -Resident #2's family member had an appointment with Hospice on 05/03/21 to discuss	C 022		

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C 022	Continued From page 2 further planning. Interview with the SIC on 05/27/21 at 9:00am revealed: -Formal paperwork had not been provided to Resident #2's family regarding her need for discharge. -She thought that verbal communication was enough and knew Hospice was helping the family look for alternative placement. -Resident #2 did not have a formal deadline to move out of the facility. Telephone interview with Resident #2's family member on 05/27/21 at 10:35am revealed: -Hospice and the facility had been working to find alternative placement for Resident #2. -Resident #2 was to be placed in another facility in the near future but it did not have to happen immediately. -The family care home had not provided a deadline for Resident #2's move. Observation of Resident #2 on 05/27/21 between 10:45am - 10:55am revealed: -Resident #2 was laying in bed propped up on her left arm. -She stated that she was ready to get out of bed. -The SIC was alerted to assist the resident and brought her wheelchair in the room. -Resident #2 slowly sat up on the side of the bed and dangled her legs over the side of the bed. -She took approximately 3 minutes to reach out to the SIC who took her hand and helped her stand in front of the wheelchair. -Resident #2 grabbed the arm of the wheelchair and stood still for approximately 2 minutes. -She did not sit in the wheelchair and stated that she would rather go back to bed.	C 022	Above and Beyond family care Admin and SIC verbally contacted family on a daily basis discussing discharge for resident #2 to be back home as well as several dates being given. Above and Beyond family care never sent out letters, only conducting a verbal contract. In regards to our plan of correction in this manner, Above and Beyond will ensure that a written form of discharge documentation will be given to the family with a deadline and discharge date from the facility.	6/30/2021

Division of Health Service Regulation

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C 022	Continued From page 3 Second interview with the SIC on 05/27/21 at 11:25am revealed: -The facility conducted monthly fire drills but was not aware of any documentation kept regarding the fire drills. -She could not remember the exact date of the last fire drill. -A fire drill had not been conducted since Resident #2 had returned to the facility on 04/16/21. Third interview with the SIC on 05/27/21 at 11:30am revealed: -Resident #2 had to be carried into the facility by her male family member when she returned on 04/16/21. -She had only been able to take a couple of steps at a time with a walker and staff assistance since she returned. -She was able to shuffle her feet to propel her wheelchair but staff also pushed her wheelchair. -Her demeanor was different after she fell and Resident #2 did not always follow commands. -The skilled nursing facility reported that Resident #2 was more mobile than she actually was. Observation of the facility on 05/27/21 revealed: -There were two exit doors. -The front door led to a porch which had a set of stairs with 5 steps. -The back door led to a porch which had a wheelchair accessible ramp. Telephone interview with the Hospice nurse (RN) on 05/27/21 at 12:13pm revealed: -She met with Resident #2's responsible party 2-3 weeks ago to assist in the placement of Resident #2 in a different facility. -Resident #2 had been sleeping more and required assistance from staff for all transfers.	C 022	Above and Beyond Family Care will ensure that our fire and disaster drills are recorded, documented and placed into a fire/disaster drill log. Above and Beyond Family Care will conduct monthly fire drills and natural disaster drills annually each shift per rules and regulations for the state of North Carolina. Above and Beyond Family Care will implement guidelines in our policy for screening future residents in regards to ambulatory assistance according to the rules and regulations of the state.	6/30/2021

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C 022	Continued From page 4 -She was unsafe to get up to walk without assistance and was a definite fall risk. -Hospice had presented Resident #2's family with several different placement options. Telephone interview with Resident #2's primary care physician (PCP) on 05/26/21 at 1:49pm revealed: -He had known Resident #2 for 20 years and she needed placement "a while ago" but only agreed to be placed around December 2020. -He thought she needed skilled nursing level care and was unsure why she was placed in a family care home. -He did not sign the FL2 on 04/15/21 for her to return to the family care home after her fall. -He continued to believe that she needed more supervision and care than a family care home could provide. -He told the facility that he would sign a new FL2 for Resident #2 to go to a higher level of care when placement was obtained. Telephone interview with the Administrator on 05/27/21 at 11:12am revealed: -Resident #2 had rapidly declined since she returned to the facility on 04/16/21. -She had been working with a case manager to find higher level of care for Resident #2 as soon as possible. -She had not contacted construction in regard to Resident #2's change in ambulatory status because she was not aware this was required. The facility failed to ensure the building was in compliance with its current license for 5 ambulatory residents resulting in 1 of 3 sampled residents (#2) who could not transfer without assistance from staff and would require ambulation assistance from staff in the event of	C 022	Above and Beyond Family Care was unaware of this rule. Moving forward we will conduct training for staff to review the policy procedures/rules of the state of North Carolina. In regards	6/30/2021

