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
	FCL001153	A. BUILDING: _____ B. WING _____	R 04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZUR FAMILY CARE HOME	711 ASKEW STREET 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 and follow-up survey on 04/06/23.	C 000		
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure that there were at least four rehearsals of the fire evacuation plan annually. The findings are: Review of the facility's fire evacuation plan and fire drills documentation revealed: -Residents were to evacuate the facility using one of the two exit doors closest to their current location. -There was a completed fire safety inspection report dated 09/27/22. -There was documentation of a completed fire drill in which all the residents were able to evacuate the facility in 2 minutes and 25 seconds	C 100		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Clement Sowa — TITLE: ADMINISTRATOR — (X6) DATE: 5/08/2023

Reviewed and Acknowledged K.M. 05/09/23

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C 100	Continued From page 1 dated 06/01/22. -There was documentation of a completed fire drill in which all the residents were able to evacuate the facility in 2 minutes and 15 seconds dated 09/02/22. -The most recent fire drill documentation available for review was dated 09/02/22. Observation on 04/06/23 at 3:40pm revealed: -A fire drill was conducted on 04/06/23. -All of the residents were able to evacuate the facility without staff assistance in 2 minutes and 20 seconds. -The residents met at the designated zone outside the facility according to the evacuation plan. -There were 7 functional smoke detectors in the facility. Interview with the Supervisor on 04/06/23 at 2:50pm revealed: -She was aware that fire drills were required to be completed at least quarterly. -She was not aware there were no fire drills completed since September 2022. -She or the Administrator were responsible to ensure that fire drills were completed quarterly. -The residents were able and knew where to go once they evacuated the facility during a fire drill. Interview with a resident on 04/06/23 at 4:10pm revealed: -The facility conducted fire drills, but he was not sure how often. -He did not remember when the last fire drill occurred prior to 04/06/23. Interview with a second resident on 04/06/23 at 4:11pm revealed: -The facility conducted fire drills, but he was not	C 100	THE ADMINISTRATOR HAS PLACED SPECIAL FOCUS ON FIRE DRILLS. HE WILL ENSURE THAT THE DRILLS	

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C 100	Continued From page 2 sure how often. -He did not remember when the last fire drill occurred prior to 04/06/23. Interview with a third resident on 04/06/23 at 4:12pm revealed: -The facility conducted fire drills, but he was not sure how often. -He did not remember when the last fire drill occurred prior to 04/06/23. Interview with the Administrator on 04/06/23 at 3:31pm revealed: -He was not aware that fire drills were not completed quarterly. -There should have been a fire drill in December 2022 and a fire drill in March 2023. -He or the Supervisor were responsible to ensure that fire drills were completed at least quarterly.	C 100	HAPPEN EVERY QUARTER THIS WILL BE FOLLOWED THROUGH BY THE ADMINISTRATOR.	4/11/23
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,	C 231	NEW FORMAT IS IN PLACE NOW TO ENSURE THAT FL2 AND CARE PLANS ARE CHECKED EVERY QUARTER TO ENSURE THAT CARE PLANS AND FL2S ARE IN DATE OR SIGNED IN THE CURRENT	

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C 231	Continued From page 3 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 resource. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#3) had an assessment and care plan updated annually. The findings are: Review of Resident #3's current FL-2 dated 06/23/22 revealed diagnoses included schizophrenia and below the knee amputation. Review of Resident #3's care plan dated 10/21/21 revealed: -The care plan was signed by Resident #3's primary care provider (PCP). -Resident #3 required supervision with eating and transferring. -Resident #3 required extensive assistance with toileting, ambulation, dressing and grooming. -Resident #3 required total assistance with bathing. -There was not a more recent care plan available for review. Interview with Resident #3 on 04/06/23 at 4:11pm revealed he required staff assistance with bathing and grooming. Interview with the Supervisor on 04/06/23 at 2:37pm revealed:	C 231	YEAR. THE ADMINISTRATOR AND REGISTERED NURSE WILL MONITOR THIS PROCESS.	

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C 231	Continued From page 4 -She was not aware Resident #3's care plan was outdated. -She or the Administrator completed Resident Care plan assessments. -She faxed resident care plans for the PCP to sign or the Administrator brought them to the residents' appointments for the PCP to sign. -She was responsible to ensure resident care plans were completed annually. Interview with the Administrator on 04/06/23 at 3:30pm revealed: -He was not aware that Resident #3's care plan was outdated. -He or the Supervisor completed Resident Care plan assessments. -He brought the residents' care plans to their appointments for the PCP to sign or the Supervisor faxed resident care plans for the PCP to sign. -He or the Supervisor were responsible to ensure resident care plans were completed annually.	C 231		