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
	HAL092131	A. BUILDING: _____ B. WING _____	08/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX ASSISTED CARE	201 WEST HIGH STREET CARY, NC 27513

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on August 16 and 17, 2022.	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: Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 4 of 9 water fixtures at the sinks in two residents' bathroom and at the sink and shower that was accessible for resident use in the common bathroom on the Assisted Living (AL) hall. The findings are: Observation of water temperatures on 08/16/22 at 9:45am revealed the sink in the bathroom shared between residents' rooms 3 and 4, the hot water temperature was 124.3°F. Observation of water temperatures on 08/16/22 at 9:45am revealed the shower in the bathroom shared between residents' rooms 3 and 4, the hot	D 113	All staff will immediately report and signs of elevated water temperatures to Administrator or member of management if administrator is not present. Maintenance /Designee will monitor water temperature weekly. If temperatures are not between 100 degrees F - 116 degrees F, they will be adjusted to meet rule and regulations.	8/16/2022 & Ongoing 10/1/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Meredith Sears | For Darla Bellah, Administrator | 9/19/2022

Received and Acknowledged 12/12/22 Tina B Nielsen

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D 113	Continued From page 1 water temperature was 118.7°F. Observation of water temperatures on 08/16/22 at 9:55am revealed the shower in the common bathroom on the corner of the AL halls, hot water temperature was 117°F. Observation of water temperatures on 08/16/22 at 9:55am revealed the sink in the common bathroom on the corner of the AL halls, hot water temperature was 120.5°F. Interview with the resident residing in room 4 on 08/16/22 at 9:45am revealed: -She had no problems with the water being too hot or too cold as she was able to adjust it. -She did not use the common shower room since she had her own bathroom she shared with the other resident in room 3. Interview with a personal care aide (PCA) on 08/16/22 at 10:00am revealed: -She had not had anyone complain of the water being too hot or too cold. -She had not noticed the water being too hot or too cold when she assisted residents with their showers. -She would adjust it to a comfortable temperature before the resident would enter the shower and then adjust more to the resident's preference if needed. Interview with the resident residing in Room 3 on 08/17/22 at 9:00am revealed: -She had no problems with the water being too hot or too cold as she was able to adjust it. -She did not use the shower alone; the PCA would help her when she took a shower. -The PCA would adjust the shower water for her.	D 113		

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D 113	Continued From page 2 Second observation of water temperatures on 08/17/22 at 9:13am revealed: -The sink in the bathroom shared between residents' rooms 3 and 4, the hot water temperature was 109.4°F. -The shower in the bathroom shared between residents' rooms 3 and 4, the hot water temperature was 115.3°F. -The shower in the common bathroom on the corner of the AL halls, hot water temperature was 110.2°F. -The sink in the common bathroom on the corner of the AL halls, hot water temperature was 111.6°F. Interview the Maintenance Director on 08/17/22 at 10:05am revealed: -He checked the water temperature and completed the logs weekly. -He said if it was below 100°F, it was too cold and if it was over 116°F it was too hot. -He would adjust the mixer valve to keep the temperatures between 100°F and 116°F. -He would go back and check the water temperatures to make sure what he had done had fixed the problem. -He had not had anyone (residents or staff) report problems with the water being too hot or too cold. -The water temperature logs were kept in his office. -If the water temperatures were not within the 100°F and 116°F range, he would report it and then fix it. -He reported any water temperatures that were out of the range to the Resident Care Coordinator (RCC) and the Administrator. -If it was anything that he could not fix, he would contact the cooperate maintenance director for assistance.	D 113		