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C 022	Continued From page 5 an evacuation. The facility's failure was detrimental to the health, safety and welfare of the resident which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/27/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED, JUNE 11, 2021.	C 022	this we will offer the required education to those who may not be familiar with the policy/procedures. Resident #2 is no longer in Above and Beyond Family Care facility, Resident was discharged 6/10/2021.	6/30/2021
C 232	10A NCAC 13G .0801 (c) Resident Assessment 10A NCAC 13G .0801 Residents Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily living; (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects; (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;	C 232		

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C 232	Continued From page 5 (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher; (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being over a period of time such as initial diagnosis of Alzheimer's disease or diabetes; (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed; (K) new onset of impaired decision-making; (L) continence to incontinence or indwelling catheter; or (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure a Resident Assessment was completed within 10 days following a significant change in the resident's condition for 1 of 1 residents (#2) who experienced a change in condition, related to a fall that resulted in a pubic ramus fracture (a section of the pubis bone) and subsequent change in the ability to ambulate and transfer with minimal assistance. The findings are: Review of Resident #2's current FL2 dated 04/15/21 revealed -Diagnoses included urinary tract infection (UTI), depression, muscle weakness, anxiety disorder and hypertension.	C 232	Above and Beyond Family Care will meet this rule by ensuring that all residents entering the facility will have an initial assessment completed who have experiance a change in health conditions within the 10 days of admission to be incompliance with North Carolina State rules and regulations.	6/30/2021

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C 232	Continued From page 7 -She was ambulatory with a rolling walker. Review of Resident #2's care plan dated 01/14/21 revealed that she required assistance for ambulation and did not require assistance for transfers. Review of palliative care's assessment of Resident #2 on 04/29/21 revealed: -Resident #2 fell on 03/23/21 which resulted in a pubic ramus fracture. -Before her fall she was able to walk with a walker and could transfer independently. -She was no longer ambulatory and required a 2 person assist with transfers and activities of daily living (ADLs). Interview with the Supervisor-in-Charge (SIC) on 05/27/21 at 11:30am revealed: -When Resident #2 returned to the facility after she was discharged from a skilled nursing facility on 04/16/21 she was not able to independently walk into the facility; her male family member had to carry her into the facility. -Her ability to ambulate had declined and she was only able to take a couple of steps at a time with staff assistance. -She was able to shuffle her feet when she sat in her wheelchair but staff also needed to propel her wheelchair. -Resident #2 required more assistance from staff since she returned from the skilled nursing facility compared to prior to her fall. Second interview with the SIC on 05/27/21 at 12:22pm revealed: -She kept track of forms that needed to be signed for the residents. -She filled out the care plan and brought it to the physician's office yearly to be signed.	C 232		

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C 232	Continued From page 8 -She was unaware the care plan should be updated within 10 days of a significant change. -She had not completed a new care plan for Resident #2 when she had a change in ambulation and transfer status. Telephone interview with the Administrator on 05/27/21 at 11:12am and 2:46pm revealed. -She knew Resident #2 had a decline since her return to the facility on 04/16/21. -The SIC should have completed a new care plan due to Resident #2's change in status. Based on observations, interviews and record reviews it was determined that Resident #2 was not interviewable.	C 232		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints, (2) feeding techniques for residents with swallowing problems, (3) bowel or bladder training programs to regain continence, (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches, (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter,	C 252		

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C 252	Continued From page 9 (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include intra-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph); (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22) application of prescribed heat therapy;	C 252		

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C 252	Continued From page 10 (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure an updated licensed health professional support (LHPS) evaluation had been completed by an appropriate licensed professional for 1 of 3 sampled residents (Resident #2) with LHPS tasks of transferring a non-ambulatory resident and ambulation assistance with an assistive device within 30 days of acquiring new LHPS tasks. The findings are: Review of Resident #2's current FL2 dated 04/15/21 revealed: -Diagnoses included urinary tract infection, depression, muscle weakness, anxiety disorder and hypertension. -She was ambulatory with a rolling walker. Review of Resident #2's LHPS assessment completed 05/17/21 revealed: -Resident #2 required assistance using a walker for ambulation, one person assist for transfers,	C 252	Above and Beyond Family Care acknowledge that a new/ updated LHPS was not completed within the 30 day time frame. Above and Beyond was under the impression that once hospice took over the case, that it was hospice responsibility for the wrap-around medical services needed. Yet Above and Beyond Family Care understands that we are responsible for ensuring a new LHPS is to be completed and any assistive devices provided within 30 days of acquiring new LHPS tasks.	6/30/2021

