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
	FCL017008	A. BUILDING: _____ B. WING _____	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEY CREEK FAMILY CARE HOME	2896 STONEY CREEK SCHOOL ROAD REIDSVILLE, NC 27320

(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 and the Caswell County Department of Social Services conducted an annual and follow-up survey on 09/12/24.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the	C 007		

10.8.2024

Reviewed and acknowledged 10/14/24. kg

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C 007	Continued From page 1 Division of Health Service Regulation for review of any possible changes that may be required to the building. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that the resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for 5 of 5 sampled residents who did not exit the facility during a fire drill. The findings are: Review of the facility's current license effective 01/01/24 revealed the facility was licensed for 6 ambulatory residents. Observation of the facility on 09/12/24 at 8:15am revealed six residents resided in the facility. Review of the facility's fire rehearsal schedule revealed: -On 01/03/24 at 9:10am, five residents and two staff participated in the fire drill; the response time was 48 seconds. -On 03/15/24 at 5:20pm, five residents and two staff participated in the fire drill; the response time was 52 seconds. -On 05/07/24 at 2:30pm, five residents and one staff staff participated in the fire drill; the response	C 007		

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C 007	Continued From page 2 time was 1 minute and 10 seconds. -On 08/04/24 at 4:30pm, five residents and two staff were present at the facility; response time was 2 minutes. Observation of the facility on 09/12/24 at 3:34pm revealed: -Five residents were inside the facility. -One resident was sitting outside the facility on the porch. -Three residents were sitting in the living room. -Two residents were in their rooms off the hallway adjacent to the living room. -The fire alarm sounded for 1 minute and 2 seconds. -The five residents did not exit the facility. Interview with the Administrator on 09/12/24 at 3:43pm revealed: -The residents do not leave the facility without being told. -He did not realize he could not direct the residents during a rehearsal fire drill. -All the residents were ambulatory. -He had not notified the Department of Health Service Regulation (DHSR) or anyone with the construction section because he did not know he needed to. Refer to Tag C0022 10A NCAC 13G .0302(b) Design and Construction.	C 007	1. All residents have been trained to immediately respond to hearing the fire alarm without verbal prompting or aide from staff. 2. Fire drills have been conducted daily in order to assure all residents are conditioned to respond without prompting. 3. All Staff have been educated on the importance of conducting fire drills without giving verbal prompts. 4. Fire alarms has been upgraded to make them louder. 5. The local Fire department conducted fire safety training for all staff and residents. Completed on 10.1.2024 6. Every resident who does not participate 100 percent with fire drills, will be summarily 7. discharged due to their noncompliance. The reasons for their discharge will be because of their willful noncompliance, their status will be changed from ambulatory to non-ambulatory.	10/2/2024
C 022	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services	C 022		

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C 022	Continued From page 3 offered in the home. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 5 of 5 sampled residents who did not respond to a fire alarm. The findings are: Review of the facility's current license effective 01/01/24 revealed the facility was licensed for 6 ambulatory residents. Review of the facility's emergency plan dated 02/15/22 revealed: -In the event of a fire\disaster when an emergency evacuation was necessary, all residents would exit through the nearest exit route and meet at the brown building. -Staff on duty would assist residents, if necessary, in evacuating the premises. -After securing the safety of all residents, staff or residents would call 911 from a staff cell phone. Review of the facility's fire rehearsal schedule revealed: -On 01/03/24 at 9:10am, five residents and two staff participated in the fire drill; the response time was 48 seconds. -On 03/15/24 at 5:20pm, five residents and two	C 022	1. All residents have been trained to immediately respond to hearing the fire alarm without verbal prompting or aide from staff. 2. Fire drills have been conducted daily in order to assure all residents are conditioned to respond without prompting. 3. All Staff have been educated on the importance of conducting fire drills without giving verbal prompts. 4. Fire alarms has been upgraded to make them louder. 5. The local Fire department conducted fire safety training for all staff and residents. Completed on 10.1.2024 6. Every resident who does not participate 100 percent with fire drills, will be summarily 7. discharged due to their noncompliance. The reasons for their discharge will be because of their willful noncompliance, their status will be changed from ambulatory to non-ambulatory.	10/3/2024

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staff participated in the fire drill; the response time was 52 seconds.
-On 05/07/24 at 2:30pm, five residents and one staff participated in the fire drill; the response time was 1 minute and 10 seconds.
-On 08/04/24 at 4:30pm, five residents and two staff were present at the facility; response time was 2 minutes.

Observation of the facility on 09/12/24 between 8:15am-5:00pm revealed:
-Six residents resided in the facility.
-One resident used a walker or a wheelchair to ambulate in the facility.

Observation of the facility on 09/12/24 at 3:34pm revealed:
-Five residents were inside the facility.
-One resident was sitting outside the facility on the porch.
-Three residents were sitting in the living room.
-Two residents were in their rooms off the hallway adjacent to the living room.
-The fire alarm sounded for 1 minute and 2 seconds.
-The five residents inside the facility did not exit the facility.

