Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Moyer's Agape Assisted Living
Address: 5767 Highway 135 Stoneville, NC 27048
County: Rockingham Co.
License Number: HAL-079-105

II. Date(s) of Visit(s): 1-19-23, 1-24-23, 1-31-23
Purpose of Visit(s): COmplaint Investigation
Exit/Report Date: 3-14-23 (AMEND 6-7-23)

Instructions to the Provider *(please read carefully)*:

In column **III (b)** please provide a plan of correction to address *each of the rules* which were violated and cited in column **III (a)**. The plan must describe the steps the facility will take to achieve and maintain compliance. In column **III (c)**, indicate a specific completion date for the plan of correction.

*If this CAR includes a **Type B violation**, failure to meet compliance after the date of correction provided by the facility could result in a civil penalty in an amount up to $400.00 for each day that the facility remains out of compliance.

*If this CAR includes a **Type A1 or an Unabated B violation**, this agency *will* plan to submit an Administrative Penalty Recommendation for the violation(s). If this CAR includes a **Type A2 violation**, this agency *may* submit an Administrative Penalty Recommendation for the violation(s). The facility has an opportunity to schedule an Informal Dispute Resolution (IDR) meeting within **15 working days** from the mailing or delivery of this Corrective Action Plan. If on follow-up survey the **Type A1 or Type A2** violations are not corrected, a civil penalty of up to $1000.00 for each day that the facility remains out of compliance may be assessed. If on follow-up survey the **Unabated B** violations are not corrected, a civil penalty of up to $400.00 for each day that the facility remains out of compliance may also be assessed.

III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Citation, Unabated Type A1, Unabated Type A2, Unabated Type B)* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent:** *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: 10A NCAC 13F .0909 Resident Rights/ G.S. 131D-21(4) Declaration of Resident's Rights	☐ POC Accepted _____ *DSS Initials*	
Rule/Statutory Reference: An adult care home shall assure that the residents rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights are maintained and may be excercised without hinderence. Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect and exploitation.	The administrator will immediately follow all laws are regulations to protect residents from exploitation. The administrator changed insurance to benefit the residents. Going forward the administrator will discuss any needed changes to insurance	
Level of Non-Compliance: Type A1 Violation		
Findings: Based on observations, record reviews and interviews, the facility failed to ensure that the rights of 6 of the 13 residents sampled were not exploited as evidenced by the Administrator failing to use United Healthcare Complete plan as designated for each resident. The findings are: Interview with the Supervisor In Charge (SIC) on 1-24-23 at 11:35 AM revealed: -The census at the facility was 13 residents.		

-She was not familiar with the United Healthcare (UHC) Dual Complete Plan. -She was unaware which residents were signed up for the UHC Dual Complete Plan. -The facility did not have food labeled for certain residents in the kitchen storage closet which would separate the food designated for those residents enrolled into the United Healthcare Complete plan. -Food was not allowed in the residents room. -Three of the residents at the facility had guardians. Interview with Administrator on 1-31-23 at 1:30 PM revealed: -She enrolled six of the residents at the facility into the UHC Dual Complete Plan in July 2022. -The UHC plan began for the six residents enrolled in August 2022. -She did not get permission from the residents prior to enrolling them into the UHC Dual Complete Plan. -She did not get permission from the guardians of the incompetent residents prior to enrolling them into the UHC Dual Complete Plan. -She received $220.00 each month for each resident enrolled in the UHC Dual Complete Plan from 8-1-22 until 12-31-22. -The UHC Dual Complete Plan benefit increased to $305.00 a month for each resident beginning 12-31-22. -She used each resident's benefit in order to purchase food for the entire facility. -She ordered food online and/or she went to the local grocery stores to purchase food for the facility using the UHC cards. -She used each resident's UHC card until it was depleted each month. -She swiped each resident's UHC card, one at a time for the facility food order. -The residents were not capable of using the UHC plan for ordering food on their own. -She did not have any receipts for food purchased online or in the store. -The food was not labeled for specific residents in the kitchen storage closet. -She did not use the UHC plan in order to pay the facility's electric bill or purchase any personal care items for the residents. In person interview with UHC Representative on 1-31-23 at 3:00 PM revealed: -She was a general agent with United Healthcare. -The facility enrolled 6 of the residents in the UHC Dual Complete Plan in July 2022.	With the resident, guardian if applicable, and DSS to ensure Resident Rights are not violated. If the insurance card program continues, she will only use the card per resident and place the residents name on the food items. She will only use it according to the law. If she has any questions she will contact DSS immediately to discuss.

-The $220.00 benefit for each resident started in 8-1-22 and continued until 12-31-22.
-The $305.00 monthly benefit started in January 2023 for the 6 residents enrolled.
-The UHC benefit was for those residents who had both Medicaid and Medicare.
-The UHC benefit was for healthy food selections, but it could also be used for dental, vision care, transportation, electricity and other benefits.
-UHC does not track monies spent.
-Administrator provided the UHC Representative with a list of residents who qualified for the plan.

1. Review of Resident #1's FL-2 dated 8-9-22 included a diagnoses of blindness due to cataracts, chronic kidney disease stage 3, metabolic encephalopathy, and elevated liver enzymes.

Review of Resident #1's Care Plan revealed the resident required assistance with eating, toileting, ambulation, grooming and dressing.

