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	HAL025037	A. BUILDING: _____ B. WING _____	R 07/17/2019

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CROATAN VILLAGE	4522 OLD CHERRY POINT ROAD NEW BERN, NC 28560

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 07/17/19.	{D 000}		
{D 102}	10A NCAC 13F .0309 (d) Plan For Evacuation 10A NCAC 13F .0309 Plan For Evacuation (d) A written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on record review and interviews, the facility failed to ensure an updated disaster and evacuation plan was prepared, and documentation of the submissions at least annually to the local emergency management agency and/or the local agency designated to coordinate special needs sheltering during disasters, was maintained in the facility. The findings are: Review of the facility's current disaster and evacuation plan revealed: -There was no date on the plan. -There was no signature sheet documenting the plan was reviewed and approved by the local emergency management agency and/or the local agency designated to coordinate special needs	{D 102}		

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{D 102}	Continued From page 1	{D 102}		

sheltering during disasters.
-There was a sheet titled "Chain of Command" that was flagged with a piece of paper from a sticky note pad.
-The Chain of Command sheet had spaces for the names of the disaster leader, the safety supervisor, and the safety monitor, all of which were not populated with actual names of any individuals.

Review of the facility's previous disaster and evacuation plan dated 09/23/15 revealed:
-There was a signature sheet documenting the plan was reviewed and approved by the Emergency Management Services Representative on 09/23/15.
-There were no additional signature sheets documenting an update of the disaster plan or review of the disaster plan.

Telephone interview with an Emergency Management Services Representative on 07/17/19 at 1:31pm revealed:
-He was responsible for reviewing and approving disaster and evacuation plans for adult care homes.
-The Emergency Management Services offered disaster preparedness workshops and quarterly meetings for adult care homes.
-During the workshops and meetings, the Emergency Management Services always encouraged the adult care homes to send in their updated disaster and evacuation plans for review as soon as they were completed.
-A subsequent meeting could be held with the facility if requested, but it was not necessary prior to the submission of the plan.
-The Emergency Management Services offered a portal that adult care homes could revise/update and submit their disaster and evacuation plans for

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{D 102}	Continued From page 2	{D 102}		

review.
-The facility was included on the notifications that were sent regarding the workshops/meetings and the portal.
-He had not been contacted by the facility to review the facility's disaster and evacuation plan.
-He had not received a copy of the facility's disaster and evacuation plan for review.

Telephone interview with the Administrator on 07/17/19 at 1:45pm revealed:
-The last documented approval for the facility disaster and evacuation plan was in 2015.
-The facility's corporate management team developed the facility's disaster and evacuation plan.
-The corporate management team sent him the current facility disaster and evacuation plan in December 2018 which had no changes to the disaster and evacuation plan that was last signed and approved in 2015.
-He did not make any changes to the plan since it was written by the corporate management team.
-When asked by the surveyor, "Do you know what happened with the previous evacuation during 2018?", the Administrator responded, "I didn't know because I was not employed at that time".
-The staff were updated on the plan in December 2018 when it was received.
-He was just waiting to get the plan signed off by the Emergency Management Services representative.
-He had called the Emergency Management Services office in early June 2019 and was told by an administrative assistant to call back on July 31, 2019 to schedule a time to bring in the facility's updated disaster and evacuation plan for review.
-He did not send the plan to the Emergency Management Services office because he thought

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{D 102}	Continued From page 3 he had to meet with them in person. Telephone interview with the facility's corporate Vice-President of Operations on 07/17/19 at 2:45pm revealed: -She was responsible for overseeing the corporate wide disaster and evacuation plan for the facilities, but she had just been hired two weeks ago. -The individual facility's disaster and evacuation plan was overseen by the facility's Administrator at the local level. -The corporate management team sent out the disaster and evacuation plan to their facilities, and the facility's Administrator would make any necessary updates at the local level if needed. -The facility's Administrator was responsible for identifying and securing the shelter locations for the facility, and she thought they were working on getting a third evacuation shelter for the facility that had not been located yet. -She did not know the facility's last approved disaster and evacuation plan was in 2015. -She did not know what happened during the facility's 2018 evacuation for the hurricane. -She did not know the facility was waiting to get their current disaster and evacuation plan signed. -She thought the facility had sent the disaster and evacuation plan to the Emergency Management Services representative. -She did not know that the Administrator was waiting to meet with the Emergency Management Services representative on July 31, 2019 to get the plan reviewed that was sent to them in December 2018. Interview with the facility's Business Office Manager (BOM) on 07/17/19 at 3:15pm revealed: -The Administrator was responsible to get the disaster and evacuation plan approved and	{D 102}		

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{D 102}	Continued From page 4 signed by the Emergency Management Services representative. -The current disaster and evacuation plan appeared to be the same as the previous one that was signed in 2015. -The Administrator was waiting on a date to get the Emergency Management Services representative to review their current disaster and evacuation plan. -There were currently two shelter evacuation locations. -They (corporate staff) were working on finding a third shelter location for evacuation. -At the time of the hurricane in 2018, the facility had to quickly find a third shelter location that was not part of their disaster and evacuation plan, because the other two shelters could not be used since they were also located in evacuation areas. -During that 2018 evacuation, the corporate office in New York was able to find available coach buses and located a public emergency shelter on the western part of the state where the residents were housed. Telephone interview with a second Emergency Management Services representative on 07/18/19 at 8:48am revealed: -The Emergency Services offered disaster preparedness workshops and quarterly meetings for adult care homes. -Workshops and meetings were offered on 03/12/19 and 06/25/19 in which no representative from the facility attended. -Any time a facility asked the Emergency Management Services representative to review their disaster and evacuation plan, they were told to immediately send it to their office for review. -They would never turn down a facility and tell them to call back at a later date to set up a time to meet and review their plan; they would ask for	{D 102}		

