

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL078107</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/11/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>B &amp; B ASSISTED LIVING # 5</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2133 PRESTON ROAD</b><br><b>MAXTON, NC 28364</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| C 000                                                                    | Initial Comments<br><br>The Adult Care Licensure Section conducted a follow-up survey on December 11, 2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C 000                                                                                        |                                                                                                                          |                                                                    |
| C 222                                                                    | 10A NCAC 13G .0705 (d) Discharge Of Residents<br><br>10A NCAC 13G .0705 Discharge Of Residents<br><br>(d) The notices of discharge and appeal rights as required in Paragraph (c) of this Rule shall be made by the facility administrator or their designee, at least 30 days before the resident is discharged except that notices may be made as soon as practicable when:<br>(1) the discharge is necessary to protect the welfare of the resident and the facility cannot meet the needs of the resident under Subparagraph (b)(1) of this Rule; or<br>(2) reasons under Subparagraphs (b)(3) and (b) (4) of this Rule exist.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observations, and interviews, the facility failed to ensure the requirements for a written notice of discharge were met prior to discharging residents and failed to provide a written notice of discharge to include at least 30 days advance notice and appeal rights, failed to include the reason for discharge was documented in the residents' records with the condition and circumstances for the discharge to ensure orderly transfer or discharge for 4 of 4 residents (#1, #2, #3, #4) who were discharged from the facility.<br><br>The findings are: | C 222                                                                                        |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 222                                                                    | <p>Continued From page 1</p> <p>Review of the facility's current license with an effective date of 01/01/24 revealed the facility was licensed for a capacity of 6 ambulatory residents.</p> <p>Observation of the facility on 12/10/24 at 8:30am revealed:</p> <ul style="list-style-type: none"> <li>-There were no lights visible through the windows or door.</li> <li>-The facility side door of the home was locked and after a few minutes of knocking and ringing the doorbell, no one answered the door.</li> </ul> <p>Interview with the personal care aide (PCA) at another family care home located behind the facility on 12/10/24 at 8:35am revealed:</p> <ul style="list-style-type: none"> <li>-There were no residents who resided in the facility at the front of the property, no residents lived in the facility for about 3 weeks.</li> <li>-There were 4 residents in the facility when "the state came the last time".</li> <li>-Two of those 4 residents (#3 and #4) had been moved to the family care home next door since that facility had approval for those residents who needed assistance to evacuate.</li> <li>-One resident (#1) had been discharged to another facility in the county that had a special care unit.</li> <li>-The other resident (#2) had been moved to the other family care home on the property.</li> </ul> <p>1. Review of Resident #1's current FL2 dated 11/01/24 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD), anemia iron deficiency, fibromyalgia, Wolff Parkinson White Syndrome, Chronic Kidney Disease Stage 5, and senile dementia.</li> <li>-There was no information provided for the resident's orientation status.</li> <li>-The resident was ambulatory.</li> </ul> | C 222                                                                                        |                                                                                                                          |                                                                    |

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| C 222                                                                    | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Her level of care was documented as memory care unit.</li> </ul> <p>Review of Resident #1's previous FL2 dated 08/16/24 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD), anemia iron deficiency, fibromyalgia and Wolff Parkinson White Syndrome.</li> <li>-There was no information provided for the resident's orientation status.</li> <li>-The resident was ambulatory.</li> <li>-Her level of care was documented as assisted living facility.</li> </ul> <p>Review of Resident #1's Care Plan dated 10/06/24 revealed:</p> <ul style="list-style-type: none"> <li>-The resident required limited assistance for eating, bathing, dressing, and grooming.</li> <li>-The resident required supervision for toileting, ambulation and transferring.</li> <li>-The resident was ambulatory.</li> <li>-The resident was oriented, forgetful, and needed reminders.</li> </ul> <p>Review of Resident #1's Adult Care Home Notice of Transfer/Discharge dated 11/11/24 revealed:</p> <ul style="list-style-type: none"> <li>-The date of discharge was listed as 11/15/24.</li> <li>-The responsible family member was listed as being notified but did not list how the notification had been completed.</li> <li>-The planned discharge facility was listed as a local facility with a special care unit.</li> </ul> <p>Review of Resident #1's Resident Register dated 03/22/23 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was admitted on 03/20/23.</li> <li>-Her family member was listed as her responsible person.</li> <li>-Section G of Discharge/Transfer Information was</li> </ul> | C 222                                                                                        |                                                                                                                          |                                                                    |

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| C 222                                                                    | <p>Continued From page 3</p> <p>dated 11/15/24 and was only signed by the Resident Care Coordinator (RCC).</p> <p>Progress notes for Resident #1 were requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> <p>2. Review of Resident #2's previous FL2 dated 02/13/24 and current FL2 dated 11/18/24 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included Alzheimer's dementia, delirium, mixed incontinence, urge and stress, chronic obstructive pulmonary disease.</li> <li>-There was no information provided for the resident's orientation status.</li> <li>-The resident was ambulatory with a rolling walker.</li> <li>-Her level of care was documented as assisted living facility.</li> </ul> <p>Review of Resident #2's Resident Register dated 02/24/23 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was admitted to the facility on 02/24/23.</li> <li>-There was documentation on the Resident Register that Resident #2 was her own responsible party.</li> </ul> <p>Adult Care Home Notice of Transfer/Discharge for Resident #2 was requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> <p>Progress notes for Resident #2 were requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> <p>Interview with Resident #2 on 12/11/24 at 11:20am revealed:</p> <ul style="list-style-type: none"> <li>-She was moved from the facility in the front to</li> </ul> | C 222                                                                                        |                                                                                                                          |  |                                                                    |

