Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Countryside Village
Address: 5383 US 117 Pikeville, NC
County: Wayne
License Number: HAL-096-041

II. Date(s) of Visit(s): 11/30/23, 12/07/23, 12/15/23, 12/20/23
Purpose of Visit(s): Death Investigation
Exit/Report Date: _____

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 (c) Staff shall respond immediately in the case of an accident of incident involving a resident to provide care and intervention according to the facility's policies and procedures.	☑ POC Accepted FG *DSS Initials*	—
Rule/Statutory Reference: 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 policy and procedures. Level of Non-Compliance: Type A1 VIOLATION Findings: Based on record reviews and interviews the facility failed to respond immediately to 1 of 1 who was found unresponsive without a pulse and did not administer cardiopulmonary resuscitation. (CPR) The resident was found unresponsive without a pulse. The findings are: Review of the facility's undated policy and procedure regarding Death Procedure Cessation of Vital Signs on 12/07/23 revealed: -Staff shall call for assistance from other staff present. -Check the chart for resuscitation status. If there is not a Do Not Resuscitate (DNR) form, initiate CPR if allowed by state regulations.	• Facility wellness director audited all resident charts to ensure facility staff were aware of all residents with active DNR's. all charts with active DNR's were updated with DNR stickers.	1/9/24

-Activate EMS (Emergency Medical System by calling 911) Review of Resident #1's FL2 dated 10/26/23 revealed: -Diagnoses included Unspecified Dementia, Depression, Anemia, Unspecified, Hyperlipidemia, Ventricular, Tachycardia, Emphysema, and Dysphagia. -The resident was semi-ambulatory and intermittently disoriented. Review of Resident #1's care plan dated 10/12/23 revealed: -The resident required assistance with ambulation, bathing, and transferring. - Resident was a Full Code. - Resident #1 was admitted into the facility on 10/03/23 and listed as a Full Code. - Resident #1 had power of attorney. (POA) - The resident was independent in eating and needed supervision with toileting. Review of Resident #1's incident report dated 11/29/23 revealed: -Second shift staff made rounds at 11:15 PM -When staff entered Resident #1's room to check on him, he was unresponsive. -Staff checked for a pulse and breathing. -Resident #1 did not have a pulse. Interview with the Resident Care Coordinator (RCC) on 11/30/23 at 9:40 AM revealed: -The resident was admitted to the facility on 10/03/23. -Resident #1 was a full code. -Staff should have performed CPR according to the facility's policy and procedure. Interview with a 3rd shift medication aide (MA) on 12/01/23 at 6:15 AM revealed: -She started her shift at 11:00 PM. -MA from 2nd shift left early at 10:45 PM. -After making rounds she found Resident #1 unresponsive. -She could not wake him up and he did not have a pulse. -She notified the Supervisor. Interview with the 3rd shift MA/Supervisor on 12/01/23 at 6:30 AM revealed: -Staff notified her that a resident needed to be checked on. -When she entered Resident # 1's room, he was unresponsive. -She tried to wake Resident #1 and checked for a pulse, but he did not have one.	° Facility Executive Director created a communication board in medication room for facility med techs and staff to access with all resident DNR listed. ° Facility Wellness Director created a list of DNR residents and placed in staff communication binder. ° Med techs of the facility were in serviced by Facility administrator on company policy for residents not on hospice and not DNR. on 1/5/24. ° Facility staff were inserviced on	1/9/24 1/9/24 1/5/24

-EMS was notified, the Administrator was notified, and the local police dept was notified. -Interview with the Administrator on 12/29/23 at 4:00 PM revealed staff were aware of the policy and procedure for the death of a resident who was not receiving hospice care. Interview with 2nd shift MA on 12/20/23 revealed: -She worked 2nd shift on 11/24/23. - Resident #1 lay in bed all-day. -She stated Resident #1 was not in hospice. -She called 911 and stated that the 911 operator told her not to perform CPR. -She was asked, what does an expected death look like? -She responded, "If the resident is on hospice." -She states that no one performed CPR. -She stated she was not familiar with the policy and procedure for a resident death who is not in hospice. Interview with MA on 2nd shift 12/20/23 revealed: -She was the charge person on 11/24/23 when Resident #1 was found unresponsive. -She checked vital signs and there was no pulse. - She instructed staff to call 911. Review of Resident #1 Death Certificate on 12/07/23 at 9:23 AM revealed: -Resident #1 cause of death was cardiac arrhythmia (primary cause) and coronary artery disease. (second cause)	1/23/24 by Facility administrator on CPR protocol for residents not on hospice and not DNR. ° Facility RCC, Wellness Director or designee will audit resident charts monthly for 6 months and quarterly thereafter and update facility list. ° Facility administrator or designee will inservice staff on CPR protocols monthly for 6 months and quarterly thereafter. ° Facility implemented med tech round sheet to ensure all residents were seen during rounds and concerns documented.	1/23/24 2/1/24 1/23/24 1/16/24
The facility failed to provide CPR to Resident #1 who was a full code and was found unresponsive by staff. This failure resulted in serious neglect and resident death which constitutes a Type A1 VIOLATION. The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/17/24 for this violation.		

Facility Name:

	• Facility administrator contacted Southern Pharmacy for CPR refresher course.	2/9/24

IV. Delivered Via: Hand Delivered **DSS Signature:** Felicia Threats AHS		Date: 2/16/24 Return to DSS By: 3/7/24

V. CAR Received by:	Administrator/Designee (print name): Danielle Smith Signature: Danielle Smith Title: Executive Director	Date: 2/6/24

VI. Plan of Correction Submitted by:	Administrator (print name): Danielle Smith Signature: Danielle Smith	Date: 2/9/24

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.*