Interview with the Supervisor In Charge (SIC) on 09/12/24 at 3:38pm revealed:
-She had performed one fire drill at the facility since she started working in January 2024.
-She thought the fire drill was in August 2024.
-She set the alarm off and told the residents it was a drill so the residents would not panic.
-She set the fire alarm off and after "about 33 seconds" the residents did not get up, so she told the residents it was a fire drill, and they needed to go outside.
-She knew she was not supposed to tell the

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residents anything, but if she did not tell the residents it was a fire drill, the residents would not respond; "the residents would not get up."

Second interview with SIC on 9/12/2024 at 5:35pm revealed:
-"I tell the residents that we are having a fire drill, and they go out."
-"I want to tell the residents because I want them to be safe."

Interview with the Administrator on 09/12/24 at 3:43pm revealed:
-The staff told the residents it was a fire drill, and the residents came out of the facility.
-Sometimes the staff used the smoke alarm.
-He did not know why he did not use the fire alarm every time.
-The residents did not leave the facility without being told.
-He did not realize he could not direct the residents during a rehearsal fire drill.

1. Review of Resident #1's current FL-2 dated 05/01/24 revealed:
-Diagnoses included paranoid schizophrenia, diabetes, left leg amputee, seizure disorder, glaucoma, and hypertension.
-The resident was intermittently disoriented.
-The resident required personal care assistance with bathing and dressing.
-The resident's functional limitations included sight.

Review of Resident #1's Resident Register revealed an admission date of 09/17/95.

Review of Resident #1's assessment and care plan dated 05/22/24 revealed:
-The resident was ambulatory with the use of an

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assistive device.
-The resident was sometimes forgetful and needed reminders.
-The resident was sometimes disoriented.
-The resident used glasses.
-He required extensive assistance with grooming/personal hygiene and bathing.
-He required limited assistance with toileting, ambulation, and dressing.

Observation of the facility on 09/12/24 at various times between 8:15am-5:00pm revealed Resident #1 was able to independently move about the facility without assistance using his walker and/or wheelchair.

Observation of the facility on 09/12/24 at 3:34pm revealed:
-An audible fire alarm could be heard throughout the facility.
-Resident #1 was sitting in his wheelchair in his room.
-Resident #1 did not exit his room.
-Resident #1 did not exit the facility.

Interview with a Supervisor-in-Charge (SIC) on 09/12/24 at 8:15am revealed Resident #1's memory was not good, and the resident got things confused.

Interview with a second SIC on 09/12/24 at 2:09pm revealed "every now and then Resident #1 might ask what day it was or what month it was."

Interview with the Administrator on 09/12/24 at 2:42pm revealed:
-Resident #1 had short-term memory problems.
-Resident #1 did not recall what he did earlier in the same day.

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-The resident may say he did not get his eye drops when the eye drops had just been administered.
-Resident #1 was delusional at times.

Telephone interview with Resident #1's primary care provider (PCP) on 09/12/24 at 4:06pm revealed:
-Resident #1's memory "comes and goes."
-Resident #1 may say "stuff that was off the wall."
-Resident #1 would need prompting in the event of a fire.

Interview with Resident #1 on 9/12/2024 at 5:21pm revealed:
-He was supposed to "get up and go outside when he heard the big noise."
-He went out the back door of the facility so he could use the ramp.
-When he heard the fire alarm, today, 09/12/24, he stayed inside, but thought he should have went out.

2. Review of Resident #2's current FL-2 dated 05/01/24 revealed:
-Diagnoses included paranoid schizophrenia, hypertension, intellectual developmental disability (IDD), and chronic psychosis.
-The resident was intermittently disoriented.
-The resident required personal care assistance with bathing and dressing.
-The resident's functional limitations included sight.

Review of Resident #2's Resident Register revealed an admission date of 12/22/22.

Review of Resident #2's assessment and care plan dated 02/08/23 revealed:
-The resident was sometimes forgetful and

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needed reminders.
-The resident was sometimes disoriented.
-He required extensive assistance with grooming/personal hygiene and bathing.
-He required limited assistance with toileting and dressing.

Observation of the facility on 09/12/24 at various times between 8:15am-5:00pm revealed Resident #2 was able to independently move about the facility without assistance.

Observation of the facility on 09/12/24 at 3:34pm revealed:
-Resident #2 was sitting in the living room watching television.
-An audible fire alarm could be heard throughout the facility.
-Resident #2 did not exit the facility.

Interview with a Supervisor-in-Charge (SIC) on 09/12/24 at 8:15am revealed Resident #2's memory was good.

Interview with a second SIC on 09/12/24 at 2:09pm revealed Resident #2's memory was good.

Interview with the Administrator on 09/12/24 at 2:42pm revealed:
-Resident #2 had mild mental retardation (MR).
-Resident #2 forgot a lot.
-Resident #2 was delusional at times.
-Resident #2 would forget he ate or forget he had already taken his medications.

