

Division of Health Service Regulation

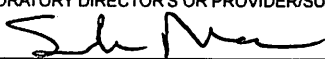
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/06/2025
NAME OF PROVIDER OR SUPPLIER ENO POINTE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 N ROXBORO ROAD DURHAM, NC 27712		
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on 03/06/25.	D 000		
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 ensure that cleaning agents and other substances that may be hazardous if ingested were kept in a separate locked area and not accessible to residents. The findings are: Review of the facility's housekeeping program revealed: -The form was not dated. -Disinfectants in hall baths must be labeled and left working on surface for the manufacture's recommended time (clean time). -Bathroom shower chairs and floor area under chairs were to be disinfected after each use (Per Health Department). Review of the safety data sheet (SDS) for the bottle of AF79 concentrate (a disinfectant/green substance) revealed: -The classification was considered hazardous by	D 079	On 3/6/25, the one disinfectant spray bottle in each shower room was removed to a locked storage closet not accessible to residents. This procedure was communicated to all staff on 3/6/25. To ensure on-going compliance, housekeeping and maintenance personnel will conduct daily checks to ensure there are no disinfectant bottles in hall shower rooms. Completion Date: 03/06/25	

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

TITLE

(X6) DATE







STATE FORM

6599

BVM311

If continuation sheet 1 of 14

Reviewed and acknowledged 04/14/25 

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D 079	Continued From page 1 the Occupational Safety Health Administration (OSHA). -The identifying pictogram was for danger. -The AF79 liquid caused severe skin burns and serious eye damage. -If skin contact immediately rinse affected area with plenty of water. If skin irritation occurred, seek medical attention/advice. -Wear eye or face protection: Recommended: safety glasses. - In case of eye contact, immediately flush the eyes with water for several minutes. -Immediately call a poison control center or physician. -If ingested, call Poison Center or doctor immediately. -Do not induce vomiting. Clean the mouth with water and afterwards drink plenty of water. -If symptoms like coughing, wheezing, or burning; seek medical attention. Review of the OSHA quick card hazard communication standard pictograms revealed: -The OSHA quick card was in the facility's SDS book. -The pictogram on the label was determined by the chemical hazard classification. -The pictogram for danger was identified as irreversible eye damage and skin burns. Harmful if swallowed. An observation of the bathroom/shower room on the New hall on 03/04/25 at 9:30am revealed there was a full bottle of a greenish substance hanging on the rail behind the toilet. An observation of a second bathroom/shower room on the New hall on 03/04/25 at 9:35am revealed: -There was a half-full bottle of a greenish	D 079		

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D 079	Continued From page 2 substance hanging on the rail behind the toilet. -There was a resident who wandered in the hallway of the New hall asking where to go. An observation of the facility on 03/06/25 at 11:15am revealed: -There was a three-quarters full bottle of a green substance in one of the bathroom/shower rooms on the South hall. -There was a one-quarter full bottle of a green substance in the second bathroom/shower room on the South hall. -There was a full bottle of a green substance in the bathroom/shower room on the North hall. Interview with a housekeeper on 03/05/25 at 2:30pm revealed: -She worked at the facility for 6 years. -She was told upon hire to keep the disinfectant in the bathroom near the shower for the personal care aides (PCA) to use. -The PCAs used the disinfectant to clean the bathrooms after the residents showered. -Cleaning chemicals were kept in the locked custodial closet. -Her cart was always locked when not in use or locked in the custodial closet. -She refilled the bottles as needed. -Each shower room had its own disinfectant spray. -She had not witnessed a resident going into the bathroom messing with the disinfectant. Interview with a second housekeeper on 03/05/25 at 2:45pm revealed: -She worked at the facility for 2 years. -Upon hire she was told by the housekeeping supervisor to leave the disinfectant in the bathrooms. -All other chemicals were locked on the cart or in	D 079			

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D 079	Continued From page 3 the locked custodial closet. -She refilled the bottles every morning and throughout the day as needed. -The disinfectant was left in the bathroom for the PCAs to use. -The PCAs disinfected the bathrooms after they assisted the residents with showers. -She had not witnessed a resident in the bathroom unattended. Interview with the Housekeeping Supervisor on 03/05/25 at 2:55pm revealed: -He worked at the facility for 11 years and was told when hired to leave the disinfectant in the bathrooms. -The health department told him to keep the disinfectant in the bathrooms. -The disinfectant was left in the bathrooms for the PCAs to use. -The PCAs used the disinfectant to clean the bathrooms after the residents showered. -He had not witnessed a resident in the bathrooms without staff. Interview with a PCA on 03/05/25 at 3:50pm revealed: -The housekeepers put the disinfectant in the bathrooms and refilled the bottles daily. -The PCAs used the disinfectant to clean the bathrooms after the residents showered. -There were residents that wandered in the facility. -She noticed residents going into the bathrooms without staff. -She was concerned with the disinfectant being left in the bathrooms because nothing good would come of it. Interview with the Administrator on 03/06/25 at 2:19pm revealed:	D 079		