Interview with Resident #1 on 2-1-23 revealed:
-He remembered a little about a program through his insurance that allowed him to purchase things.
-He remembered someone mentioning the plan, but did not remember who.
-He did not know how much money he received each month with the UHC plan and did not remember using the card.
-The administrator kept his card because she did not want him to lose it.

2. Review of Resident #2's FL-2 dated 7-11-23 revealed:
-Diagnoses included bipolar disorder, blindness, encephalomalacia, epilepsy, gastroesophageal reflux disease, hypothyroidism, irritable bowel syndrome, history of suicide attempt, traumatic brian injury.
-The resident required assistance with eating, ambulation and bathing.

Interview with Resident #2 on 2-1-23 revealed:
-She did not know about the UHC plan or card.
-She never had the UHC card in her possession.
-Her family member may have had something to do with the UHC card.

3. Review of Resident #3's FL-2 dated 5-9-22 diagnoses included diabetes, congestive heart failure, seizures,

Parkinson's disease, gastroesophageal reflux disease, vitamin B deficiency, hypertension. -The resident required assistance with bathing and feeding. . Interview with Resident #3 on 1-31-23 at 12:46pm revealed: -He had a guardian of person. -He did not know about the UHC program or card. -If he had a card, the Administrator may have it. -He did not get special food from the UHC plan because he wanted soft drinks and it would not pay for them. Interview with Resident #3's Guardian of Person on 2-28-23 revealed: -The Guardian was unaware of the UHC plan card or Resident #3's enrollment. -The Guardian visited adult as recently as January and was not told about the UHC program. -The Guardian receives most information from the Administrator via text message and stated there were no text messages from Administrator regarding the UHC plan. -She planned on collecting the UHC card and managing Resident #3's benefits from this point on. 4. Review of Resident #4's FL-2 dated 10-15-21 included diagnoses of bipolar disorder, hypertension, chronic obstructive pulmonary disease, nicotine abuse, chronic depression, hyperlipidemia. Review of Resident #4's Care Plan dated 3-29-21 revealed the resident required assistance with bathing, dressing, grooming and personal hygiene. Based on record reviews and interviews, it was determined that Resident #4 was not interviewable due to his confusion. There was no documentation on the FL-2 indicating confusion or disorientation. 5. Review of Resident #5's FL-2 dated 2-14-23 included diagnoses of mental retardation, hypertension, coronary syndrome, chronic dizziness, anxiety disorder, irritable bowel disorder, asthma, history of stroke. Review of Resident #5's Care Plan dated 8-22-22 revealed: -The resident required extensive care with toileting, grooming and personal hygiene. -The resident required total dependence with bathing and medication administration. -The resident required limited assistance with dressing and transferring.		

Interview with Resident #5 on 3-10-23 at 1:10 PM revealed:
-He did not know anything about being enrolled in the UHC plan.
-He did not have possession of the UHC card.

Interview with Resident #5 revealed that he is incompetent and his guardian is Empowering Lives.

6. Review of Resident #6's FL-2 dated 8-9-22 included diagnoses chronic obstructive pulmonary disease, congestive heart failure, seizures, major depressive disorder.

Review of Resident #6's Resident Registry revealed the resident's guardian was another county department of social services.

Interview with Resident #6 at the facility on 1-31-23 at 1:09 pm revealed:
-He has a guardian of person.
-His family member had his UHC plan card.
-The Administrator enrolled him into the UHC plan.
-He did not sign the paperwork for UHC plan enrollment.

Interview with Resident #6's Guardian on 2-28-23 revealed:
-The Guardian did not know anything about the card until the last contact with Resident #6.
-The Administrator did not call her about enrolling Resident #6 into the UHC plan.
-The Guardian would like to collect Resident #6's UHC card and manage his benefits from this point on.

The facility failed to protect and maintain the rights of 6 residents by financial exploitation as evidenced by enrolling the residents into the UHC Dual Complete Plan without the resident's and/ or guardian's approval resulting in the UHC cards being used for food purchases for the facility and not the individual resdients. This failure resulted in serious exploitation of the resdients which constitutes a Type A1 Violation.

The facility provided a plan of protection in accordance with G.S. 131D on June 12, 2023 for their violation. Correction date for their Type A1 violation shall not exceed July 3, 2023.

Rule/Statute Number:	☐ POC Accepted	

Facility Name:

Rule/Statutory Reference:	DSS Initials	
Level of Non-Compliance:		
Findings:		

IV. Delivered Via:	Hand delivered	Date: 6-12-23
DSS Signature:	Melinda Spell, AHS	Return to DSS By: 7-3-23

V. CAR Received by:	Administrator/Designee (print name): ANITHA KURIAN	
	Signature: Anitha Kurian	Date: 6/29/23
	Title: Director	

VI. Plan of Correction Submitted by:	Administrator (print name): Reeny Kuan Anitha Kurian	
	Signature: Reeny Kuan Anitha Kurian	Date: 6/29/23

VII. Agency's Review of Facility's Plan of Correction (POC)		
☐ *POC Not Accepted*	By:	Date:
Comments:		
☑ *POC Accepted*	By: Melinda Spell, AHS	Date: 6/29/23
Comments:		

VIII. Agency's Follow-Up	By: Melinda Spell	Date: 8-9-23
	Facility in Compliance: ☑ Yes ☐ No	Date Sent to ACLS:
Comments: AHS monitored the order of food for the resident at the facility that has the UHC plan. The resident confirms that he requested the items purchased.		

**For follow-up to CAR, attach Monitoring Report showing facility in compliance.*