Received 8/12/24 PRINTED: 07/08/2024
FORM APPROVED

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 |
|---|---|---|---|
| | HAL087009 | A. BUILDING: _____ B. WING _____ | C 06/26/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BRYSON SENIOR LIVING | 314 HUGHES BRANCH ROAD BRYSON CITY, NC 28713 |

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| D 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Swain County Department of Social Services conducted a complaint investigation 06/25/24 - 06/26/24. | D 000 | Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alledged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws. | |
| D 243 | 10A NCAC 13F .0704(a)(1) Resident Contract, Information On Facility &<br><br>10A NCAC 13F .0704 Resident Contract, Information on Facility and Resident Register<br>(a) An adult care home administrator or their management designee shall furnish and review with the resident or the resident's authorized representative as defined in Rule .1103 of this Subchapter information on the facility upon admission and when changes are made to that information. The facility shall involve the resident in the review of the resident contract and information on the facility unless the resident is cognitively unable to participate in the discussion. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given and retained in the resident's record in the facility. The information shall consist of the following:<br>(1) the resident contract to which the following applies:<br>(A) the contract shall specify charges for resident services and accommodations, including the cost of different levels of service, description of levels of care and services, and any other charges or fees;<br>(B) the contract shall disclose any health needs or conditions that the facility has determined it cannot meet;<br>(C) the contract shall be signed and dated by the administrator or management designee and the resident or the resident's authorized representative, a copy given to the resident or the | D 243 | 10A NCAC 13F .0704(a)(1)<br><br>Business Office Coordinator or his/her designee will audit all Resident Files and recent rate increases to ensure a new Rate Agreement/ Acknowledgement has been signed and filed by Resident and/or her representative acknoledging the new rent amount.<br><br>Upon notification of further rent increases, Business Office or designee will ensure a new Rate Agreement/ Acknowledgement has been signed by Resident | 8/14/2024<br><br>8/14/2024 |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 8/9/2024

STATE FORM 6899 WWFT11 If continuation sheet 1 of 7

Reviewed & Acknowledged 05/12/24 AMJ

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| D 243 | Continued From page 1<br>resident's authorized representative and a copy kept in the resident's record;<br>(D) the resident or the resident's authorized representative shall be given a written 30-day notice prior to any change in charges for resident services and accommodations, including the cost of different levels of service, description of level of care and services, and any other charges or fees, and be provided an amended contract or an amendment to the contract for review and confirmation of receipt;<br>(E) gratuities in addition to the established rates shall not be accepted; and<br>(F) the maximum monthly adult care home rate that may be charged to Special Assistance recipients as established by the North Carolina Social Services Commission and the North Carolina General Assembly.<br><br>This Rule is not met as evidenced by:<br>Based on interviews, and record review related to an increase in monthly room rate, the facility failed to provide an amended contract for review or signature for 1 of 2 sampled residents (Resident #2).<br><br>The findings are:<br><br>Review of Resident #2's current FL2 dated 03/15/24 revealed:<br>-Diagnoses included chronic atrial fibrillation, dementia without behavioral disturbance, essential hypertension, dysphagia, oropharyngeal | D 243 | and/or Responsible party no later than effective date. | |

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| D 243 | Continued From page 2<br>phase, fracture of unspecified part of neck of left femur, enterocolitis, amnesia<br>- She was constantly disoriented.<br><br>Review of Resident #2's Resident Register dated 05/04/18 revealed she was admitted to the facility on 05/04/18.<br><br>There was no facility admissions policy for review.<br><br>Interview with Resident #2's Power of Attorney (POA) on 06/26/24 at 1:50pm revealed:<br>-He was concerned about Resident #2's room rate going up, but was not notified in advance of the change.<br>-He did not sign any papers about the increase.<br>-He did not recall receiving a letter in the mail letting him know the rate would be increasing.<br><br>Review of Resident #1's record revealed there was no new contract stating that Resident #2 would start paying $4042.50.<br><br>Review of a letter provided by the Regional Director of Operations that contained information regarding rates revealed:<br>-The letter was undated.<br>-The letter was unsigned.<br>-There was no documentation of the previous room rate.<br>-Effective 01/01/24, the monthly rate change for Resident #2 would increase to $4,042.50.<br><br>Interview with the Regional Director of Operations on 06/26/24 at 2:10pm revealed:<br>-A notice was sent out to some residents related to a facility rate increase effective January 2024.<br>-The notice was sent via mail in the form of a letter on 11/27/23.<br>-He had no way to prove the letters were sent | D 243 | | |

