STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065036	A. BUILDING: _____ B. WING _____	R 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HANOVER HOUSE	3915 STEDWICK COURT WILMINGTON, NC 28412

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D 000	Initial Comments The Adult Care Licensure Section and Department of Social Services conducted an annual and follow up survey on October 22 and 23, 2024.	D 000	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or the 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 Law.	
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain an environment free of hazards including personal care products that were accessible to the residents living on the special care unit (SCU). The findings are: Review of the facility's census report received on 10/22/24 revealed there were 20 residents on the SCU. Observation of the resident halls in the Special Care Unit (SCU) on 10/22/24 from 8:30am-9:00am revealed: -There was a personal care hygiene product in the shower, body wash in resident room 130. -There was a personal care hygiene product in the shower, bar of soap in resident room 120. -There was a personal care hygiene product on the dresser, moisturizer in resident room 118.	D 079	Care Manger will round no less than twice daily to ensure unit is clean and safe for residents. They will also follow-up with the staff on the importance of identifying hazards promptly, and keeping the resident environment safe. ED will round no less than twice daily to ensure facility is clean, orderly and without hazards for resident safety. CNC re-educated staff on what an ingestible item is, as well as the importance of keeping the environment clean and orderly without hazards.	12-2-24 and ongoing 12-2-24 and ongoing 11/18/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christopher R. Coley | TITLE: ED | (X6) DATE: 12-2-24

Jamaal Willis Reviewed and Acknowledged 12/09/24

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D 079	Continued From page 1 -There was a personal care hygiene product in the bathroom, body lotion in resident room 110. -There was a personal care hygiene product on the dresser, body lotion in resident room 104. -There were products for clothing stain removal, bottles of essential oils, and toothpaste in resident room 105. Interview with a personal care aide (PCA) on 10/22/24 at 10:25am revealed: -The staff performed room rounds when they begin their shift. -Residents personal care products were stored in the spa. Interview with the Special Care Coordinator (SCC) on 10/22/24 at 10:25am revealed: -Resident's personal care products were stored in the spa. -She performed room rounds every morning. -Staff performed room rounds everyday/shift. -She was not sure why the hygiene products were in the resident's rooms. Interview with the Administrator on 10/22/24 at 2:00pm revealed: -Personal products were not allowed to be stored in the resident's rooms. -Personal care products were stored in the spa in bins with their names on them. -Daily room rounds were performed and if products were found they were to be given to the SCC. -Staff monitored when residents use their personal products and then returned them to the spa. -Resident families were informed before admission that the resident was not allowed to have personal products in their rooms.	D 079		

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D 234	Continued From page 2	D 234		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio	D 234		
	10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult 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.		ED and/or Care Managers will ensure TB testing has been completed for all admissions and documentation of the results are filed in the residents EHR. ED and Care Managers will audit resident EHR and notify the CNC of any TB testing that is needed.	12-6-24 and ongoing 12-6-24 and ongoing
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#4) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #4's current FL-2 dated 11/06/23 revealed diagnoses included intervertebral disk disorder with myelopathy and vitamin D deficiency. Review of Resident #4's Resident Register revealed he was admitted to the facility on 11/18/22 from another facility. Review of Resident #4's record for a tuberculosis (TB) skin test revealed:			

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D 234	Continued From page 3 -There was documentation of a TB skin test administered on 11/23/22 and read as negative on 11/26/22. -There was no documentation of a second TB skin test for Resident #4. Interview with the Administrator on 10/23/24 at 3:00pm revealed: -Resident #4 was admitted from another facility. -There should have been a 2-step tuberculosis (TB) skin test completed at the prior facility. -The Resident was administered a 1-step TB test upon admission. -The facility should have had documentation of the 2-step TB test from the facility the resident had come from. -The Resident Care Coordinator (RCC) and Executive Director (ED) were responsible for ensuring all resident records were up to date.	D 234		
D 292	10A NCAC 13F .0904(c)(3) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen to indicate the foods actually served to residents.	D 292	Executive Director will re-educate Dietary Manager and cooks on how to look at the recipes to see what food items should be substituted for mechanically altered diets. ED/Dietary Manager will ensure all newly hired cooks are trained to understand how to look on the recipes for the "Special Diet Instructions".	12-6-24 12-6-24 and ongoing

