STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013047	A. BUILDING: _____ B. WING _____	R 08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBURBAN GUARDIANSHIP	1061 UNION STREET SOUTH CONCORD, NC 28025

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C 000	Initial Comments The Adult Care Licensure Section and the Cabarrus County DSS conducted a follow-up and annual survey on 08/30/22.	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 1 of 3 sampled residents (#1) residing in the facility who had physical impairments and were unable to evacuate the facility independently. The findings are: Review of the facility's license with an effective date of 01/01/22 revealed the facility was licensed for a capacity of 6 ambulatory residents. Observation of facility on 08/30/22 between 8:00am and 8:30am revealed: -The facility had a census of 6 residents. -There were 2 staff members in the facility.	C 022		

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C 022	Continued From page 1	C 022		

-There was no fire suppression system installed in the facility.
-The were two entrances/exits.

Review of Resident #1's current FL2 dated 10/21//21 revealed:
-Diagnoses included schizophrenia.
-He was semi-ambulatory.

Review of Resident #1's Resident Register revealed he was admitted to the facility on 06/30/19.

Review of Resident #1's current Licensed Health Professional Support (LHPS) assessment dated 07/09/22 revealed he required assistance with transfers.

Review of Resident #1's current Care Plan dated 04/14/22 revealed he required extensive assistance with eating, toileting, ambulation, bathing, dressing, grooming and transfers.

Review of the facility's fire drill records revealed fire drill were completed on a monthly basis and and evacuation ranged from 6 minutes for 4 residents to 30 minutes for 5 residents.

Observation of Resident #1 on 08/30/22 at 8:00am revealed:
-He was sitting in a wheelchair.
-He was unable to move his right arm without the use of his left arm.
-He was barely moved his right foot on his own.
-He received assistance from the medication aide (MA) to get his wheelchair out the front door to go smoke.

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C 022	Continued From page 2 Interview from the MA on 08/30/22 at 10:14am revealed: -She was hired 2 weeks ago and worked from 6:00am to 2:00pm. -Resident #1 required assistance to get out of bed and get dressed in the morning because he was unable to move his right side. -If a fire happened at the facility, Resident #1 could not exit the building without assistance and would require assistance out of his bed. Interview with the Administrator on 08/30/22 at 10:19am revealed: -Resident #1 was unable to move his right side. -Resident #1 used his left hand to move his right hand when necessary. -Resident #1 was able to get out of bed on his own without the assistance of staff. Interview with Resident #1 on 08/30/22 at 10:38am revealed: -He was paralyzed on the right side of his body but had very slight foot movement on the right side. -He required assistance to get in and out of the bed. -He could not get out of the facility without assistance the last time there was a fire drill in June, 2020 because he could not get out fast enough. -His biggest fear is becoming trapped in the fire because he cannot get out without assistance from the staff. Observation of Resident #1 on 08/30/22 at 11:38am revealed 8 attempts to get himself into his bed alone without success. Observation during fire drill on 08/30/22 from	C 022		

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C 022	Continued From page 3 2:17pm to 2:23pm revealed: -All of the residents were in their bedrooms. -Resident #1 was in his bed. -The owner activated the smoke detector at 2:17pm. -There were 4 of the resident who exited their rooms immediately and proceeded to exit the facility within 1 minute. -There was 1 resident who exited his room in a wheelchair who took 6 minutes to exit the building on his own. -Resident #1 continued to try to get out of bed by himself and 6 minutes into the fire drill stated "I cannot do it", "please help me". -Resident #1 was unable to exit the facility without assistance from the MA to physically help remove him from his bed, place him in his wheelchair and physically assist in getting outside by pushing the wheelchair. Interview wit the Administrator on 08/30/22 at 3:02pm revealed: -She held a licence for 6 ambulatory residents. -The definition of an ambulatory resident meant that everyone was to exit the facility during a fire without physical or verbal assistance. -Resident #1 required extensive assistance with transfers and ambulation. -She did not realize Resident #1 could no longer get out of bed on his own and be able to exit the building without assistance. _____ The facility failed to ensure the building was in compliance with its current license for 6 ambulatory residents resulting in 1 of 3 sampled residents (#1) who had physical impairments that impeded the ability to independently evacuate the building in an emergency. The facility's failure was	C 022		

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C 022	Continued From page 4 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 08/30/22 for this violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 14, 2022.	C 022		
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 1 of 3 sampled residents (#1) residing in the facility who had physical impairments and were unable to evacuate the facility independently. [Refer to Tag C022, 10A NCAC 13G .0302 (b) Design and Construction	C 912		

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C 912	Continued From page 5 (Type B Violation)].	C 912		