| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| LIVEWELL ASSISTED LIVING | 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 |
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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Orange County Department of Social Services conducted an annual survey on January 3, 2017. | C 000 | | |
| C 007 | 10A NCAC 13G .0206 Capacity<br><br>10A NCAC 13G .0206 Capacity<br>(a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents.<br>(b) The total number of residents shall not exceed the number shown on the license.<br>(c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure.<br>(d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations.<br>(e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any | C 007 | | |

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| C 007 | Continued From page 1<br>possible changes that may be required to the building.<br><br>This Rule is not met as evidenced by:<br>TYPE A2 VIOLATION<br><br>Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 4 of 4 residents (#1, #2, #3, #4) residing in the facility who had cognitive and/or physical impairments which would prevent the residents from independently evacuating the facility.<br><br>The findings are:<br><br>Review of the facility's 2017 license revealed:<br>-The facility was licensed for a capacity of 6 residents.<br>-The facility was licensed for all ambulatory residents.<br><br>Observation upon arrival to the facility on 1/3/17 at 9:42 AM revealed there was a female getting into her vehicle to leave the facility.<br><br>Observation upon entrance of the facility on 1/3/17 at 9:45 AM revealed there were 4 residents present at the facility and one staff on duty.<br><br>Observation revealed the RCC arrived at the facility about 10:30 AM on 1/3/17 and served as the second staff member.<br><br>Interview with the Supervisor in Charge on 1/3/17 | C 007 | | |

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| C 007 | Continued From page 2 | C 007 | | |

at 9:50 AM revealed:
-There were 4 residents in the facility.
-She was the only staff present at the facility at the current time.
-The staff that was seen getting into her vehicle was not feeling well and had to go home.
-There was normally 2 staff present at the facility at all times.
-She had called the Resident Care Coordinator (RCC) this morning before the surveyor arrived to inform her that there needed to be another staff at the facility.

1.Review of Resident #1's current FL-2 dated 2/16/16 revealed:
-Diagnoses included dementia, hypertension, depression, anxiety, back pain, asthma, toe ulcer and chronic venous insufficiency.
-She was listed as constantly disoriented.
-She was listed as non-ambulatory.

Review of Resident #1's Resident Register revealed she was admitted to the facility on 3/19/13.

Review of Resident #1's current Licensed Health Professional Support evaluation performed by a Registered Nurse on 10/28/16 revealed the resident required assistance with transfers.

Review of Resident #1's current care plan dated 10/28/16 and signed by her Primary Care Provider revealed she needed total assistance with ambulation and transfers.

Observation of Resident #1 on 1/3/17 at 10:05 AM revealed Resident #1 was in her wheelchair at the dining room table.

Based on observations, interviews and record

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| C 007 | Continued From page 3 | C 007 | | |

reviews, Resident #1 was not interviewable.

Interview with the Supervisor in Charge on 1/3/17 at 10:06 revealed:
-She had to fully assist Resident #1 into her wheelchair.
-Resident #1 was unable to ambulate.

Interview with the Resident Care Coordinator on 1/3/17 at 12:20 PM revealed:
-Resident #1 required 2 staff to assist her with transfers.
-The resident utilized a wheelchair.

2.Review of Resident #2's current FL-2 dated 4/2816 revealed:
-The resident was admitted on 12/7/15.
-Diagnoses included dementia, hypertension, osteoporosis and right hip hemiarthroplasty.
-She was listed as constantly disoriented.
-She was listed as ambulatory.

Review of Resident #2's Resident Register revealed there was no admission date.

Review of Resident #2's current Licensed Health Professional Support evaluation performed by a Registered Nurse on 10/26/16 revealed the resident required assistance with transfers.

Review of Resident #2's current care plan dated 3/2/16 and signed by her Primary Care Provider revealed she needed limited assistance with ambulation and transfers.

Observation of Resident #2 on 1/3/17 at 10:10 AM revealed Resident #2 was ambulating independently throughout the facility.

