

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER EDEN SPRING LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3812 BOOKER STREET DURHAM, NC 27713		
(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 11/26/24.	D 000		
D 067	10A NCAC 13F .0305(h)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents 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 office of the administrator 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 Based on observations, interviews and record reviews, the facility failed to ensure outside doors had a sounding device engaged that was audible throughout the facility when the door was opened which was accessible to 2 of 3 sampled residents (#2, #3) who were identified as disoriented. The findings are: Review of the facility's current license effective 01/01/24 revealed the facility was licensed for 19 beds. Review of the facility's census on 11/26/24	D 067		

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

TITLE

(X6) DATE

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D 067	Continued From page 1 revealed there were 16 residents residing in the assisted living facility. Observation of the facility on 11/26/24 at various times from 8:30am to 5:00pm revealed: -The main entrance to the facility was unlocked and did not have an alarm when the door was opened. -There was a door at the far end of the hallway from the main entrance that was not alarmed and was not locked. -Residents exited both doors to access the outside smoking areas. -Staff and multiple visitors entered and exited the main door throughout the day. 1. Review of Resident #2's current FL-2 dated 10/16/24 revealed: -Diagnoses included schizophrenia and dementia. -His recommended level of care was Assisted Living (AL). -He was intermittently disoriented. Interview with Resident #2 on 11/26/24 at 3:35pm revealed: -He did not go outside often but he liked too. -He liked to go outside to sit under an oak tree. -He could go outside without help from anyone. Interview with a Supervisor on 11/26/24 at 3:35pm revealed: -She could hear the residents going in and out of the [external] doors during the day but she could not hear them at night. -The residents were good about telling her when they were going outside for any reason. -Some days Resident #2's memory was good and somedays he would repeat himself all day. -Resident #2 never tried to leave the facility or go	D 067		

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D 067	Continued From page 2 outside. -He transferred on his own and used a walker to ambulate. -He could not tell you where he lived or what day of the week it was. Interview with the Assistant Administrator on 11/26/24 at 3:10pm revealed: -The doors that went outside were not alarmed. -The residents could go outside to smoke or to sit. -Resident #2 was a little confused at times. -He could go outside on his own and sit outside but he usually sat in the living room during the day. -Sometimes Resident #2 could remember things; he could remember things from a long time ago. Attempted telephone interview with Resident #2's primary care provider (PCP) on 11/26/24 at 4:37pm was unsuccessful. Refer to the Interview with the Administrator on 11/26/24 at 12:00pm. 2. Review of Resident #3's current FL-2 dated 07/03/24 revealed: -Diagnoses included vascular dementia and schizoaffective disorder. -His recommended level of care was AL. -She was intermittently disorientated. Interview with Resident #3 on 11/26/24 at 3:15pm revealed: -She could get around with her walker without help. -She did not know where she lived. -She could go outside on her own. -She liked to go outside and sit with the other residents.	D 067		

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D 067	Continued From page 3 Telephone interview with Resident #3's primary care provider (PCP) on 11/26/24 at 4:38pm revealed: -Resident #3 could not really communicate or have a conversation. -She relied on the staff to provide information for Resident #3 because the resident would answer yes to every question she was asked. -She had seen Resident #3 sitting outside of the facility alone when she had visited the facility. -Resident #3 had not tried to leave the facility beyond the porch. Interview with a Supervisor on 11/26/24 at 3:35pm revealed: -She could hear the residents going in and out of the [external] doors during the day but she could not hear them at night. -The residents were good about telling her when they were going outside for any reason. -Some days Resident #3's memory was good and somedays she could not answer questions when asked. -Resident #3 never tried to leave the facility. -When the weather was nice, she would ask to go outside and sit on the front porch. -She could transfer herself and used a walker to ambulate. -She could not tell you where she was, where she lived or what day of the week it was. Interview with the Assistant Administrator on 11/26/24 at 3:10pm revealed: -The doors that went outside were not alarmed. -The residents could go outside to smoke or to sit. -Resident #3 could go outside on her own; she was okay to go outside because she never tried to leave.	D 067		