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D 113	Continued From page 3 Interview the Resident Care Coordinator on 08/17/22 at 10:05am revealed: -She expected the water temperatures to be checked weekly by the Maintenance Director or designee if he was not available. -The Maintenance Director reported to her and the Administrator whenever any water temperatures were out of the 100°F and 116°F range. -He would fix whatever the problem was in order to get the water temperatures back in the 100°F and 116°F range. -If he was not able to fix the problem, then he would contact the cooperate maintenance director for assistance or approval for needed supplies or if a plumber would be needed to correct the problem.	D 113		
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, record review and interviews the facility failed to ensure snacks were offered to all residents between meals. The findings are: Review of the weekly menu for 08/16/22-	D 298	Staff will serve snacks in the facility 3 times a day in accordance with rule 10A NCAC 13F .0904 (d)(2) Administrator/designee will ensure there are snacks in the facility and that they are offered 3 times a day in accordance with rule 10A NCAC 13F .0904 (d)(2) QI Department/Compliance Director will conduct audits to facility at least quarterly to ensure there are snacks in the facility and that they are offered 3 times a day in accordance with rule 10A NCAC 13F .0904(d)(2)	8/31/2022 10/1/2022 10/1/2022

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D 298	Continued From page 4 08/17/22 revealed snacks were scheduled to be offered three times per day between meals. Observation of A and B hallway on 08/16/22 between 10:00am-10:30am revealed: -Snacks were in the dining room. -Snacks were not offered to residents in their rooms. Interview with a resident on 08/16/22 at 9:21am revealed: -The PCAs did not come to her room and offer her a snack. -She would like to be offered snacks daily. -The dietary aides left snacks in the dining room. Interview with another resident on 08/16/22 at 9:45am revealed: -She did not know that snacks were available in the dining room. -She spent most of her time in her room. -The PCAs did not offer her snacks between meals. -She would like to be offered snacks daily. Interview with a personal care aide (PCA) on 08/17/22 at 10:16am revealed: -She was told today, 08/17/22 to pass out snacks to the residents in their rooms. -Snacks were available in the dining room during snack times. -If the residents did not come to the dining room, they did not receive a snack. -The PCAs did not pass out snacks to residents who were in their rooms. Interview with a medication aide on 08/17/22 at 9:31am revealed: -The dietary aides put snacks out in the dining room.	D 298		

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D 298	Continued From page 5 -The PCAs would go to each residents' room, to notify them snacks were available in the dining room. Interview with the Dietary Manager (DM) on 08/17/22 at 9:38am revealed: -Snacks were served at 10:00am, 2:00pm and 8:00pm in the dining room. -The dietary department did not offer snacks to residents who were in their rooms. -If the PCAs did not ask for a snack cart to be prepared for residents that were in their rooms, the dietary department did not provide it. -She was asked to prepare a snack cart by a PCA today, 08/17/22 but that did not normally happen. Interview with the Resident Care Coordinator (RCC) on 08/17/22 at 10:00am and 10:54am revealed: -The PCAs did not normally pass out snacks to the residents in their rooms because snacks were available in the dining room. -If residents did not come to the dining room during snack times, they did not receive a snack. -She told the PCAs to pass out snacks to the residents in their rooms today, 08/17/22. An interview with the Administrator on 08/16/22-08/17/22 was unsuccessful.	D 298		
D 315	10A NCAC 13F .0905(a)(b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to	D 315		

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D 315	Continued From page 6 require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide14 hours of a variety of planned group activities per week for active involvement of residents. The findings are: Review of the facility's activity calendar for 08/17/22 revealed: -There were activities scheduled for the assisted living (AL) and the special care unit (SCU). -"Trains" was scheduled for the AL and SCU at 10:00am. Observation of the activity room on 08/17/22 from 10:00am to 10:51am revealed: -There was a large train set in the activity room. -There were no residents in the activity room. Interview with a resident on 08/16/22 at 10:00am revealed: -She lived on the AL. -There was nothing to do in the facility. -There was a lady that brought in her dogs on Mondays and Bingo offered on Thursdays. -She would like to be offered more activities so she could have something to do. Interview with a personal care aide (PCA) on 08/17/22 at 9:45am revealed: -She worked on the AL. -The facility did not have an activity coordinator.	D 315	Activities Coordinator/ Designee will develop scheduled activities of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Administrator/designee will monitor to ensure that there are at least 14 hours of activities each week. QI department/Compliance director will conduct audits of facility at least quarterly to ensure a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression increased knowledge and learning of new skills.	8/31/2022 10/1/2022 10/1/2022

