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
	FCL001173	A. BUILDING: _____ B. WING _____	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C & M ADULT CARE HOME	422 N MAIN STREET BURLINGTON, NC 27217

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 03/30/23.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. 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 is not met as evidenced by: Based on observations and interviews the facility failed to ensure that hot water temperatures were maintained at 100 to 116 degrees Fahrenheit (F) for 2 of 3 fixtures available for residents' use. The findings are: Observation of the men's bathroom on 03/30/23 at 9:48am revealed: -The hot water temperature at the sink fixture was 122 degrees F. -The hot water temperature at the shower fixture was 122 degrees F. Interview with the Administrator on 03/30/23 at 9:50am revealed: -She had some recent plumbing work completed and that may have affected the hot water temperatures. -She knew the water temperatures were to be maintained between 100 degrees F and 116 degrees F.	C 105	4-14-23 On 3-30-23 I Coretta Wilson the administrator turned the water down and immediately put awareness signs up about water temp being too hot. in each bathrooms. I assured each residents if they need my assistant to help adjust the water for them I would. Also on 4-14-23 my plan of correction along with my	4-14-23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Admin: Strator (X6) DATE 4-17-23

Coretta R. Wilson

Reviewed and Acknowledged Keisha Banks 05/03/2023

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C 105	Continued From page 1 -She knew how to adjust the water temperatures at the hot water heater and would turn the hot water temperature down. Interview with a resident resident on 03/30/23 at 3:40pm revealed: -The water was sometimes too hot at the sink fixture, but he drew his hand back from the water when it was too hot -He did not know how to mix the hot and cold water to a comfortable temperature -Staff adjusted the water temperature in the shower for him so it would not be too hot. Interview with a second resident on 03/30/23 at 3:46pm revealed the water at the sink and shower fixtures got really hot, but she turned the cold water on to make it cooler. Interveiw with a third resident on 03/30/23 at 3:49pm revealed the water could be too hot sometimes, but he turned it down to make it cooler. Interview with a fourth resident on 03/30/23 at 3:55pm revealed: -The water in the shower was too hot, but he adjusted the temperature before he got in. -He liked the water hot, but he did not like it too hot. Rechecks of the men's bathroom on 03/30/23 at 3:29pm revealed: -The hot water temperature at the sink fixture was 122 degrees F. -The hot water temperature at the shower fixture was 122 degrees F. Second interview with the Administrator on 03/30/23 at 4:07pm revealed:	C 105	Completion is to Check the Water temp in each bathroom once a month and document the temp Preferably on monday of each month. Also the new Temp log will be kept with other facility Charts ~~to~~ labeled Temp log. Also Periodically I will do a group discussion on Checking there Skills example * which way is Hot which way is cold and which way is warm. also on 4-14-23 I Put H for Hot + C for Cold on each sink and In the Shower I have Red tape for hot and the word hot above it. and blue tape for cold With the word above blue tape spelled cold.	4-14-23

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C 105	Continued From page 2 -She used to check water temperatures weekly and kept a log, but she had not checked water temperatures since 2021. -She had noticed the water temperatures were too hot in the two bathrooms available for residents' use. -She adjusted the water temperature for one of the residents to take a shower and all of the other residents were able to take showers by themselves. -None of the residents complained about the water temperatures being too hot in the bathrooms.	C 105		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community	C 231		

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C 231	Continued From page 3 resource. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure a care plan and assessment were completed for 1 of 3 sampled residents (#1) within 30-days of admission. The findings are: Review of Resident #1's current FL2 dated 10/12/22 revealed: -Diagnoses included hypertension, osteoarthritis, hyperlipidemia, and type 2 diabetes mellitus. -There was no documentation of assistance needed with personal care. Review of Resident #1's Resident Register revealed: -There was an admission date of 10/10/22. -Resident #1 required assistance with scheduling appointments. Review of Resident #1's record revealed there was no care plan available for Resident #1. Interview with Resident #1 on 03/30/23 at 3:49pm revealed: -He had a trick knee and sometimes he needed assistance with getting up from a seated position. -He did not need assistance with ambulation, bathing, dressing, or grooming. -The Administrator prepared and served him his meals. Interview with the Administrator on 03/30/23 at 10:37am revealed: -She was responsible for ensuring care plans were completed.	C 231	Assessment Care Plan. 4-17-23 Was completed and signed by Physician. I the administrator will make sure that when Fl'2 is due the assessment care plan is done at the same time. and every 6 months me and staff will go throash residents records and make sure about any updates or records are upcoming to be due and notate on Calendar. Resident #1 never made me aware of a trick knee until one evening he was on the	

