

H Ray Peedin

PRINTED: 05/02/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER LIVEWELL ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PAULINE DRIVE CHAPEL HILL, NC 27514		
(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	
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on April 23, 2025.	C 000			
C 098	10A NCAC 13G .0316 (c) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure fire safety requirements required by city ordinances or county building inspections were met. The findings are: Observation of the facility on 04/23/25 at 9:45am revealed there was a fire inspection filed in the facility's inspection reports dated 12/01/23 with "passed" for inspection status Request for the facility's current fire safety inspection report from the facility's Manager of Environmental Services were made on 04/23/25 at 8:30am and 11:30am. Interview with the facility's Manager of Environmental Services on 04/23/25 at 8:30am revealed:	C 098	Fire Marshall was contacted on 04/24/25 and he made a visit to the facility that week Going forward, the facility now has a tracking system to ensure that Fire Marshall visits according to regulations. Tracking system is being managed by Operations Director and RN Chief Care Officer to ensure compliance with regulations.		

Nicole Conley RN 5/23/25

reviewed and acknowledged 06/26/25

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C 098	Continued From page 1 -He was responsible to ensure the facility's fire inspection by the local Fire Marshall's office was current. -Current fire safety inspection reports by the Fire Marshall's office were kept at the facility in a binder located in the kitchen area. -The facility contracted a fire safety inspection company to annually inspect the fire alarm system and sprinkler system. -He did not recall an inspector from the local Fire Marshall's office coming to the building recently -He had not requested a fire safety inspection from the Fire Marshall's office in the last year - -He was unable to locate a Fire Marshall's inspection report more recent than 12/01/23 Interview with the Administrator on 04/22/25 at 4:00pm revealed: -She was responsible to ensure all inspections were compliant with local ordinances -The facility's Manager of Environmental Services was responsible to ensure all fire inspections were in compliance -She was aware fire safety inspections should be completed annually -She did not know the facility's most current city fire safety inspection report was dated 12/01/23. Telephone interview with the local Assistant Fire Marshall on 04/23/25 at 4:15pm revealed: -The local ordinances required an annual fire safety inspection for family care homes. -The Fire Marshall's office did not schedule fire safety inspections until the facility requested a fire inspection. -The facility could request a fire inspection by contacting the Fire Marshall's office by telephone. -The Fire Marshall's office would routinely schedule the inspection on their work assignment calendar.	C 098		
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STATE FORM 750-RKOV11 If continuation sheet 2 of 5

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C 098	Continued From page 2 -He did not know if the annual fire inspection had been scheduled.	C 098		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination and Immunizations (a) Upon admission to a family 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 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#3) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #3's current FL-2 dated 04/07/25 revealed diagnoses included dementia. Review of Resident #3's Resident Register revealed an admission date of 08/30/23. Review of Resident #3's vaccination record revealed: -There was documentation for a TB skin test placed on 05/10/23 with documented negative	C 202		

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STATE FORM ⁶⁰⁰ RKOV-11 If continuation sheet 3 of 5

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C 202	Continued From page 3 result on 05/12/23. -There was no documentation for a second TB skin test completed upon admission for Resident #3. Interview with the Supervisor-in-Charge (SIC) on 04/23/25 at 3:35pm revealed: -The Administrator was a nurse -The SIC was not responsible for admitting residents to the facility. -She did not audit residents' records for TB skin tests as part of her responsibilities. -The Administrator was responsible for ensuring TB skin test were completed if they were required upon admission. Interview with the Administrator on 04/23/25 at 4:20pm revealed: -She was aware all residents should have 2 TB skin tests on file in the resident's record. -The facility had a "Sales Team" that was responsible for admission requirements including ensuring newly admitted residents had TB skin tests according to the control measures for the Commission for Health Services. -She was employed as the facility nurse when Resident #3 was admitted but now was the Administrator. -The Sales Team members should have informed her Resident #3 needed a second TB skin test upon admission. -As Administrator, she was responsible for reviewing residents requirements for admission to the facility and ensuring residents had the requirement for TB skin tests completed upon admission. -She had no system in place to routinely audit current residents' admission information for TB skin test.	C 202		

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C 202	Continued From page 4 Based on observation, interviews, and record review it was determined Resident #3 was not interviewable.	C 202			

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