STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092301	A. BUILDING: _____ B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT HERITAGE	5112 GRANITIC DRIVE ROLESVILLE, NC 27571

(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 survey on April 2, 2024.	C 000		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Facility Services and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based	C 415		

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C 415	Continued From page 1 on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that all documentation in the residents' records was available and accessible in the facility for 3 of 3 sampled residents (#1, #2, #3). Observation of the facility during the initial tour on 04/02/24 from 8:00am to 8:25am revealed there were 6 residents in the facility and 2 staff members on duty. Record reviews for 3 sampled residents from 9:15am to 9:45am revealed: -There was documentation missing from each of the 3 sampled records. -The Administrator printed some of the requested information from her computer. 1. Review of Resident #1's record on 04/02/24 at 9:15am revealed: -Diagnoses included multiple myeloma, unspecified cirrhosis of the liver, light chain amyloidosis. -There was no FL-2. -There was no documentation of Resident #1's two-step tuberculosis (TB) tests. -There was no care plan. Refer interview with medication aide (MA) on	C 415		

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C 415	Continued From page 2 04/02/24 at 3:28pm. Refer to interview with the Administrator on 04/02/24 at 9:10am. Refer to second interview with the Administrator on 04/02/24 at 3:25pm. 2. Review of Resident #2's record on 04/02/24 at 9:23am revealed: -Diagnoses included multiple sclerosis and hypertension. -There was no documentation of Resident #2's two-step TB tests. Refer interview with medication aide (MA) on 04/02/24 at 3:28pm. Refer to interview with the Administrator on 04/02/24 at 9:10am. Refer to second interview with the Administrator on 04/02/24 at 3:25pm. 3. Review of Resident #3's record on 04/02/24 at 9:35am revealed: -Diagnoses included dementia, cognitive impairment, atrial fibrillation, hypertension, hypothyroidism. -There was an FL-2 dated 07/12/22. -There were no additional FL-2s. -There was a care plan dated 07/27/22. -There were no additional care plans. Refer interview with medication aide (MA) on 04/02/24 at 3:28pm. Refer to interview with the Administrator on 04/02/24 at 9:10am.	C 415		

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C 415	Continued From page 3 Refer to second interview with the Administrator on 04/02/24 at 3:25pm. Observation of the facility on 04/02/24 at 10:35am revealed the Administrator left the facility to retrieve the requested documents. Second observation of the facility on 04/02/24 at 1:42pm revealed the Administrator returned to the facility with the requested documents. _____ Interview with a medication aide (MA) on 04/02/24 at 3:28pm revealed: -She was unsure how long the documents were not in the facility. -She had not noticed any documents missing from the resident records. -She had access to the residents' paper records and electronic medication administration records (eMAR). -She had access to the residents' face sheets, insurance information, and Do Not Resuscitate (DNR) orders if she needed to send a resident to the hospital. Interview with the Administrator on 04/02/24 at 9:10am revealed: -The facility was in the process of converting from paper records to electronic health records (EHR). -Some of the records for the facility were at her home. -She lived approximately 40 minutes from the facility. -Some of the residents' information may not be in the residents' records. -She was aware that all residents' information should remain in the facility. Second interview with the Administrator on 04/02/24 at 3:35pm revealed:	C 415		

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C 415	Continued From page 4 -A staff member retrieved the records from the facility for her on 03/31/24. -She requested copies of the records, but the staff member brought the original copies. -She was recovering from a procedure and planned to scan the information into the EHR system while she was at home. -She was aware the information should be kept in the facility and should be readily accessible by staff members.	C 415		