Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Grace Village Assisted Living and Memory Care

Address: 501 River Bend Drive, Granite Falls, NC 28630

County: Caldwell

License Number: HAL 014-017

II. Date(s) of Visit(s): 9/16, 9/18, 10/7 Re-open 11/5, 11/20/2024 and 11/26

Purpose of Visit(s): Complaint Investigation

Instructions to the Provider *(please read carefully)*:

Exit/Report Date: 11/26/2024

In column **III (b)** please provide a plan of correction to address *each of the rules* which were violated and cited in column **III (a)**. The plan must describe the steps the facility will take to achieve and maintain compliance. In column **III (c),** indicate a specific completion date for the plan of correction.

*If this CAR includes a **Type B violation,** failure to meet compliance after the date of correction provided by the facility could result in a civil penalty in an amount up to $400.00 for each day that the facility remains out of compliance.

*If this CAR includes a **Type A1 or an Unabated B violation,** this agency *will* plan to submit an Administrative Penalty Recommendation for the violation(s). If this CAR includes a **Type A2 violation,** this agency *may* submit an Administrative Penalty Recommendation for the violation(s). The facility has an opportunity to schedule an Informal Dispute Resolution (IDR) meeting within **15 working days** from the mailing or delivery of this CAR. If on follow-up survey the **Type A1 or Type A2** violations are not corrected, a civil penalty of up to $1000.00 for each day that the facility remains out of compliance may be assessed. If on follow-up survey the **Unabated B** violations are not corrected, a civil penalty of up to $400.00 for each day that the facility remains out of compliance may also be assessed.

III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Citation, Unabated Type A1, Unabated Type A2, Unabated Type B)* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent:** *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: 10A NCAC 13F .0909	☐ POC Accepted _____ *DSS Initials*	___
Rule/Statutory Reference: 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.		
Level of Non-Compliance: TYPE A1 VIOLATION		
Findings: The Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 5 sampled residents (#3) was free of physical abuse by staff member (Staff c)		

The findings are:
Review of Resident #3's current FL-2 dated 07/30/2024 revealed:
-Diagnoses include Alzheimer's Dementia, Hyperlipidemia, Osteoarthritis and Osteoporosis.
The resident was non-ambulatory and constantly disoriented.
Review of Resident #3's current care plan dated 08/20/2024 revealed:
-The resident required extensive assistance from facility staff for all personal care, including toileting, bathing, dressing and grooming.

Interview with the facility's Resident Care Coordinator on 9/16/2024 at 2:05 pm revealed:
RCC to the best of her recollection recalled the following timeline. 9/06/2024 a report was made to management at 4:30pm that stated on 8/14/2024 around 3:00pm, while providing care for Resident #3 in the shower, the resident became combative and began to physically fight the staff, staff member C responded by popping the resident in the face. Management suspended staff member C. Conducted an internal investigation and reported a HCPR 24-Hour Initial Report the next day. Executive Administrator at this time called the RCC and asked to be put on speaker as he was not at work. Executive Administrator stated that he became aware of the incident on 9/06/2024. Knowing the incident took place on 8/14/2024 they immediately began to do an internal investigation and filled out necessary paperwork. I received a copy of the internal investigation that the facility completed. RCC/Executive Administrator completed Plan of Protection.

Review of the facilities Internal Investigation which provides witness statements of 5 staff members revealed:
Staff A states that Staff C never slaps, puts four fingers on face to turn from being spit on. Staff B states that Staff C reached over and slapped her face. Staff D states that Staff C reached back and hit her face like a child. Staff E states that Staff C puts thumb and fingers on resident #3 face and squeezed. Staff F states Staff C slapped reached back and hit her face.

Interview with PCA staff member B on 9/16/2024 at 2:30pm revealed:
8/14/2024 around 3:00pm, she was working and was told Resident#3 was covered in feces, sitting on the toilet combative and they needed assistance. PCA walks into bathroom and resident #3 is holding a pull up full of feces, smearing feces all over and combative with one other PCA. She puts on gloves tries to calm resident down and now the

- Staff interviews were conducted immediately following report, Staff member was Placed on suspension and ultimately terminated due to result of investigation. 9-16-24

- Mandatory inservice conducted "challenging behaviors w/dementia" & "Techniques for dealing with combative behaviors" 9-18-24

- Educated staff on reporting incidents and proper procedure. Placed signage at timeclocks and nurses stations "see something. say something" 9-16-24

room is full of staff members, maybe 6 or 7. In the struggle of trying to get her dressed the PCA states she saw Staff C slap the resident across the face. PCA states that at that point she was not sure what to do, who to report to and what the protocol was.

Interview with Med-Tech staff member A on 9/18/2024 at 3:00pm revealed:
8-14-2024 at the end of 1st shift around 3:00pm she was at the nurse's station when she hears a call from help from resident#3's room. Med-Tech enters to find two PCA's attempting to assist a combative resident who is sitting on toilet smearing feces. Med-tech describes the scene as all hands-on deck and chaotic. They get resident into shower still combative and are deciding safest way to get her dry and dressed. In process of attempting to dress the resident, resident C tries to kick staff and attempts to spit on her. Staff C does inappropriately put fingers on her face to redirect her. Med-tech states it was improper.

Based on observations, interviews, and record reviews it was determined Resident #3 was not able to be interviewed. Resident #3 is non-verbal and an attempted interview on 9/16/2024 at 2:45pm was not successful, Resident#3 responded with different noises and hand gestures.

The facility failed to ensure Resident #3 who had a diagnosis of Alzheimer's dementia and was dependent on staff for Extensive Assistance for all personal care was free from physical abuse. Staff C was observed slapping Resident #3 on her face on 8/14/2024. by multiple facility staff, which constitutes a Type A1Violation.

The facility provided a plan of protection in accordance with G.S. 131D-34 on 9/16/2024.

THE CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED December 26, 2024

IV. Delivered Via:		Date: 2-14-25
DSS Signature:	[signature], SW III	Return to DSS By:

V. CAR Received by:	Administrator/Designee (print name): Gretchen Whisnant	
	Signature: [signature] RN	Date: 2/14/25
	Title: HW D	

VI. Plan of Correction Submitted by:	Administrator (print name): Amber Minton	
	Signature: Amber Minton	Date: 2/26/25

VII. Agency's Review of Facility's Plan of Correction (POC)		
☐ ***POC Not Accepted***	By:	Date:
Comments:		
☐ ***POC Accepted***	By:	Date:
Comments:		

VIII. Agency's Follow-Up	By:	Date:
	Facility in Compliance: ☐ Yes ☐ No	Date Sent to ACLS:
Comments:		
**For follow-up to CAR, attach Monitoring Report showing facility in compliance.*		