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D 315	Continued From page 7 -She did not know how long the facility had been without an activity coordinator. -The PCAs and medication aides (MA) would try to do activity with the residents. -The PCAs would paint the resident's nails sometimes. -The PCAs would do Bingo on Thursdays for the residents. -The facility would leave the door open to the activity room so residents could color and paint. Interview with a PCA on 08/17/22 at 10:00am revealed: -She worked on the SCU. -The PCAs and MAs were responsible to do activities with residents. -She last offered the residents an activity on 08/12/22. -She did not know what the Train activity was that was listed on the activities calendar for 08/17/22 at 10:00am. Interview with a MA on 08/17/22 at 9:31am revealed: -The facility did not have an activity coordinator. -She did not know how long the facility had been without an activity coordinator. -The PCAs would do an exercise activity with residents on Monday and Bingo Thursdays. -The residents would have church on Thursdays after Bingo. Interview with a MA on 08/17/22 at 10:05am revealed: -She was a MA on the SCU. -The PCAs and MAs were responsible to do activities with the residents. -Someone was supposed to take the residents from SCU to the activity room for the train activity at 10:00am.	D 315		

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D 315	Continued From page 8 -She did not know what time the residents from the SCU were scheduled to go to the activity room. Interview with the facility Compliance Director on 08/17/22 at 9:10am revealed: -The facility had not had an activity coordinator for the last month. -The Administrator, Resident Care Coordinator (RCC), PCAs, and MAs were responsible to do activities with residents. -She was responsible to complete the activity calendar every month. -The PCAs were responsible to pass out the activity calendars to each resident.	D 315		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure a medication aide (MA) observed a resident take their morning medications for 1 of 5 sampled residents (#1). The findings are:	D 366	Medication Aides were retrained on the procedures of passing medication and observing a resident taking medications SCUD/Designee will observe a minimum of two medication passes weekly x4, will observe a minimum of 3 medication passes monthly x3 and then randomly thereafter to ensure medications are observed being taken by the resident prior to recording of the administration of the medication.	09/15/2022 10/1/2022

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D 366	Continued From page 9	D 366		

Observation of Resident #1's room on 08/16/22 at 9:21am to 9:45am revealed:
-Resident #1 was sitting in a chair in her room eating breakfast.
-There was a small, clear medication cup with 9 medications in it on her nightstand.

Review of Resident #1's current FL-2 dated 12/22/21 revealed:
-Diagnoses included diabetes, mild cognitive impairment, coronary artery disease, and rheumatoid arthritis.
-She was semi-ambulatory with a walker.
-She was intermittently disoriented.

Review of Resident #1's facility record revealed there was no order for self-administration of oral medications.

Interview with Resident #3 on 08/16/22 at 9:45am revealed:
-She was given her medication cup by the medication aide (MA) this morning in her room.
-She would take her medications after she finished her breakfast.
-Resident #1 did not take her medications.

Interview with a medication aide on 08/17/22 at 9:31am revealed:
-She was responsible for administering Resident #1 her morning medications on 08/16/22.
-She was aware that she was supposed to watch Resident #1 swallow her medications.
-Resident #1 liked to take her medications when she wanted to, so she left her morning medications on her nightstand.
-Resident #1 did not have self-administration orders for her morning oral medications.

Interview with the Resident Care Coordinator

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D 366	Continued From page 10 (RCC) on 08/17/22 at 8:59am revealed: -She expected MAs to observe residents take their medications to ensure that they were taken and ensure the safety of other residents. -She was not aware that the MAs were leaving Resident #1's morning oral medications on her nightstand and not observing her take her medications. Interview with the facility Compliance Director on 08/17/22 at 9:15am revealed: - She was not aware that the MAs were leaving Resident #1's morning oral medications on her nightstand and not observing her take her medications. -She was concerned that Resident #1 could forget to take her medications or not take her medications properly. -She expected MAs to observe residents take their medications to ensure that they were taken and ensure the safety of other residents.	D 366		