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D 292	Continued From page 4 This Rule is not met as evidenced by: Based on observations, interviews, andrecord review, the facility failed to ensure substitutions made in the menu were of equal nutritional value, in order to maintain the daily dietary requirements for 2 of 3 sampled residents (#2, #3) with pureed diet orders. The findings are: 1. Review of Resident #2's current FL-2 dated 01/11/24 revealed: -Diagnoses included Alzheimer's disease, hypothyroidism, and anxiety -There was a order for a pureed diet. Review of Resident #2's diet order sheet dated 03/05/24 revealed regular pureed diet. Observations during the initial kitchen tour on 10/22/24 at 9:43am revealed: -There was a resident diet list posted on the wall. -Resident #2 was listed on the diet list as requiring a pureed diet. Observation of breakfast service for Resident #2 on 10/13/24 at 7:30am revealed: -Eggs, ham, and fresh fruit were on the menu. -Resident #2's plate consisted of pureed eggs, pureed ham and oatmeal. -Resident #2 did not receive any pureed fruit. Review of the therapeutic diet menu revealed pureed diets should have received soft canned fruit pureed to a smooth texture. Refer to interview with a personal care aide (PCA) on 10/23/24 at 7:35am. Refer to interview with a cook on 10/23/24 at	D 292		

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D 292	Continued From page 5 8:00am. Refer to interview with the Kitchen Manager on 10/23/24 at 8:15am. Refer to interview with the Administrator on 10/23/24 at 2:50pm. 2. Review of Resident #3's current FL-2 dated 04/09/24 revealed: -Diagnoses included hyperlipidemia, anxiety disorder, iron deficiency anemia, and fibromyalgia. -There was a order for a regular diet. Review of Resident #3's diet order sheet dated 09/10/24 revealed regular pureed diet. Observations during the initial kitchen tour on 10/22/24 at 9:43am revealed: -There was a resident diet list posted on the wall. -Resident #3 was listed on the diet list as requiring a pureed diet. Observation of breakfast service for Resident #3 on 10/13/24 at 7:30am revealed: -Eggs, ham, and fresh fruit were on the menu. -Resident #3's plate consisted of pureed eggs, pureed ham and oatmeal. -Resident #3 did not receive any pureed fruit. Review of the therapeutic diet menu revealed pureed diets should have received soft canned fruit pureed to a smooth texture. Refer to interview with a personal care aide (PCA) on 10/23/24 at 7:35am. Refer to interview with a cook on 10/23/24 at 8:00am.	D 292		

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D 292	Continued From page 6 Refer to interview with the Kitchen Manager on 10/23/24 at 8:15am. Refer to interview with the Administrator on 10/23/24 at 2:50pm. _____ Interview with a cook on 10/23/24 at 8:00am revealed: -She was used to giving oatmeal to the residents on a pureed diet. -She should have served apple sauce to the residents on pureed diets. -Apple sauce was available but she forgot to serve it. Interview with the Kitchen Manager on 10/23/24 at 8:15am revealed: -The cook should have followed the therapeutic diet menu. -The residents on pureed diets should have received apple sauce as a replacement to apple slices. -It was the kitchen staff's responsibility to prepare all therapeutic diets. Interview with the Administrator on 10/23/24 at 2:50pm revealed: -The kitchen staff had a modified diet list. -The kitchen staff were expected to serve therapeutic diets as ordered. -The kitchen staff were expected to follow therapeutic diet menus.	D 292		
D 316	10A NCAC 13F .0905 (c) Activities Program 10A NCAC 13F .0905 Activities Program (c) The activity director shall:	D 316		