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D 079	Continued From page 4 -Housekeeping chemicals were kept on the cart for the housekeepers to use. -Shower disinfectant spray was left in the bathrooms. -The county health department directed the facility to keep the disinfectant in the bathrooms to disinfect the bathrooms. -She did not have any concerns with the disinfectant being left in the bathrooms because the residents did not go into the bathrooms without staff.	D 079			
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents including a resident with orders for Thrombo-embolus deterrent (TED) hose to be applied and removed daily (#1). The findings are: Review of Resident #1's current FL-s dated 02/04/25 revealed: -Diagnoses included vascular dementia, chronic kidney disease, hypertension, seizure disorder and anxiety.	D 276	It is the community's standard practice to comply with all applicable rules and regulations, including physician's orders. We will continue to document any resident's refusal of her TED hose and notify her PCP. If/when resident removes her TED hose, resident will be re-educated on the importance of wearing. To ensure on-going compliance, at least twice a day, Med Techs will monitor the resident's compliance in wearing TED hose. Med Techs were re-in serviced on 3/6/25 by the Administrator, on 3/13/25 in an in-service by the RN, and on 3/12/25 Aides and Med Techs were in-serviced by the Administrator including daily monitoring by Aides and reporting non-compliance to the Med Tech. Completion Date:	03/13/25	

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D 276	Continued From page 5 -There was an order to apply and remove TED hose daily. Observations of Resident #1 on 03/04/25 at various times from 8:50am to 4:20pm revealed: -At 8:50am she was seated at a table in the dining room and did not have TED hose on. -At 9:32am, she was seated in her room in a chair. -She had short ankle socks on and no TED hose. -There was no visible swelling in her ankles or feet. -At 12:05pm, Resident #1 was seated at a table in the dining room and did not have on her TED hose. -At 3:14pm, Resident #1 was in her room in her chair a sleep; she did not have on her TED hose. -At 4:20pm, Resident #1 did not have on her TED hose. Interviews with Resident #1 on 03/04/25 at 9:32am and 4:20pm revealed: -She wore "special socks" [TED hose] to keep her legs from swelling. -Her TED hose were tan; she had a black pair of knee-high socks but they were not the same as the TED hose. -She did not know where her tan pair of TED hose were in her room. -The staff applied her TED hose in the mornings after breakfast when they did apply them. -She was not wearing her TED hose today. -She had not been wearing them like she used to. -She did not know why staff did not put her TED hose today, 03/04/25. -Staff did not apply her TED hose today, 03/04/25, and she did not know why. Observations of Resident #1 on 03/05/25 at various times from 9:10am to 2:37pm revealed:	D 276			

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D 276	Continued From page 6 -At 9:10am, Resident #1 was seated in her room in her bathroom; she did not have on her TED hose. -There was a folded pair of tan TED hose on the corner of the foot of her bed. -At 11:22am, Resident #1 was dressed and sitting in her room in a chair. -She did not have her TED hose on. -Her TED hose were draped side by side across the front of her walker. -She had on pair of short ankle height socks. -At 11:50am, Resident #1 was in the dining room seated at a table with her walker beside her. -She did not have on her TED hose; she had on short ankle height socks. -There was a pair of tan TED hose draped side by side on the front of her walker. -At 2:37pm, Resident #1 was a sleep in her room in her chair. -She did not have her TED hose on. -There was a tan pair of TED hose draped side by side on the front of her walker. Interviews with Resident #1 on 03/05/25 at 9:10am and 11:50am revealed: -She took showers on Wednesday mornings, and she was waiting this morning for staff to give her a shower. -Staff found her TED hose and told her they would apply them after her shower. -She could not apply her TED hose by herself; the staff had to apply them for her. -Staff did not apply her TED hose after her shower this morning. -Staff told her they would come back and apply her TED hose. Observation of Resident #1 on 03/06/25 at 9:10am revealed: -She was in her room seated in a chair.	D 276			