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| D 243 | Continued From page 3<br>since they were not sent certified mail.<br>-Only some of the residents received a rate increase if they had been residing there at least one year.<br>-They did not have any of the residents or family sign an amended contract.<br><br>Interview with the Administrator on 06/26/24 at 2:01pm and 3:10pm revealed:<br>-The Business Home Office would send notices out by mail to notify families of room rate increases.<br>-He was unaware of needing amended contracts and signatures.<br>-He had no way to prove the letters were sent since they were not sent certified mail.<br>-They did not have any of the residents or family sign an amended contract.<br><br>Based on observations, interviews, and record reviews it was determined Resident #2 was not interviewable. | D 243 | | |
| D 270 | 10A NCAC 13F .0901(b) Personal Care and Supervision<br><br>10A NCAC 13F .0901 Personal Care and Supervision<br>(b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews and interviews, the facility failed to provide supervision for 1 of 1 sampled resident (#2) who had an order | D 270 | 10A NCAC 13F .0901(b)<br>Resident Care Coordinator and/or designee will round to all resident apartments to ensure that all safety devices to include fall mats, are in appropriate location as ordered by primary care physician no less than three times weekly. .<br><br>Clincal Nurse Consulant will in-service all care staff to include Executive Director and Resident Care Coordinator on following all physician orders in relation to ordered safety devices. | 8/15/2024<br><br>8/15/2024 |

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| D 270 | Continued From page 4<br>for a fall mat at bedside or in front of her recliner at all times.<br><br>The findings are:<br><br>Review of resident #2's current FL2 dated 03/15/24 revealed:<br>-Diagnoses included chronic atrial fibrillation, dementia without behavioral disturbance, essential hypertension, fracture of unspecified part of neck of left femur.<br>-Resident #2 was semi-ambulatory.<br><br>Review of Resident #2's care plan dated 05/20/24 revealed she required total dependence with toileting, ambulation, bathing, dressing, grooming, and transfers.<br><br>Resident #2 physician's order dated 03/15/24 revealed:<br>-She was to have a fall mat always placed at bedside or in front of chair.<br>-Staff were to check three times a day to be sure the fall mat was placed at bedside or in front of her recliner.<br><br>Observation of Resident #2's room on 06/25/24 at 9:17am revealed a fall mat was folded up under her bed.<br><br>Interview with Resident #2's family member on 06/25/24 at 3:04pm revealed:<br>-The fall mat stayed under Resident #2's bed.<br>-She rarely saw the fall mat placed at bedside or in front of the chair.<br>-She was concerned that interventions were not being followed.<br><br>Interview with Resident #2's Power of Attorney (POA) on 06/26/24 at 1:50pm revealed: | D 270 | Clinical Nurse Consultant will provide training for all new hires on ensuring all physician orders are followed in regards to safetly devices, This training will be completed during their LHPS checkoff. | 8/15/2024 |

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| D 270 | Continued From page 5<br>-The only time he has seen the fall mat in the correct place in Resident #2's room was when he visited today.<br>-During all other visits to the facility, it has been placed under her bed.<br>-He was concerned that interventions were not always followed.<br><br>Interview with a personal care aide (PCA) on 06/25/24 at 3:40pm revealed:<br>-Resident #2 had a fall mat in her room as a precaution to help if she fell.<br>-They placed the fall mat under her bed when housekeeping cleaned the floor.<br>-She was unsure why the fall mat was not moved back at bedside when housekeeping finished cleaning the floor.<br><br>Interview with Resident Care Coordinator (RCC) on 06/26/24 at 8:57am revealed:<br>-She was aware Resident #2 had a fall mat ordered to be at bedside when Resident #2 was in bed or to be in front of recliner when Resident #2 was in her recliner.<br>-When staff went in to provide incontinence care for Resident #2, the mat would get kicked under her bed and the staff did not to move it back where it was supposed to be.<br>-She was unsure why the fall mat would be folded under her bed.<br>-All staff were responsible to ensure the mat was placed at bedside or in front of her chair.<br><br>Interview with the Administrator on 06/26/24 at 3:10pm revealed:<br>-He was aware Resident #2 had a fall mat ordered to be at bedside when Resident #2 was in bed or to be in front of recliner when Resident #2 was in her recliner.<br>-He was aware the order should always be | D 270 | | |

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| D 270 | Continued From page 6<br>followed.<br>-He thought it could get kicked under her bed when staff were changing her, and they forgot to put it back at bedside.<br>-He thought housekeeping could also be pushing it under the bed when they clean the floor.<br>-He was unsure why the fall mat would be folded under her bed.<br>-All staff were responsible to ensure the mat was placed at bedside or in front of her chair.<br><br>Based on observations, interviews, and record reviews, it was determined that Resident #2 was not interviewable.<br><br>Attempted telephone interview with Resident #2's Nurse Practitioner (NP) on 06/26/24 at 9:42am was unsuccessful. | D 270 | | |