Telephone interview with Resident #2's primary care provider (PCP) on 09/12/24 at 4:06pm revealed:
-Resident #2's memory was not good.

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C 022	Continued From page 9 -Resident #2 would need prompting in the event of a fire. Interview with Resident #2 on 9/12/2024 at 5:30pm revealed: -The fire alarm sounded like a truck backing up. -He thought he "eventually" went outside when he heard the fire alarm today, 09/12/24. 3. Review of Resident #3's current FL-2 dated 11/24/23 revealed: -Diagnoses included intellectual disability, hypertension, anxiety disorder, and a history of seizures. -The resident was intermittently disoriented. -The resident wandered. -The resident required personal care assistance with bathing. Review of Resident #3's Resident Register revealed an admission date of 07/30/21. Review of Resident #3's assessment and care plan dated 05/22/24 revealed: -The resident was sometimes forgetful and needed reminders. -The resident was sometimes disoriented. -The resident wore glasses. -He required extensive assistance with grooming/personal hygiene and bathing. -He required limited assistance with toileting and dressing. Observation of the facility on 09/12/24 at various times between 8:15am-5:00pm revealed Resident #3 was able to independently move about the facility without assistance. Observation of the facility on 09/12/24 at 3:34pm revealed:	C 022		

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-Resident #3 was sitting in the living room watching television.
-When the fire alarm sounded, Resident #3 went into his room.
-Resident #3 did not exit the facility.

Interview with a Supervisor-in-Charge (SIC) on 09/12/24 at 8:15am revealed Resident #3's memory was good.

Interview with a second SIC on 09/12/24 at 2:09pm revealed Resident #3's memory was good.

Interview with the Administrator on 09/12/24 at 2:42pm revealed:
-Resident #3 had moderate mental retardation.
-Resident #3 remembered okay but did have communication difficulties.

Telephone interview with Resident #3's primary care provider (PCP) on 09/12/24 at 4:06pm revealed Resident #3 would need prompting in the event of a fire.

Interview with Resident #3 on 9/24/2024 at 4:57pm revealed he did not know what a fire drill was.

4. Review of Resident #4's current FL-2 dated 07/05/24 revealed:
-Diagnoses included paranoid schizophrenia and hypertension.
-The resident was intermittently disoriented.
-The resident required personal care assistance with bathing.
-The resident's functional limitations included sight.

Review of Resident #4's Resident Register

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C 022	Continued From page 11 revealed an admission date of 08/09/22. Review of Resident #4's assessment and care plan dated 07/05/24 revealed: -The resident had significant memory loss and had to be directed. -The resident was sometimes disoriented. -The resident wore glasses. -He required extensive assistance with grooming/personal hygiene and bathing. -He required limited assistance with toileting and dressing. Observation of the facility on 09/12/24 at various times between 8:15am-5:00pm revealed Resident #4 was able to independently move about the facility without assistance. Observation of the facility on 09/12/24 at 3:34pm revealed: -Resident #4 was in his room, lying in the bed. -An audible fire alarm could be heard throughout the facility. -Resident #4 did not exit his room. -Resident #4 did not exit the facility. Interview with a Supervisor-in-Charge (SIC) on 09/12/24 at 8:15am revealed Resident #4 would ask the same question "over and over", but when she asked him the same question the resident already knew the answer. Interview with a second SIC on 09/12/24 at 2:09pm revealed Resident #4 had some issues with his memory, he did not recall things that had happened, he had problems with his short-term recall. Interview with the Administrator on 09/12/24 at 2:42pm revealed:	C 022		

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C 022	Continued From page 12 -Resident #4's had bad long-term and short-term memory. -Resident #4 might ask the same question twenty times. -Resident #4 was delusional like he thought someone was trying to kill him. -Resident #4 could take a bath, still be wet, and not remember he had taken a bath. Telephone interview with Resident #4's primary care provider (PCP) on 09/12/24 at 4:06pm revealed: -Resident #4 had mental health issues. -Resident #4 had intermittent confusion. -Resident #4 would need prompting in the event of a fire. Interview with Resident #4 on 09/12/24 at 4:58pm revealed: -The facility had fire drills once every couple of years. -The facility had not had a fire drill since he moved into the facility. -He knew what a fire alarm sounded like. -He heard the fire alarm today. -He did not do anything when he heard the fire alarm. -He was waiting for someone to tell him "to get out of here." 5. Review of Resident #5's current FL-2 dated 11/10/23 revealed: -Diagnoses included schizophrenia, hypertension, and nicotine dependence. -The resident was intermittently disoriented. -The resident required personal care assistance with bathing. -The resident's functional limitations included sight.	C 022		