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D 316	Continued From page 7 (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are, supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to post a current, monthly activity calendar on the first day of the month for the 43 residents residing in the facility. The findings are:	D 316	The community has hired an Activity Director. The new Acitivy Director will ensure that the monthly calendar is posted by the 1st day of each month. The ED will monitor compliance of the activity calendar posting during daily manager rounds.	12-6-24 12-6-24 and ongoing

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D 316	Continued From page 8 Observation of the main hallways and common areas for Assisted Living (AL) and Secure Care Unit (SCU) of the facility on 10/22/24 at 8:00am revealed: -There was no activity calendar posted on the AL side of the facility. -The was an activity calendar dated September 2024 on the SCU. Interview with the Special Care Coordinator (SCU) on 10/23/24 at 9:30am revealed she was not sure who was responsible for developing and posting a current activity calendar since the facility did not have an Activity Director (AD). Interview with the Resident Care Coordinator (RCC) on 10/23/24 at 9:40am revealed: -She was unable to locate a current activity calendar. -She was not sure who was responsible for developing and posting a current activity calendar since the facility did not have an AD. Interview with the Administrator on 10/23/24 at 1:50pm revealed: -The AD's last day was 10/18/24. -It was the Administrator's responsibility to ensure that a current activity calendar was posted.	D 316		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.	D 317		

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D 317	Continued From page 9 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a minimum of 14 hours of a variety of group activities were provided each week for the residents. The findings are: Observation of the main hallways and common areas on 10/22/24 at 8:00am revealed: -There was no activity calendar posted on the Assisted Living (AL) side of the facility. -The was an activity calendar dated September 2024 on the Special Care Unit (SCU). Observation of the facility on 10/22/24 at 9:30am revealed: -Bingo was held in the activity room on the AL side of the facility, 10 residents attended, and Bingo lasted one hour. -No other activities were observed from 8:30am through 4:00pm. Observation of the facility on 10/23/24 between 7:00am through 3:30pm revealed there were no activities provided for the residents during those times. Interview with a resident on 10/22/24 at 9:05am revealed the facility rarely had activities and she was bored. Interview with a second resident on 10/22/24 at 9:10am revealed: -There were not many activities and he would like to have more activities as there was nothing to do here. -He was able to attend Bingo once a month that was held on the AL side of the facility.	D 317	Activity Director and ED will review the monthly calendar together prior to posting for the residents to ensure there are 14 hours of a variety of group activities per week. ED and or designee will monitor the residents participation in activities to ensure the activities are promoting socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills.	12-6-24 and ongoing 12-6-24 and ongoing

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D 317	Continued From page 10 Interview with a third resident on 10/23/24 at 10:40am revealed that they had not been on any outings and they were not sure how long it had been. Interview with a fourth resident on 10/23/24 at 10:45am revealed that they had Bingo last week and yesterday, no other activities. Interview with a fifth resident on 10/23/24 at 10:55am revealed: -They never had crafts and never got to go on outings. -She would like to have more activities to do. Interview with a sixth resident on 10/23/24 at 11:03am revealed: -There was nothing to do at the facility but look at the walls. -She would like to go shopping. -Not many outings were offered and she would like to go see the Christmas lights. -The facility van could only hold 3 residents total and could only fit one wheelchair. Interview with a seventh resident on 10/23/24 at 9:55am revealed: -They played Bingo sometimes but there were no other activities. -She would like more activities to do. -It had been along time since she had been on an outing which was around Mother's Day. Interview with the Administrator on 10/23/24 at 1:50pm revealed: -The Activity Director's (AD) last day was 10/18/24. -He along with the Special Care Coordinator (SCC) and Resident Care Coordinator (RCC) were responsible for ensuring activities were	D 317		

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D 317	Continued From page 11 held. -The staff assisted with holding activities. -The facility van held 6 without a wheelchair and 2 if there was a wheelchair. -He was not sure when the last outing was. -His expectation was to have 2-3 outings a month.	D 317		