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D 276	Continued From page 7 -She did not have on her TED hose. -There was a tan pair of TED hose folded on top of clothes at the corner of her bed. Review of Resident #1's electronic medication administration record (eMAR) for January 2025 revealed: -There was an entry for knee high beige TED hose to be applied scheduled at 9:00am. -There was documentation Resident #1's TED hose were applied daily at 9:00am for 29 of 29 opportunities from 01/01/25 to 01/29/25. -Resident #1 was documented as out to the hospital on 01/30/25 and 01/31/25. -There was an entry for knee high beige TED hose to be removed daily scheduled at 9:00pm. -There was documentation Resident #1's TED hose were removed daily at 9:00pm for 28 of 28 opportunities from 01/01/25 to 01/29/25. -Resident #1 was documented as out to the hospital from 01/29/25 to 01/31/25. Review of Resident #1's eMAR for February 2025 revealed: -There was an entry for knee high beige TED hose to be applied daily scheduled at 9:00am. -There was documentation Resident #1's TED hose were applied daily at 9:00am for 23 of 24 opportunities from 02/05/25 to 02/28/25; she refused on 02/09/25. -Resident #1 was documented as out to the hospital from 02/01/25 to 02/04/25. -There was an entry for knee high beige TED hose to be removed daily scheduled at 9:00pm. -There was documentation Resident #1's TED hose were removed daily at 9:00pm for 24 of 24 opportunities from 02/05/25 to 02/28/25. -Resident #1 was documented as out to the hospital from 02/01/ to 02/04/25.	D 276			

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D 276	Continued From page 8 Review of Resident #1's eMAR for March 2025 from 03/01/25 to 03/06/25 revealed: -There was an entry for knee high beige TED hose to be applied daily scheduled at 9:00am. -There was documentation Resident #1's TED hose were applied daily at 9:00am for 5 of 6 opportunities from 03/01/25 to 03/06/25. -There was documentation at 11:42am Resident #1 refused twice when staff asked to apply her TED hose; she later agreed to let the staff apply her TED hose. -There was an entry for knee high beige TED hose to be removed daily scheduled at 9:00pm. -There was documentation Resident #1's TED hose were removed daily from 03/01/25 to 03/05/24. Telephone interview with Resident #1's primary care provider (PCP) on 03/06/25 at 3:30pm revealed: -Resident #1 was ordered TED hose to help with her circulation. -Resident #1 sat a lot and she had a little edema, but it was not bad. -Resident #1 was ordered medications to control any edema and was doing well on them. -Resident #1 had congestive heart failure but she was stable. -Resident #1 did well with the staff applying and removing her TED hose each day. -She had watched the staff apply Resident #1's TED hose before. -She saw Resident #1 on Tuesday, 03/04/25, and the staff came into the room with the TED hose to apply them between 9:45am and 9:50am. -She did not see the staff apply them on Resident #1 on 03/04/25, because she left before they were applied. -There was a window of time to apply Resident #1's TED hose every day; it was not urgent to	D 276		

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D 276	Continued From page 9 apply them before 11:00am. -She would be surprised if Resident #1 had the strength to remove her TED hose. -If Resident #1 was removing her TED she would expect to be told by the staff. -If Resident #1 TED hose were not on for two days, then she would need to be told so she could follow-up. Interview with a personal care aide (PCA) on 03/05/25 at 4:40pm revealed: -The medication aide (MA) applied TED hose to the residents. -Sometimes the MA would ask her to remove Resident #1's TED hose at bedtime. -She helped Resident #1 get undressed and changedd for bed and helped her get into bed at night. -Resident #1 did not always have her TED hose on at night when she undressed her for bed. Interview with a PCA on 03/06/25 at 9:20am revealed: -She had given Resident #1 a shower yesterday, 03/05/25, around 10:15am and she removed Resident #1's TED hose. -The MAs would reapply Resident #1's TED hose after she was back in her room. Interview with a MA on 03/05/25 at 2:40pm revealed: -The MAs applied TED hose on the residents with morning medication administration. -Resident #1's TED hose were scheduled to be applied after breakfast around 9:00am. -Resident #1 could not apply her TED hose herself but she could take them off by herself. -Resident #1 took her TED hose off herself around 9:00pm before she went to bed at night. -She had a shower today around 9:30am so her	D 276			