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(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 022	Continued From page 13 Review of Resident #5's Resident Register revealed an admission date of 07/24/15. Review of Resident #5's assessment and care plan dated 05/22/24 revealed: -The resident was sometimes forgetful and needed reminders. -The resident was sometimes disoriented. -He required extensive assistance with grooming/personal hygiene and bathing. -He required limited assistance with toileting and dressing. Observation of the facility on 09/12/24 at various times between 8:15am-5:00pm revealed Resident #5 was able to independently move about the facility without assistance. Observation of the facility on 09/12/24 at 3:34pm revealed: -Resident #5 was in the living room. -An audible fire alarm could be heard throughout the facility. -Resident #5 did not exit the facility. Interview with Supervisor-in-Charge (SIC) on 09/12/24 at 8:15am revealed Resident #5's memory was good. Interview with a second SIC on 09/12/24 at 2:09pm revealed Resident #5's memory was fine. Interview with the Administrator on 09/12/24 at 2:42pm revealed Resident #5 was delusional. Telephone interview with Resident #5's PCP on 09/12/24 at 4:06pm revealed: -Resident #5 had issues with his memory. -Resident #5 would need prompting in the event of a fire.	C 022		

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	FCL017008	A. BUILDING: _____ B. WING _____	09/12/2024

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C 022	Continued From page 14 Interview with Resident #5 on 09/12/24 at 5:06pm revealed: -He did not know how often the facility had fire drills. -He heard the fire alarm today, but he thought the staff were testing the fire alarms. The facility failed to ensure the facility was equipped and maintained in accordance with the facility's licensed capacity to allow 5 of 5 residents living in the facility, who required verbal prompting when they responded to a fire drill; five of the residents were intermittently disoriented (#1, #2, #3, #4, #5), two residents had intellectual disabilities (#2, #3), four residents were forgetful and needed reminders (#1, #2, #3, #5) and one resident had significant memory loss and had to be redirected (#4). The five residents were unable to evacuate the facility without prompting during an emergency and is detrimental to the health, safety, and well-being of the residents and constitutes a Type B Violation. The facility failed to provide an acceptable plan of protection in accordance with G.S. 131D-34 on 09/12/24. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 27, 2024.	C 022		
C 069	10A NCAC 13G .0312(g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In homes with at least one resident who is determined by a physician or is otherwise known	C 069		

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C 069	Continued From page 15 to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: TYPE B VIOLATION The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 exit doors that were accessible to six residents, who were intermittently disoriented (#1, #2, #3, #4, #5, and #6) had working alarms that were of sufficient volume that could be heard by staff when activated and responded to for the safety of the residents. The findings are: Observation of the two exit doors, on the front and back of the facility, on 09/12/24 at various times between 8:15am-5:00pm revealed; -The residents went in and out of the doors throughout the day. -No alarm sounded when the door to the facility was opened and closed. -There was an alarm attached to the wooden doors. -The wooden doors were open throughout the day. -There were no alarms on the storm doors.	C 069	Door alarms have been placed on all exterior doors in addition to the storm doors. SIC will monitor the door chimes daily. Administrator will verify daily of the alarms every other day. Administrator will have replacement batteries in the event that a battery expires.	9/16/2024

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C 069	Continued From page 16	C 069		

Interview with three residents on 09/12/24 between 4:58pm-5:06pm revealed they had not heard any alarms on the exit doors when they went outside of the facility.

1. Review of Resident #1's current FL-2 dated 05/01/24 revealed:
-Diagnoses included paranoid schizophrenia, diabetes, left leg amputee, seizure disorder, glaucoma, and hypertension.
-The resident was intermittently disoriented.

Review of Resident #1's Resident Register revealed an admission date of 09/17/95.

Review of Resident #1's assessment and care plan dated 05/22/24 revealed:
-The resident was ambulatory with the use of an assistive device.
-The resident was sometimes forgetful and needed reminders.
-The resident was sometimes disoriented.

Interview with a Supervisor In Charge (SIC) on 09/12/24 at 8:15am revealed Resident #1's memory was not good, and the resident got things confused.

Interview with a second SIC on 09/12/24 at 2:09pm revealed "every now and then Resident #1 might ask what day it was or what month it was."

Interview with the Administrator on 09/12/24 at 2:42pm revealed:
-Resident #1 had short-term memory problems.
-Resident #1 did not recall what he did earlier in the same day.
-The resident may say he did not get his eye drops when the eye drops had just been

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C 069	Continued From page 17	C 069		

administered.
-Resident #1 was delusional at times.

Telephone interview with Resident #1's primary care provider's (PCP) on 09/12/24 at 4:06pm revealed:
-Resident #1's memory "comes and goes."
-Resident #1 may say "stuff that was off the wall."

Refer to the interview with the SIC on 09/12/24 at 3:38pm.

Refer to the telephone interview with the facility's PCP on 09/12/24 at 4:06pm.

Refer to the interview with the Administrator on 09/12/24 at 5:06pm.

2. Review of Resident #2's current FL-2 dated 05/01/24 revealed:
-Diagnoses included paranoid schizophrenia, hypertension, intellectual developmental disability (IDD), and chronic psychosis.
-The resident was intermittently disoriented.