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C 252	Continued From page 11 physical therapy with a history of multiple falls and monthly injections of vitamin B12. -The LHPS nurse recommended discussing resident's frequent falls with the primary care provider (PCP) to determine if Resident #2 needed an updated plan of care regarding ambulation. Observation of Resident #2 on 05/27/21 at 10:45am - 10:55am revealed: -Resident #2 was laying in bed propped up on her left arm. -She stated that she was ready to get out of bed. -Supervisor in charge (SIC) was alerted to assist the resident and brought her wheelchair in the room. -Resident #2 slowly sat up on the side of the bed and dangled her legs over the side of the bed. -She took approximately 8 minutes to reach out to the SIC who took her hand and helped her stand in front of the wheelchair. -Resident #2 grabbed the arm of the wheelchair and stood still for approximately 2 minutes. -She did not sit in the wheelchair and stated that she would rather go back to bed. Review of palliative care Registered Nurse (RN) assessment on 04/29/21 revealed: -Resident was able to walk with a walker and be independent with transfers as well as activities of daily living (ADLs) prior to her fall on 03/23/21. -When the RN assessed her, Resident #2 was non-ambulatory and required a 2 person assist with transfers and ADLs. Interview with the Supervisor-in-Charge (SIC) on 05/27/21 at 11:30am revealed: -Resident #2 had to be carried into the facility by her male relative when she returned on 04/16/21. -She was not able to walk more than a few steps	C 252		

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C 252	Continued From page 12 at once and required assistance with ambulatory devices from staff. -She could shuffle her feet when she sat in her wheelchair but staff also had to propel her wheelchair. -Resident #2 required more assistance from staff with ambulation and transfers since she returned from the skilled nursing facility compared to prior to her fall. Telephone interview with the Hospice RN on 05/27/21 at 12:13pm revealed: -She followed Resident #2 since the first week of May 2021. -After the fall Resident #2 required transfers and was unsafe to get up and walk. -Resident #2 was a definite fall risk. Second interview with the SIC on 05/27/21 at 12:22pm revealed: -Resident #2 had been assessed by the LHPS nurse on 05/17/21. -The LHPS nurse came to the facility quarterly and the SIC did not schedule her visits. -The SIC did not know a resident should have a new LHPS assessment after acquiring new LHPS tasks. Telephone interview with the Administrator on 05/27/21 at 2:46pm revealed: -The LHPS nurse scheduled her own visits and came when new residents were admitted or every 30-90 days for other residents. -The Administrator thought Resident #2 had been assessed by a RN since she returned to the facility in April 2021. -It was the SIC's responsibility to contact the LHPS nurse when there was a resident with a new LHPS task. -She was auditing resident records prior to the	C 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001177	A. BUILDING _____ B. WING _____	05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND FAMILY CARE	1616 E WEBB AVENUE BURLINGTON, NC 27217

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C 252	Continued From page 13 COVID-19 pandemic but had not audited records recently. Based on observation, interviews and record review, it was determined that Resident #2 was not interviewable.	C 252	Above and Beyond Family Care will ensure that when any resident is admitted/ re-admitted (Only if still ambulatory) SIC contacts the LHPS nurse within 24hours for any new task assessments to be completed. Thus any changes of care, Above and Beyond will ensure that all needed assistive devices in the facility as well as outside the facility be provided to assure that all residents receive the proper care and services which are adequate, appropriate and in compliance with federal and states laws as well as compliance with the rules and regulations. However if any resident assessment status changes from ambulatory to non ambulatory. Construction will be contacted about the non ambulatory status so that the proper equipment be provided with the understanding that a higher level of care is needed, Yet we also must provide quality, adequate care until higher level of skill care can be found. This may include but not limited to equipment and extra staff and adhere the rules and regulations of the state. Above and beyond will continue searching for a higher level of care due to the evacuation capabilities of Above and beyond Family Care Services license which is for ambulatory residents that could evacuate independently.	6/30/2021
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, record reviews, and interviews, the facility failed to assure each resident received the care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to design and construction. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure the evacuation capabilities of the residents were in accordance with the evacuation capabilities of the facility's current license for ambulatory residents that could evacuate independently. [Refer to Tag 10A NCAC 13G .0302 Design and Construction (Type B Violation)]	C 912		

To whom it may concern,

If you any questions, comments or concerns please contact Cindy Brown at 803-537-1358.

Thanks in advance,

Cindy Brown