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D 276	Continued From page 10 TED hose were not applied until after her shower. -On shower days Resident #1 put lotion on her legs and then she would let the staff apply her TED hose. -Sometimes on shower days Resident #1's TED hose were not applied until after lunch. -She would document the late application of the TED hose on the eMAR as a late entry when they were applied after lunch. -Her showers were usually around 9:00am to 9:30am on her scheduled shower day. -She had applied Resident #1's TED hose today, 03/05/25, about an hour and a half ago. -Resident #1 did not remove her TED hose before they were supposed to be removed. -When Resident #1 removed her own TED hose the MA documented as "off" on the eMAR because they were already removed. Interview with a second MA on 03/05/25 at 5:10pm revealed: -She removed Resident #1's TED hose at night around 8:30pm. -A lot of times Resident #1 removed her own TED hose; they would already be off when she went to remove them. -When Resident #1 removed her own TED hose she would document the TED hose as "off" on the eMAR. -She only documented the TED hose as removed; she did not document who removed them. Telephone interview with a third MA on 03/06/25 at 9:45am revealed: -Resident #1 had TED hose that were applied and removed daily. -Her TED hose were tan. -Sometimes she applied Resident #1's TED hose before breakfast with her medications.	D 276			

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D 276	Continued From page 11 -She applied them around 10:00am on Resident #1's shower days. -Resident #1 did not always have her TED hose on when she went to remove them at night. -When Resident #1 did not have her TED hose on she assumed the resident took them off herself. -She would "click" on the off button to documented as removed on the eMAR evening entry for removal, even when Resident #1 removed them. Interview with a fourth MA on 03/06/25 at 12:15pm revealed: -Resident #1 had tan TED hose. -She would apply Resident #1's TED hose about 9:00am and seen them off in the middle of the day before. -She did not document when Resident #1 removed her TED hose in the middle of the day. -When she attempted to reapply Resident #1's TED hose the resident would refuse to put them back on. -She did not document the refusal to reapply because she had already documented the application on the eMAR. -She applied Resident #1's TED hose on 03/05/25, at about 9:00am; when she checked on Resident #1 about 30 minutes later the TED hose were still on her. Interviews with the Resident Care Coordinator (RCC) on 03/06/25 at 11:30am and 12:25pm revealed: -The MAs applied residents' TED hose. -She thought Resident #1's TED hose were scheduled to be applied at 10:00am. -Resident #1's PCP said the TED hose could be applied in the morning with her morning medication administration.	D 276			

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D 276	Continued From page 12 -She had not witnessed any swelling in Resident #1's legs. -The MAs would check Resident #1 at night, and she would have her TED hose already off. -Staff had told her the TED hose were already removed by the resident when they went to remove them at night. -The MA would document on the eMAR as removed by clicking on the off on the screen. -The MAs did not document if they were already removed when they went to remove them, they documented them as off. -Resident #1 usually removed her TED hose after dinner. -She did not know why Resident #1 did not have her TED hose on the day before, 03/04/25, or yesterday, 03/05/25. -Resident #1's TED hose were usually applied after her shower on shower days. -The MAs applied Resident #1's TED hose and she would remove them. -She would refuse to reapply the TED hose when the staff tried to reapply them. -It was the resident's right to remove her TED hose and to refuse to put them back on. -The staff did not monitor Resident #1 for her TED hose throughout the day; there were too many Residents and too much to monitor. Interview with the Administrator on 03/06/25 at 2:05pm revealed: -The MAs applied and removed the residents' TED hose and documented both on the eMAR. -Resident #1's TED hose were removed by 9:00pm if she had not already removed them. -Resident #1 would remove her own TED hose; she was not sure what time of the day the resident removed her TED hose. -The MAs documented the application of TED hose on the eMAR.	D 276		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/06/2025
NAME OF PROVIDER OR SUPPLIER ENO POINTE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5600 N ROXBORO ROAD DURHAM, NC 27712		
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D 276	Continued From page 13 -The MAs documented TED hose as off on the eMAR when they removed the TED hose from the resident. -If the TED hose were not on the resident when they went to remove them and were already off the MAs documented them as off. -It was the resident's right to refuse to where the TED hose and to take them off early. -The staff could not make the resident wear their TED hose and the staff could not check on the residents every five minutes to see if they were still on. -If the MA found Resident #1 had her TED hose off two days in a row, then the staff should ask her why and then notify the RCC who would contact the PCP. -She did not have an expected time frame for Resident #1 to keep her TED hose on. -She was not overly concerned Resident #1 not wearing her TED hose; 24 hours was a pattern.	D 276	{Objection submitted to these two (highlighted) edited, and resulting misleading partial statements taken out of context without the core conversation. Had asked of surveyor the time frequency required in this rule, in response to surveyor's statement 'the rule assumes' we would continue to check that Resident #1 had not removed her TED hose and our unanswered question about this in relation to her exercising her Resident Rights.}		