Review of Resident #2's Resident Register revealed an admission date of 12/22/22.

Review of Resident #2's assessment and care plan dated 02/08/23 revealed:
-The resident was sometimes forgetful and needed reminders.
-The resident was sometimes disoriented.

Interview with the Administrator on 09/12/24 at 2:42pm revealed:
-Resident #2 had mild mental retardation (MR).
-Resident #2 forgot a lot.
-Resident #2 was delusional at times.
-Resident #2 would forget he ate or forget he had

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C 069	Continued From page 18 already taken his medications. Telephone interview with Resident #2's primary care provider's (PCP) on 09/12/24 at 4:06pm revealed Resident #2's memory was not good. Refer to the interview with the Supervisor In Charge (SIC) on 09/12/24 at 3:38pm. Refer to the telephone interview with the facility's PCP on 09/12/24 at 4:06pm. Refer to the interview with the Administrator on 09/12/24 at 5:06pm. 3. Review of Resident #3's current FL-2 dated 11/24/23 revealed: -Diagnoses included intellectual disability, hypertension, anxiety disorder, and a history of seizures. -The resident was intermittently disoriented. Review of Resident #3's Resident Register revealed an admission date of 07/30/21. Review of Resident #3's assessment and care plan dated 05/22/24 revealed: -The resident was sometimes forgetful and needed reminders. -The resident was sometimes disoriented. Interview with the Administrator on 09/12/24 at 2:42pm revealed Resident #3 had moderate mental retardation. Refer to the interview with the Supervisor In Charge (SIC) on 09/12/24 at 3:38pm. Refer to the telephone interview with the facility's primary care provider's (PCP) on 09/12/24 at	C 069		

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C 069	Continued From page 19 4:06pm. Refer to the interview with the Administrator on 09/12/24 at 5:06pm. 4. Review of Resident #4's current FL-2 dated 07/05/24 revealed: -Diagnoses included paranoid schizophrenia and hypertension. -The resident was intermittently disoriented. Review of Resident #4's Resident Register revealed an admission date of 08/09/22. Review of Resident #4's assessment and care plan dated 07/05/24 revealed: -The resident had significant memory loss and had to be directed. -The resident was sometimes disoriented. Interview with a Supervisor In Charge (SIC) on 09/12/24 at 8:15am revealed Resident #4 would ask the same question "over and over", but when she asked him the same question the resident already knew the answer. Interview with a second SIC on 09/12/24 at 2:09pm revealed Resident #4 had some issues with his memory, he did not recall things that had happened, short-term recall. Interview with the Administrator on 09/12/24 at 2:42pm revealed: -Resident #4's had bad long-term and short-term memory. -Resident #4 might ask the same question twenty times. -Resident #4 was delusional like he thought someone was trying to kill him. -Resident #4 could take a bath, still be wet, and	C 069		

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C 069	Continued From page 20 not remember he had taken a bath. Telephone interview with Resident #4's primary care provider's (PCP) on 09/12/24 at 4:06pm revealed: -Resident #4 had mental health issues. -Resident #4 had intermittent confusion. Refer to the interview with the SIC on 09/12/24 at 3:38pm. Refer to the telephone interview with the facility's PCP on 09/12/24 at 4:06pm. Refer to the interview with the Administrator on 09/12/24 at 5:06pm. 5. Review of Resident #5's current FL-2 dated 11/10/23 revealed: -Diagnoses included schizophrenia, hypertension, and nicotine dependence. -The resident was intermittently disoriented. Review of Resident #5's Resident Register revealed an admission date of 07/24/15. Review of Resident #5's assessment and care plan dated 05/22/24 revealed: -The resident was sometimes forgetful and needed reminders. -The resident was sometimes disoriented. Interview with the Administrator on 09/12/24 at 2:42pm revealed Resident #5 was delusional. Telephone interview with Resident #5's primary care provider's (PCP) on 09/12/24 at 4:06pm revealed Resident #5 had issues with his memory.	C 069		

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C 069	Continued From page 21 Refer to the interview with the Supervisor In Charge (SIC) on 09/12/24 at 3:38pm. Refer to the telephone interview with the facility's PCP on 09/12/24 at 4:06pm. Refer to the interview with the Administrator on 09/12/24 at 5:06pm. 6. Review of Resident #6's current FL-2 dated 08/07/24 revealed: -Diagnoses included schizoaffective disorder, history of falls, hypotension, stage three chronic kidney disease. -The resident was intermittently disoriented. Review of Resident #6's Resident Register revealed an admission date of 08/09/24. Review of Resident #6's assessment and care plan revealed the care plan had not been completed. Interview with a Supervisor In Charge (SIC) on 09/12/24 at 8:15am revealed Resident #6 talked about things that were not true. Interview with the Administrator on 09/12/24 at 2:42pm revealed: -Resident #6's memory was "spotty." -Some things the resident would recall, and some things, he did not. -Resident #6 was delusional. Refer to the interview with the SIC on 09/12/24 at 3:38pm. Refer to the telephone interview with the facility's primary care provider's (PCP) on 09/12/24 at 4:06pm.	C 069		