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D 067	Continued From page 4 Refer to the Interview with the Administrator on 11/26/24 at 12:00pm. Interview with the Administrator on 11/26/24 at 12:00pm revealed: -The exterior doors did not have alarms because none of the residents tried to leave the facility and not come back. -He knew there were a few residents that were confused and had a dementia diagnosis. -He was not aware the exterior doors the residents used required an alarm when a resident had a diagnosis of disorientation. -He was not aware there were residents identified as disoriented on any of the FL-2s. The facility failed to ensure the two doors that were accessible by residents were alarmed with an audible sounding device when the doors were opened to prevent 2 of 3 residents who were identified as disoriented (#2, #3) from leaving without staff knowledge. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/26/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 10, 2025.	D 067		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings	D 079		

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D 079	Continued From page 5 (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, interviews, and record reviews, the facility failed to provide a safe and clean environment related to the presence of live roaches in the dining room and in resident rooms. The findings are: Observations of the facility on 11/26/24 from 9:00am to 5:00pm revealed: -A live juvenal cockroach crawled across a dining room table. -There was a dead cockroach smashed between documents from the kitchen. -There was a live cockroach crawling up the wall in the bathroom on the left side of the hallway. Review of the local environmental health services establishment inspection report dated 05/22/24 revealed: -The facility received a score of 96. -The facility received a 2-point deduction for the presence of pest and non-effective pest control measures. -There was nothing noted in the addendum section of the report. Review of the facility's contracted pest control service and inspection reports dated 11/04/24 revealed: -The target pest was cockroaches. -The kitchen, dining room and all resident	D 079		

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D 079	Continued From page 6 bedrooms were sprayed. Interview with a resident on 11/26/24 at 9:05am revealed: -He had seen live bugs in the dining room. -He saw a live but the day before, 11/25/24. -They were small so he could not say what kind they were. Interview with a second resident on 11/26/24 at 9:53am revealed: -He saw cockroaches every day in his room in the dining room when he was eating. -The cockroaches were not as bad as they used to be. -The Administrator had put sticky traps out to catch the cockroaches. -The Administrator told him the facility could not spray in his room because the spray was not safe to spray in his room. Interviews with a third and fourth resident on 11/26/24 at 10:44am revealed: -They had seen live bugs in the facility. -They had seen a live bug "just the other day" in their room crawling near the television. -They had seen live bugs in the dining room while they were eating. -They mostly saw them in the bathrooms and their bedrooms. -They did not tell anyone they saw the live bugs because they figured the bugs just "come and go". -They had seen the "bug man" [pest control company] spraying for the bugs but they did not know how often he sprayed. Telephone interview with the service technician from the facility's contracted pest control company on 11/26/24 at 3:18pm revealed:	D 079		

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D 079	Continued From page 7 -The facility needed to be serviced more often to eliminate the cockroaches. -The pest control company had recommended twice a month treatment because of the short life cycles; twice a month would kill new cockroaches. -The facility was cleaner than it had been in the past, but there was still some food in the residents' rooms and the moisture in their rooms from wet mattresses attracted the cockroaches. -There was also too much clutter and belongings on the floors in the resident's rooms which made cleaning and control more difficult. -He mostly saw the evidence of cockroaches in the residents' rooms and bathrooms; he had seen live cockroaches in the corners. Interview with the Supervisor on 11/26/24 at 3:35pm revealed: -She used to see live little roaches everywhere in the facility. -She saw dead roaches now because they were spraying for them more often. -She thought the facility was sprayed about once a week. Interview with the Administrator on 11/26/24 at 3:25pm revealed: -There have been a cockroach issue in the facility in the past. -The pest control company for cockroaches every other month. -The current pest control company was spraying inside and outside. -The current pest control company had given them sticky traps for the residents' rooms. -The new cockroaches got caught on the sticky traps before they had the chance to reproduce. -If he saw activity or evidence of cockroaches, he would call the pest control company for an off	D 079		

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D 079	Continued From page 8 scheduled visit. -He had not seen a live cockroach since September 2024, and he had not seen any activity since the beginning of November 2024. -He thought the cockroach the problem had gotten better so there was no need for more frequent visits from the pest control company.	D 079		