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C 231	Continued From page 4 -She knew Resident #1 did not have a care plan completed. -She thought the care plan could be completed within 3 months of the date of admission, 10/10/22. -She did not have Resident #1's care plan completed because she was "probably going to have it completed with his yearly FL2."	C 231	Porch and another resident Came and got me and I helped him to the room and rotated this leg around and applied this medication cream to this leg. But I am aware now.	
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) The facility 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; (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	C 252		

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C 252	Continued From page 5 ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means 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. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established; (15)medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications; (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 endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent; (20)administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule; (21)the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22)application of prescribed heat therapy; (23)application and removal of prosthetic devices	C 252		

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C 252	Continued From page 6 except as used in 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, observations, and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed for 1 of 3 sampled residents (#2) to include the identified task of fingerstick blood sugars (FSBS) and medication by injections. The findings are: Review of Resident #2's current FL2 dated 12/16/22 revealed: -Diagnoses included type 2 diabetes, chronic obstructive pulmonary disease, chronic kidney disease, hypertension, and cardiomegaly. -There was an order to check FSBS twice a week and call physician if less than 70 or greater than 250. -There was an order for ozempic 0.25mg or 0.5mg inject once a week into the skin.	C 252	LHPS Was Completed on resident # 2 on 3-30-23 to assure that I Want forget I will Put on the Caledar in the kitchen When Was Completed	3-30-23

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C 252	Continued From page 7 There was an order dated 02/20/23 for ozempic 1mg inject once a week into the skin. Review of Resident #2's LHPS evaluations revealed: -The was an LHPS evaluation completed on 03/10/22 and 08/10/22. -The LHPS evaluations identified LHPS tasks of FSBS checks and injections. -There were no recommendations on either review. -There were no LHPS evaluations completed after 08/10/22. Interview with Resident #2 on 03/30/23 at 3:40pm revealed: -The Administrator checked his blood sugar, but he did not remember how often. -He received medication by injection in his stomach, but he did not remember how often. Interview with the LHPS nurse on 03/30/23 at 2:20pm revealed: -She relied on the Administrator to call her to let her know when residents needed an LHPS evaluation completed. -The Administrator called her at the end of November 2022 to complete an LHPS evaluation for a resident, but she was out of town and did not return the call to the Administrator. Interview with the Administrator on 03/30/23 at 4:07pm revealed: -She was responsible for ensuring LHPS evaluations were completed quarterly. -She reached out to the LHPS nurse around December 2022, but the LHPS nurse did not respond. -She did not know any other RNs who could	C 252	And the next time it will be due again. I will Schedule next LHPS after the one is Completed to keep me on the right track so it will be 3 months. And if my LHPS nurse Can't do it I will reach out to another nurse and put her on stand by but if all of that fail then I will try to find a Pharmacy Who has nurses that does LHPS. Also I will also let my staff help me with LHPS dates as well when We're doing F12 and assessments and drug reviews. Also before a new resident moves in the facility the admin and staff will check to see if any LHPS needs to be Performed. Before	

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C 252	Continued From page 8 complete an LHPS evaluation for Resident #2. -She did not know Resident #2 was missing two quarterly LHPS evaluations.	C 252	admission if the resident needs LHPS before ~~at~~ resident move in or on the day they move in I will contact the nurse to make sure she can come out to assess me the admin and staff + check us off on the task that needs to be performed and after that come every 3 months to do LHPS.	