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C 069	Continued From page 22 Refer to the interview with the Administrator on 09/12/24 at 5:06pm. _____ Interview with the Supervisor In Charge (SIC) on 09/12/24 at 3:38pm revealed: -The facility did not have door alarms. -She knew when a resident went outside because she could hear the door. -She slept with her door partially opened so she could hear the residents at night. -One of the residents got up during the night to go to the bathroom, but the resident always went back to bed. -She did not think any of the residents would walk away from the facility. Telephone interview with the facility's PCP on 09/12/24 at 4:06pm revealed: -It would be good for the staff to know where all the residents were at. -It would not hurt to have a door chime. -All the residents needed to be supervised when exiting the facility. Interview with the Administrator on 09/12/24 at 2:42pm revealed: -The exit doors had alarms on the doors. -He thought the alarms needed batteries. -Alarms were not needed with the current residents. -If he had a resident who had dementia or had a history of wandering, he would use the door alarms. -He did not know he needed to use the door alarms if a resident was intermittently disoriented. _____ The facility failed to ensure the alarms on the exit doors to the facility had an audible sounding device when activated for six residents who were	C 069		

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C 069	Continued From page 23 intermittently disoriented, and had access to the doors and could possibly elope. This failure was detrimental to the health, safety, and well-being of the residents and constitutes a Type B Violation. _____ The facility failed to provide an acceptable plan of protection in accordance with G.S. 131D-34 on 09/12/24. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 27, 2024.	C 069		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 1 of 3 sampled residents (#2) was tested for tuberculosis (TB) upon admission. The findings are: Review of Resident #2's most current FL-2 dated 05/01/24 revealed diagnoses included paranoid schizophrenia, primary hypertension, intellectual	C 202	Resident #2 has started the Tuberculosis testing. The resident had step 1 of the two step TB testing prior to coming to the facility from the hospital. However, the resident has started the two step TB test again. The SIC and Administrator will monitor the TB testing for resident #2 to ensure that the 2nd step is given. The Administrator will monitor the intake process ensuring that all residents admitted will have the two-step TB test. The SIC will do follow-up on the intake process ensuring proper documentation. In addition, Administrator and SIC will review each resident's chart to ensure full compliance, biweekly.	9/20/204

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C 202	Continued From page 24 developmental delay, and chronic psychosis. Review of Resident #2's Resident Register revealed the resident was admitted to the facility on 12/22/22. Review of Resident #2's tuberculosis (TB) skin tests revealed there was no documentation of any TB skin tests for Resident #2. Interview with Resident #2 on 9/12/2024 at 10:22am revealed: -He had lived at the facility for several months. -He was unsure of how many TB skin tests he had received. Interview with the Administrator on 9/12/2024 at 10:15am revealed: -He was responsible for making sure the residents had TB skin testing as required upon admission. -He was aware that Resident #2 needed a two-step TB skin test. -Resident #2 moved into the facility from another facility. -He would reach out to the other facility to get a copy of the TB skin test.	C 202		
C 242	10A NCAC 13G .0901(a) Personal Care and Supervision 10A NCAC 13G .0901 Personal Care and Supervision (a) Family care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.	C 242		

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C 242	Continued From page 25 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide personal care for 1 of 3 sampled residents (#3) related to toenails that needed to be trimmed. The findings are: Review of Resident #3's current FL-2 dated 11/24/23 revealed: -Diagnoses included intellectual disability, essential hypertension, and a history of seizures. -Resident #3 required assistance with bathing. Review of Resident #3's Resident Register revealed an admission date of 07/30/21. Review of Resident #3's Care Plan dated 05/22/24 revealed: -He required extensive assistance with grooming/personal hygiene and bathing. -He required limited assistance with toileting and dressing. Observation of Resident #3 on 09/12/24 at 8:40am revealed: -Resident #3 was wearing socks with open-toe shoes. -Resident #3's toenail on his right foot could be observed through the sock as long and curved. Observation of Resident #3's toenails on 09/12/24 at 8:44am revealed: -The skin on the resident's feet was dry and flaky. -The resident's first toenail on his right foot extended past the end of the toe by ¾ of an inch and was curved toward the second toe. -The second toenail had grown over the end of the toe and was pushed into the bottom of the toe.	C 242	Resident #3 nails were trimmed on 9/12/2024. Residents nail care will be recorded and scheduled for biweekly monitoring. SIC and Administrator monitor this biweekly.	9/13/2024

