Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051064	A. BUILDING: _____ B. WING _____	R 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLASSIC CARE HOMES # 2	103 ANNIE PARKER CIRCLE SMITHFIELD, NC 27577

(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 follow-up survey on 07/27/22.	D 000		
D 067	10A NCAC 13F .0305(h)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) 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 accessible by residents 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 office of the administrator 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, interview, and record reviews, the facility failed to ensure 4 of 4 exit doors accessible for residents' use were equipped with a sounding device that activated for the safety of 2 of 3 sampled residents who were diagnosed as disoriented. The findings are: Observations upon entrance to the facility on 07/27/22 at 9:15am and intermittently throughout the day until 2:56pm revealed there was no sounding device when the front/entrance door to the facility was opened.	D 067	D 067 - 10A NCAC 13R .0305 Physical Environment Policy plan put in place on 07/28/2022 that facility Management or Resident Care Coordinator or Business Office management or Med Tech on duty will do a walk through on each shift daily to check all door to ensuring door devices are working properly and report document in the daily logbook.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Angie Peedin — AFT/RCC — 08/17/22

Reviewed and acknowledged by N. Mazell 09/02/22

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D 067	Continued From page 1 Observations of the exit door in the living room of the facility on 07/27/22 at 9:20am and intermittently throughout the day until 2:56pm revealed there was no sounding device when the exit door to the facility living room was opened. Observations of the right exit door of the facility on 07/27/22 at 9:25am and intermittently throughout the day until 2:56pm revealed there was no sounding device when the right exit door to the facility was opened. Observations of the left exit door of the facility on 07/27/22 at 9:45am and intermittently throughout the day until 2:56pm revealed there was no sounding device when the left exit door to the facility was opened. 1. Review of Resident #1's FL-2 dated 01/18/22 revealed: -Diagnoses included hypertension and chronic obstructive respiratory disorder (COPD). -He was constantly disoriented. Review of Resident #1's care plan dated 01/18/22 revealed: -He was ambulatory with the use of an assistive device. -He had a history of mental illness and developmental disabilities. -He was not currently receiving mental health services. Refer to the interview with the Resident Care Coordinator on 07/27/22 at 3:06pm. Refer to the interview with a medication aide on 07/27/22 at 4:30pm. 2. Review of Resident #2's FL-2 dated 02/04/22	D 067	D 067 - 10A NCAC 13R .0305 Physical Environment On 07/27/2022 once the observations was brought to the Resident Care Coordinator attention, a walk through was immediately done of checking devices and a plan were put in place until the next morning. As of 8am of 07/28/2022 all door have new devices to replace the old one that needed to be replaced.	

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D 067	Continued From page 2 revealed: -Diagnoses included pulmonary hypertension and severe mitral regulation. -He was constantly disoriented. Review of Resident #2's care plan dated 02/04/22 revealed he was ambulatory and he had limited strength with his right upper extremities. Refer to the interview with the Resident Care Coordinator on 07/27/22 at 3:06pm. Refer to the interview with a medication aide on 07/27/22 at 4:30pm. Interview with a medication aide on 07/27/22 at 4:30pm revealed there were no residents that left the facility without staff knowledge. Interview with the Resident Care Coordinator on 07/27/22 at 3:06am revealed: -The 4 exit doors in the facility were never locked because the facility was not a locked facility. -Residents were able to leave out of the facility when they wanted to if they signed out. -She was not aware that there was a rule that required all the facilities exit doors to be locked or have an audible sounding device.	D 067	D 067 - 10A NCAC 13R .0305 Physical Environment As of 8am of 07/28/2022 all door have new devices to replace the old one that needed to be replaced, all door are locked when they shut immediately by their self and Resident Care Coordinator did each shift group in service meeting of the sounding device and making sure that doors are closed at all times.	
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;	D 074		