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| C 222                                                                    | <p>Continued From page 4</p> <p>this facility behind it.</p> <p>-She did not remember how long it had been.</p> <p>-She did not remember if she had been asked about moving but it was "okay".</p> <p>-She did not remember signing any paperwork about having to move.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 12/11/24 at 11:36am.</p> <p>Refer to telephone interview with the Administrator on 12/11/24 at 12:30pm.</p> <p>3. Review of Resident #3's current FL2 dated 06/07/24 revealed:</p> <p>-Diagnoses included hypothyroidism, coronary artery disease, hypertension, tobacco use, insomnia, left hemiparesis, Alzheimer's, bilateral carotid artery stenosis, vascular dementia, and depression.</p> <p>-There was no information provided for the resident's orientation status.</p> <p>-The resident was semi-ambulatory with a rolling walker.</p> <p>-Her level of care was documented as assisted living facility.</p> <p>Review of Resident #3's Resident Register dated 06/15/20 revealed:</p> <p>-Resident #3 was admitted to the facility on 06/15/20.</p> <p>-There was documentation on the Resident Register that Resident #3 was her own responsible party.</p> <p>Adult Care Home Notice of Transfer/Discharge for Resident #3 was requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> | C 222                                                                                        |                                                                                                                          |                                                                    |

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| C 222                                                                    | <p>Continued From page 5</p> <p>Progress notes for Resident #3 were requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> <p>Based on observations, record reviews, and interviews it was determined that Resident #3 was not interviewable.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 12/11/24 at 11:36am.</p> <p>Refer to telephone interview with the Administrator on 12/11/24 at 12:30pm.</p> <p>4. Review of Resident #4's current FL2 dated 02/28/24 revealed:<br/>-Diagnoses included paranoid schizophrenia, hypertension and diabetes mellitus type 2.<br/>-There was no information provided for the resident's orientation status.<br/>-The resident was ambulatory.<br/>-Her level of care was documented as assisted living facility.</p> <p>Review of Resident #4's Resident Register dated 03/06/20 revealed:<br/>-Resident #4 was admitted to the facility on 03/06/20.<br/>-There was documentation on the Resident Register that Resident #4's family member was Resident #4's responsible party.</p> <p>Adult Care Home Notice of Transfer/Discharge for Resident #4 was requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> <p>Progress notes for Resident #4 were requested for review on 12/11/24 at 11:15am and were not available for review by the time of survey exit.</p> | C 222                                                                         |                                                                                                                          |  |                                                                    |

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| C 222                                                                    | <p>Continued From page 6</p> <p>Interview with Resident #4 on 12/11/24 at 12:40pm revealed:<br/>-She used to live at the facility in the front.<br/>-She did not remember how long it had been.<br/>-She did not remember if she had been asked about moving.<br/>-Her family member would have signed any paperwork about having to move.<br/>-She "liked being at this house with her friends".<br/>Attempted telephone interview with Resident #1's responsible person on 12/11/24 at 12:30pm was unsuccessful.</p> <p>Attempted telephone interview with Resident #1's responsible person on 12/11/24 at 12:30pm was unsuccessful.</p> <p>Attempted telephone interview with Resident #4's responsible party on 12/11/24 at 12:30pm was unsuccessful.</p> <p>Telephone interview with the Administrator on 12/11/24 at 12:30pm revealed:<br/>-The facility had completed the discharge notice for Resident #1 based on her new diagnosis of dementia and the potential for her wandering.<br/>-It had not been 30 days when Resident #1 had been given the discharge notice before she had been moved to the other facility which had a special care unit for her safety due to her potential to wander.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 12/11/24 at 11:36am.</p> <p>Refer to telephone interview with the Administrator on 12/11/24 at 12:30pm.</p> | C 222                                                                                        |                                                                                                                          |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL078107</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/11/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>B &amp; B ASSISTED LIVING # 5</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2133 PRESTON ROAD</b><br><b>MAXTON, NC 28364</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| C 222                                                                    | <p>Continued From page 7</p> <p>Interview with the Resident Care Coordinator (RCC) on 12/11/24 at 11:36am revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware of the process for the discharge of residents that required a 30-day notice or the process of transferring them to another facility.</li> <li>-She was not aware that transferring the residents to another sister facility required the same paperwork to be completed as for residents being transferred to a different facility/community.</li> <li>-She was not aware of any progress notes in the residents' records regarding their behaviors and the need for placement into a different facility to meet their needs.</li> </ul> <p>Telephone interview with the Administrator on 12/11/24 at 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had completed the discharge notice for Resident #1 based on her new diagnosis of dementia and the potential for her wandering.</li> <li>-It had not been 30 days when Resident #1 had been given the discharge notice before she had been moved to the other facility which had a special care unit for her safety due to her potential to wander.</li> <li>-She did not say if the notices had been mailed certified mail or regular mail to the residents' responsible persons that were listed.</li> <li>-She was not aware that transferring the residents to a sister facility required the same paperwork to be completed as for residents being transferred to a different facility/community.</li> <li>-She thought the residents had notes in their records concerning their behaviors and the need for transferring to another facility with a special care unit or to the sister facility to meet their needs.</li> </ul> | C 222                                                                                        |                                                                                                                          |                                                                    |