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C 242	Continued From page 26 -The third toenail on the right foot had grown past the end of the toe, over the top, and was beginning to curl toward the bottom of the toe. -The fourth toe on the right foot had grown past the end of the toe by ½ of an inch. -The toenail on the fifth toe on the right foot was broken and the edges were sharp. -The resident's first toenail on his left foot was broken off. -The second toenail and third toenail on the left foot had grown over the end of the toe and was pushed into the bottom of the toe. -The fourth toe on the left foot had grown past the end of the toe by 3/4 of an inch and was curved under the third toe. -The toenail on the fifth toe on the left foot was broken and the edges were sharp. Interview with Resident #1 on 09/12/24 at 8:44am revealed: -His feet were not hurting. -He did not answer any other questions. Interview with the Supervisor-in-Charge (SIC) on 09/12/24 at 2:09pm revealed: -Resident #3 was independent with his bath. -She had not seen Resident #3's feet. -Resident #3 always had socks and shoes on when he came out of his room. -The Administrator cut the residents' toenails. Interview with the Administrator on 09/12/24 at 2:42pm revealed: -He cut the resident's toenails when the toenails needed to be cut. -He cut some of the residents' toenails last Friday, 09/06/24. -He did not cut Resident #3's toenails on 09/06/24. -He cut Resident #3's toenails last month.	C 242		

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	FCL017008	A. BUILDING: _____ B. WING _____	09/12/2024

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C 242	Continued From page 27 -Resident #3's toenails had grown out in one month. Telephone interview with Resident #3's Primary Care Provider (PCP) on 09/12/24 at 4:33pm revealed: -If Resident #3's toenails were long, the resident could lacerate his skin and the toenails could be painful. -She expected residents to have appropriate foot care.	C 242		
C 257	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure the kitchen and food cooking areas were clean and free from contamination including expired food in the refrigerator, leftover food not labeled and dated,	C 257		

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C 257	Continued From page 28 and proteins in the same drawer with other food items and a chest freezer with a buildup of ice. The findings are: Review of the Environmental Health Inspection report dated 07/08/24 revealed: -The demerit score was 4 with a status code of A. -The facility received 2 demerits for food utensils and equipment should be in good repair and kept clean. Observations of the refrigerator on 09/12/24 at 8:26am and 12:12pm revealed: -There was a non-reusable plastic jug that was not labeled or dated and contained an orange beverage. -There was a large container of meat and cream sauce that was not labeled or dated. -There was a drawer with a package of cookie dough and multiple individual packets of juice. -On top of the cookie dough and juices, was a resealable plastic bag that contained a package of turkey sandwich meat that had best used by date of 08/30/24. -There was no label as to when the package of turkey had been opened. -In a second drawer, there was a pack of bologna meat that was labeled as use by 06/23/24 that had been opened. -In the bottom of the drawer was a dark brown liquid substance that was sticky to the touch. -There was an unopened package of bologna meat that had a use by date of 03/25/24. -There were three packs of corn tortillas with best used by dates of 09/05/23, 04/22/24, and 06/05/24. Observation of the reach-in chest freezer on	C 257		

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C 257	Continued From page 29 09/12/24 at 8:29am revealed: -A thick build-up of ice was observed in the freezer. -There were packages of meat covered in ice. Interview with the Supervisor-in-Charge (SIC) on 2:09pm revealed: -The SIC was responsible for cleaning the refrigerator, making sure the food was sealed properly, and dating the food when opened. -The container with the meat and cream sauce, was chicken that was from the day before, 09/11/24. -The SIC did not write on containers but she and the other SIC texted each other when there were leftovers so the staff would know when to use the items. -One of the containers of deli meat was in a reusable container and that was why the container was not dated; it was opened on Monday, 09/09/24. -The two packages of bologna had been in the freezer. -One of the packages of bologna had been removed from the freezer on 09/09/24, but she did not know when the second package of bologna had been removed from the freezer. -The turkey sandwich meat was bought fresh and had not been in the freezer. -She knew that meat was not supposed to be stored with other foods where it could not be absorbed. -She thought the turkey sandwich meat had been used on 09/09/24. -The refrigerator was cleaned a couple of weeks ago and she looked for expired food. -The deep freezer kept building ice up. -She used a knife to break it off to have room for other meats. -She had not defrosted the chest freezer; she had	C 257	The freezer has been defrosted. Labels will be utilized to identify when food is put in the freezer and when food is taken out of the freezer. Staff will continually identify food that is expired with or has been left unaware of in the refrigerator. Administrator will monitor food to make sure they are stored properly, at least once a week.	9/24/2024 9/28/2024 9/30/2024 9/30/2024

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C 257	Continued From page 30 just broken the ice off. -The orange beverage in the jug was probably "mixed up in the last day or so." Interview with the Administrator on 09/12/24 at 2:42pm revealed: -The SICs were responsible for labeling all leftovers with the date and contents. -He purchased meat once a month and put the meat in the freezer. -Whoever needed the meat, removed the item from the freezer. -The staff did not date when the food item was removed from the freezer. -The turkey sandwich meat had been frozen. The SICs were responsible for cleaning the refrigerator once a week. -The corn tortillas had not been frozen; they had been kept in the refrigerator. -He did not know the corn tortillas had expired. -He did not defrost the freezer but had "chunked ice away" last Friday, 09/06/24. -He had not defrosted the freezer.	C 257		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages shall be offered in accordance with each residents' prescribed diet or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.	C 272	Staff will give snacks three times a day, between meals. Snack will be given between breakfast and lunch, between lunch and dinner, and another snack after dinner. The Administrator will monitor that staff is giving snacks at proper times biweekly. In addition, the Administrator will conduct interviews with residents to ensure compliance in this rule.	9/25/2024