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D 074	Continued From page 3 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the fixtures in 2 of 2 common bath/shower areas, in resident rooms and common bathroom were kept in good repair, as evidenced by wooden boards placed underneath sink fixtures to hold them in place and a sink fixture in a residents room that had a broken drain pipe. The findings are: 1. Observation of a common bathroom on 07/27/22 at 9:59am revealed: -The common bathroom was located on the right side of the building. -There was a wooden board located underneath the sink fixture holding it in place. Observation of the bathroom in Resident Room #6 on 07/27/22 at 9:30am revealed: -There was a wooden board located underneath the sink fixture holding it place. -The sink fixture was not completely attached to the bathroom wall. Interview with the residents in Resident Room #6 on 07/27/22 at 9:30am revealed: -The sink fixture had fallen from the wall 4 months ago. -The facility maintenance person attached the sink fixture to the wall after it fell. -The facility maintenance person placed a wooden board under the sink fixture to hold the sink in place. -The sink fixture was not secure and would move	D 074	D074 - 10A NCAC 13F .0306 Housekeeping and Furnishings 07/28/2022 a plan has been put in place that Maintenance or Facility manager or Business Office Manager or Resident Care Coordinator or Med Tech will ensure that a weekly walk through the building to ensure that all fixtures are in working conditions and document in maintenance logbook that will be checked on a weekly basic. D074 - 10A NCAC 13F .0306 Housekeeping and Furnishings 07/28/2022 common bathroom in the hallway on the right side and in room # 6 has all partly fixed, once the parts order arrive it will be completely fixed by 8/31/2022.	

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D 074	Continued From page 4 from side to side if they touched the sink fixture. -The residents did not know if the sink fixture would be fixed. Interview with the facility maintenance person on 07/27/22 at 12:30pm revealed: -The residents leaned on the sink fixtures in Resident Room #6 and the common bathroom. -The sink fixtures in Resident Room #6 and the common bathroom detached from the bathroom wall 2 months ago. -He attached the sink fixtures back to the bathroom walls in Resident Room #6 and the common bathroom 2 months ago. -He placed wooden boards under the sink fixtures to secure the sink fixtures in place Interview with the Resident Care Coordinator on 07/27/22 at 11:15am revealed: -The wooden boards were placed under the sink fixtures since October 2021. -She did not know who placed the wooden boards under the sink fixtures. 2. Observation of Resident Room #7 at 9:20am revealed: -There were two residents that occupied the room. -The sink fixture had a small trashcan full of water underneath the sink fixture. -The drainpipe that was connected to the sink fixture and the bathroom wall was broken a section of the drainpipe was missing. Interview with the resident in Resident Room #7 at 9:20am revealed: -The drainpipe in the bathroom had been broken for 4 months. -The facility staff cleaned his bathroom and broke the pipe.	D 074	D074 - 10A NCAC 13F .0306 Housekeeping and Furnishings 07/28/2022 common bathroom in the hallway on the right side and in room # 6 has all partly fixed, once the parts order arrive it will be completely fixed by 8/31/2022. D074 - 10A NCAC 13F .0306 Housekeeping and Furnishings 07/28/2022 Room # 7 has been fixed	

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D 074	Continued From page 5 -The facility staff placed a trashcan underneath the sink to catch water from the sink. Interview with the Resident Care Coordinator on 07/27/22 at 11:15am revealed: -She did not know that drainpipe attached to the sink fixture in the bathroom in Resident Room #7 was broken. -She cleaned the bathroom in Resident Room #7 over the weekend and the drainpipe was not broken.	D 074		
D 298	10A NCAC 13F .0904(d)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure snacks were served as evidenced by residents not being served snacks during first shift. The findings are: Interview with a resident on 07/27/22 at 9:35am revealed he received snacks twice a day. Interview with another resident on 07/27/22 at 9:45am revealed: -He did not get snacks every day.	D 298	D 298 - 10A NCAC 13F .0904 Nutrition and Food Service 07/28/2022 a plan has been put in place to ensure that all residents are served with a snack three time a day is that all snack time will be served in the dining room, Med tech and employee will assist all resident to the dining room for snack at 10am, 2pm,8pm. Facility Management, Resident Care Coordinator will do a weekly walk through to ensure that resident is getting their snack. Med Tech will have a daily sign off sheet state that task has been done and turned into the Resident Care Coordinator.	

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D 298	Continued From page 6 -He was last offered a snack last night. -He would like to receive a snack every day. Observation of the dining room, and the two hallways in the facility on 07/27/22 between 9:50am and 11:00am revealed snacks were not served in the dining room and were not passed out to the residents in their rooms. Interview with a medication aide on 7/27/22 at 4:30pm revealed: -Residents received snacks three times a day. -He knew that residents received snacks at 2:00pm and 8:00pm. -He did not know what time residents received their snack in the morning. Interview with the Resident Care Coordinator on 07/27/22 at 4:40pm revealed: -Facility staff were supposed to pass out snacks to residents 3 times a day at 10:00am, 2:00pm, and 8:00pm. -She was aware that first shift facility staff did not pass out snacks at 10:00am and 2:00pm. -She observed first shift facility staff did not pass out snacks last week.	D 298		