Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Four Oaks Senior Living
Address: 565 Boyette Rd.
County: Johnston
License Number: 051-060

II. Date(s) of Visit(s): 09/29/22, 11/17/22, 12/16/22
Purpose of Visit(s): Death Investigation
Exit/Report Date: 05/11/23

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 CAR. 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 .0901 Personal Care and Supervision	☐ POC Accepted _____ *DSS Initials*	___
Rule/Statutory Reference: (c)Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures.		
Level of Non-Compliance: Type A2 Violation Findings: Based on record reviews and interviews, the facility failed to ensure that staff responded immediately for 1 of 1 resident sampled (Resident #1) who required cardiopulmonary resuscitation (CPR) according to facility's CPR policies and CPR training after the resident became unresponsive and her pulse and respirations were absent. The findings are: Review of the facility's Emergency Training and CPR policy revealed: -The facility shall designate a staff person to respond in emergencies if the Executive Director was not available.		

Facility Name:

-Each community must have at least one staff member trained in CPR and choking management on duty and on the premises at all times.
-If the resident did not have a valid "Do Not Resuscitate Order" an appropriately trained community staff shall initiate CPR.

Review of Resident #1's FL-2 dated 04/20/22 revealed:
-Diagnoses included dementia with behaviors, atrophy of thyroid, and acquired hyperlipidemia unspecified.
-Resident was designated as constantly disoriented.
-The resident had wandering behaviors.

Review of the Report of Death for Resident #1 dated 09/23/22 revealed:
-The resident was discovered non-responsive in the resident lobby at 7:10pm on 09/17/22.
-Staff called emergency services (EMS).
-The call was received at 7:10pm and EMS was en route at 7:13pm.
-EMS started their assessment at 7:18pm.
-EMS pronounced resident deceased at 7:19pm.

Review of the 5 day investigation report dated 09/22/22 completed by the facility revealed:
-Staff A discovered resident non-responsive in the resident lobby.
-Staff A's CPR certification had expired.
-Resident #1 was a full code.
-Staff A stated she was not putting her mouth on the resident.
-Staff B who was CPR certified was in another resident's room.
-Staff A failed to alert Staff B who was CPR certified.
-The Administrator completed an investigation by conducting interviews with the witnesses and staff.
-Staff A said she was aware the resident was full code.
-Staff A resigned at the start of the investigation.

Review of Staff A's employee record on 10/21/22 revealed:
-Staff A did not have current CPR certification.
-The facility had completed a Health Care Personnel Registry (HCPR) check on staff A dated 12/28/21 that showed no substantiated findings of resident abuse, resident neglect or misappropriation of resident property.

Review of Staff B's employee record on 10/21/22 revealed:
-Staff B was certified in CPR on 09/14/21.

Facility Name:

-The facility had completed a HCPR check on Staff B on 10/07/20 with no substantiated findings of resident abuse, resident neglect or misappropriation of resident property.

Review of Emergency Services report dated 10/07/22 revealed:
-They received a call at 7:10pm to respond to the facility.
-The EMS team was dispatched at 7:12pm to the facility.
-They arrived on the scene at 7:15pm.
-The EMS was directed towards Resident #1's room.
-The resident was laying supine on the bed, "obviously not breathing and without pulse".
-EMS noted the resident had rigor mortis in mandible and was pale and cold to touch.
-Staff told EMS that Resident #1 had only been in her room for approximately 30 minutes before they noticed she wasn't breathing.
-Resident was pronounced dead at 7:19pm.

Interview with Administrator on 11/17/22 at 2:15pm revealed:
-The incident occurred on 09/17/22.
-They Administrator received notification of the death in the facility on 09/17/22.
-The Administrator received the additional details on 09/19/22 and initiated the investigation on 09/19/22.
-Staff A resigned as soon as the investigation started.
-Staff A was the medication aide for the memory care unit that night.
-Staff B was the supervisor for the building that shift and was certified in CPR.
-Staff B was in another resident's room at the time of the incident.
-Two other staff were present in the room with the resident but were not CPR certified.
-Staff moved the resident from the lobby to her room after finding her unresponsive to prevent the other residents from observing the incident.
-Staff were trained on the facility's CPR policy upon hire.
-An in-service on CPR policies and procedures was completed on 11/17/22.

Interview with Staff B on 11/17/22 at 3:10pm revealed:
-She was on the assisted living side of the facility on the date of the incident.
-Staff A came up to the assisted living side to ask how to print EMS reports but did not mention the incident.
-Staff B did not find out about the death until 09/18/22.

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Attempted telephone interview with staff C on 10/21/22 at 2:40pm and 10/24/22 at 3:15pm was unsuccessful. The facility failed to ensure CPR was initiated by a CPR qualified staff for one resident who was found not breathing and without a pulse. The resident was pronounced dead at the facility by EMS shortly after their arrival. This failure resulted in substantial risk for serious harm which constitutes a Type A2 violation. This facility provided a plan of protection in accordance with G.S. 131-D on 11/17/22.	

IV. Delivered Via:	hand	Date: 5-11-23
DSS Signature:	Teresa Gardner	Return to DSS By:

V. CAR Received by:	Administrator/Designee (print name): Rosalyn Wheeler	
	Signature: Rosalyn Wheeler	Date:
	Title: Admin Staff	

VI. Plan of Correction Submitted by:	Administrator (print name):	
	Signature:	Date:

VII. Agency's Review of Facility's Plan of Correction (POC)		
☐ ***POC Not Accepted***	By:	Date:
Comments:		
☐ ***POC Accepted***	By:	Date:
Comments:		

VIII. Agency's Follow-Up	By:	Date:
	Facility in Compliance: ☐ Yes ☐ No	Date Sent to ACLS:
Comments:		

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