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{D 102}	Continued From page 5 the plan to be sent to them immediately. -They last reviewed and approved the facility's plan on 09/25/15. -He had not been contacted by the facility to review their plan since 2015. -Just before the facility's last evacuation for a hurricane in 2018, he met with the facility staff and was told by the facility they could not relocate the residents to their designated option one and option two shelters because those shelters were evacuated as well. -He was told by the facility they would get buses in and send the residents to another location, but he was not informed of where that location was since it was not designated on their disaster and evacuation plan. -"We always advise that facilities have evacuation shelters that are located west of Interstate 95." -"Early this morning the facility brought in a plan for us to review. That is the first time we have been contacted, that I am aware of since 2015, to review their plan." Further review of the facility's current disaster and evacuation plan revealed: -Temporary relocation site #1 was located 3 miles away from the facility. -Temporary relocation site #2 was located 74.9 miles away from the facility. -Neither relocation site was located west of Interstate 95. The facility's failure to update their disaster and evacuation plan with new and additional shelter locations, since the previous plan dated September 23, 2015 had only two shelter options, which were unavailable during the evacuation for a hurricane disaster in 2018, resulted in substantial risk of serious physical harm and serious neglect to the residents and constitutes a	{D 102}		

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{D 102}	Continued From page 6 Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/18/19 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 16, 2019.	{D 102}		
{D 234}	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 5 residents sampled (Residents #3 and #5) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: 1. Review of Resident #3's current FL-2 dated 06/11/19 revealed diagnoses included chronic	{D 234}		

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{D 234}	Continued From page 7 obstructive pulmonary disease, congestive heart failure, chronic falls, physical debility, hypertension, and swallowing disorder. Review of Resident #3's record revealed: -Resident #3 was admitted to the facility on 06/17/19. -There was documentation that a TB test was administered on 06/11/19 and read as negative on 06/13/19. -There was no documentation a second step TB test had been administered since Resident #3 was admitted to the facility on 06/17/19. Interview with the Business Office Manager, (BOM), on 07/17/19 at 2:30pm revealed she was not aware Resident #3 did not have a second step TB test completed. Telephone interview with Resident Care Coordinator (RCC) on 07/17/19 at 2:47pm revealed she was not aware Resident #3 did not have a second step TB test completed. Attempted telephone interview with the Administrator on 07/17/19 at 2:54pm was unsuccessful. Refer to telephone interview with the Resident Care Coordinator on 07/17/19 at 2:47pm. Refer to interview with the BOM on 07/17/19 at 2:30pm. 2. Review of Resident #5's current FL-2 dated 02/18/19 revealed diagnoses included chronic coronary artery disease, hypertension, cardiomyopathy, arthritis in knees and arthritis in right hip.	{D 234}		

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{D 234}	Continued From page 8 Review of Resident #5's record revealed: -Resident #5 was admitted to the facility on 02/18/19. -There was documentation that a TB test was administered on 02/04/19 and read as negative on 02/06/19. -There was no documentation a second step TB test had been administered since Resident #3 was admitted to the facility on 02/18/19. Interview with the BOM on 07/17/19 at 2:30pm revealed she was not aware Resident #5 did not have a second step TB test completed. Telephone interview with Resident Care Coordinator (RCC) on 07/17/19 at 2:47pm revealed she was not aware Resident #5 did not have a second step TB test completed. Attempted telephone interview with the Administrator on 07/17/19 at 2:54pm was unsuccessful. Refer to telephone interview with the Resident Care Coordinator on 07/17/19 at 2:47pm. Refer to interview with the BOM on 07/17/19 at 2:30pm. --- Telephone interview with Resident Care Coordinator (RCC) on 07/17/19 at 2:47pm revealed: -She was promoted to RCC in March 2019. -She had worked as a medication aide and shared the task for resident record review with the nurse. -She was responsible for completing resident record reviews monthly. -The last record reviews were completed in October 2018.	{D 234}		

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{D 234}	Continued From page 9 -She knew the second step TB testing was to be completed within three weeks of residents' admission. Interview with the BOM on 07/17/19 at 2:30pm revealed: -She was in charge during the absence of the Administrator. -The nurse was responsible to ensure the second step TB was administered. -The nurse was no longer employed since the latter part of June 2019. -She did not follow up with the nurse to ensure all TB testing was completed for residents. -She knew the second step TB testing was to be completed within three weeks of residents' admission. -The Resident Care Coordinator was responsible for all resident record reviews.	{D 234}		
D914	G.S. 131D-21(4) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure residents were protected from harm and neglect, and in compliance with relevant federal and state laws and rules and regulations related to plan for evacuation. The findings are:	D914		

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D914	Continued From page 10 Based on record review and interviews, the facility failed to ensure an updated disaster and evacuation plan was prepared, and documentation of the submissions at least annually to the local emergency management agency and/or the local agency designated to coordinate special needs sheltering during disasters, was maintained in the facility. [Refer to Tag 102, 10A NCAC 13F .0309 Plan for Evacuation (Type A2 Violation)].	D914		