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C 272	Continued From page 31 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to offer snacks to the residents three times a day. The finding are: Review of the facility's menu revealed snacks were not listed. Observation on 09/12/24 at various times between 8:00am and 12:00pm revealed there were no snacks offered to the residents. Observation on 9/12/24 at 3:15pm revealed the residents received a snack. Interview with four residents on 09/12/24 between 8:31am-9:09am revealed: -Residents were served snacks once a day, usually around 2:00pm. -One of the residents would like to have snacks more often. Interview with the Supervisor-in-Charge (SIC) on 9/12/2024 at 5:40pm revealed: -The residents were served a snack once daily in the afternoon. -She did not realize the residents were supposed to be served three snacks a day. Interview with the Administrator on 09/12/24 at 6:10pm revealed: -Snacks should be served to the residents three times per day. -He was not aware snacks were not being offered three times daily. -There were plenty of snacks available for the residents.	C 272		

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C 272	Continued From page 32 Observation of the medication room on 09/12/24 at 6:10pm revealed multiple types of snack items were available.	C 272		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to clarify orders for 1 of 3 sampled residents (#2) who had an order for blood pressure (BP) medication and daily BPs and the medication administration record (MAR) included BP parameters before administering the BP medication. The findings are: Review of Resident #2's current FL-2 dated 05/01/24 revealed: -Diagnoses included paranoid schizophrenia, hypertension, intellectual developmental disability (IDD), and chronic psychosis.	C 315		

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C 315	Continued From page 33 -There was an order for Metoprolol Succinate (used to treat high BP) 100mg once daily. -There was an order to check BP daily. Review of Resident #2's electronic prescription dated 01/19/24 revealed: -There was an order for Metoprolol Succinate 100mg. -There was documentation the order was clarified with the primary care provider (PCP) to keep the previous parameters, hold the medication if the resident's systolic BP was less than 100. Review of Resident #2's July 2024 medication administration record (MAR): -There was an entry for BP with the directions to check blood pressure once daily prior to administering metoprolol and to hold the Metoprolol dose if the systolic BP was less than 100. -There was an entry for Metoprolol Succinate 100mg once daily with a scheduled administration time of 8:00am. -There was documentation Metoprolol Succinate 100mg was administered daily from 07/01/24-07/31/24; there were no exceptions documented. Review of Resident #2's blood pressure record dated July 2024 revealed: -On 07/01/24, Resident #2's systolic BP was documented as 93. -On 07/07/24, Resident #2's systolic BP was documented as 93. Review of Resident #2's August 2024 MAR: -There was an entry for BP with the directions to check blood pressure once daily prior to administering metoprolol and to hold the Metoprolol if systolic BP was less than 100.	C 315		

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C 315	Continued From page 34 -There was an entry for Metoprolol Succinate 100mg once daily with a scheduled administration time of 8:00am. -There was documentation Metoprolol Succinate 100mg was administered daily from 08/01/24-08/31/24; there were no exceptions documented. Review of Resident #2's blood pressure record dated August 2024 revealed on 08/11/24, Resident #2's systolic BP was documented as 94. Interview with Supervisor-in-Charge (SIC) on 9/12/2024 at 5:40pm revealed: -She was not aware that Resident #2 had any parameters associated with his medication. -Resident #2's BP tended to run high. Interview with Resident #2 on 9/12/2024 at 5:32pm revealed: -His BP was checked every day from "dusk to dawn." -Resident #2 denied feeling dizzy or lightheaded. Interview with Administrator on 9/12/24 at 6:15pm revealed: -He administered Resident #2's medication on 07/01/24 and 07/07/24 before taking the resident's BP. -He was aware of the BP parameters but gave the medication and then took the resident's BP on 07/01/24 and 07/07/24. Telephone interview with Resident #2's PCP on 09/12/24 at 4:33pm revealed: -Resident #2 had an order to hold his BP medication because if the resident's BP was already low, the medication could drop the BP even lower. -Low BP, which was hypotension, also lowered	C 315	Staff will monitor residents more closely as it pertains to parameters for medication and biometrics. Staff will also be educated on following PCP orders. The Administrator will monitor this weekly, to ensure that staff are properly reading the parameters for medication. In addition SICs will monitor the Administrator, for greater accuracy in the Medication Administration Records.	10/2/2024

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C 315	Continued From page 35 the resident's heart rate which was also concerning. -Low BP could lead to organ failure. -She expected Resident #2's BP medication to be held if the BP was below the parameters ordered.	C 315		