Based on observations, interviews and record

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| C 007 | Continued From page 4 | C 007 | | |

reviews, Resident #2 was not interviewable.

Interview with the Supervisor in Charge on 1/3/17 at 10:10 AM revealed Resident #2 could ambulate independently.

Interview with the Resident Care Coordinator on 1/3/17 at 12:20 PM revealed:
-Resident #2 required staff to prompt her to complete tasks due to cognitive status.
-Resident #2 could ambulate independently.

3.Review of Resident #3's current FL-2 dated 8/4/16 revealed:
-Diagnoses included dementia, hypertension, thyroid disease, hyperlipidemia, chronic lymphocytic thyroid and gastroesophageal reflux disease.
-He was listed as constantly disoriented.
-He was listed as ambulatory.
-He had limited speech.

Review of Resident #3's Resident Register revealed there was no admission date.

Review of Resident #3's current care plan dated 10/28/16 signed by his Primary Care Provider revealed he transferred independently and needed supervision with ambulation.

Based on observations, interviews and record reviews, Resident #3 was not interviewable.

Observation of Resident #3 on 1/3/17 at 1:45 PM revealed Resident #3 stood up independently from the dining room table and ambulated across the room.

Interview with the Supervisor in Charge on 1/3/17 at 10:06 AM revealed Resident #3 could

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| C 007 | Continued From page 5<br>ambulate independently.<br><br>Interview with the Resident Care Coordinator on 1/3/17 at 12:20 PM revealed Resident #3 could ambulate but at times would require prompting to get up from a sitting position and to walk due to cognitive status.<br><br>4.Review of Resident #4's current FL-2 dated 3/7/16 revealed:<br>-The resident was admitted on 3/7/16.<br>-Diagnoses included major neurocognitive disorder, diabetes mellitus, constipation, benign prostatic hypertension and hypercholesterolemia.<br>-He was listed as ambulatory with extensive assistance.<br>-He required extensive assistance with transfers.<br>-He was only oriented to his name.<br><br>Review of Resident #4's Resident Register revealed there was no admission date.<br><br>Review of Resident #4's current Licensed Health Professional Support evaluation performed by a Registered Nurse on 10/28/16 revealed the resident required assistance with transfers.<br><br>Review of Resident #4's current care plan dated 10/25/16 and signed by his Primary Care Provider revealed he required extensive assistance with ambulation and he needed limited assistance with transfers.<br><br>Observation of Resident #4 on 1/3/17 at 12:22 PM revealed Resident #4 was ambulating with the assistance of the Supervisor in Charge.<br><br>Based on observations, interviews and record reviews, Resident #4 was not interviewable. | C 007 | | |

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| C 007 | Continued From page 6<br><br>Interview with the Supervisor in Charge on 1/3/17 at 10:06 AM revealed Resident #4 could ambulate and staff assisted to prevent falls.<br><br>Interview with the Resident Care Coordinator on 1/3/17 at 12:20 PM revealed:<br>-Resident #4 required 1 to 2 staff assistance to get up from a sitting position and to walk depending if he was confused or was agitated that day.<br>-Resident #4 could stand and ambulate alone at times.<br><br>Observation at the facility on 1/3/17 at 11:30 AM revealed:<br>-The staff conducted a fire drill at the request of the Department of Health Service Regulation construction section.<br>-There was a Supervisor in Charge (SIC), a Resident Care Coordinator (RCC) and 4 residents present.<br>-An audible alarm sounded.<br>-Resident #1 was assisted by the SIC and a RCC from the stationary kitchen chair, into her wheelchair and rolled out of the front door by the SIC.<br>-Resident #2, #3 and #4 were sitting in the library while the fire alarm sounded.<br>-Resident #2, #3 and #4 did not stand to proceed to the exit.<br>-The RCC went into the library and prompted Resident #2, #3 and #4 to stand and exit through the front door.<br>-Resident #3 ambulated with the RCC to the exit.<br>-Resident #4 became very agitated and began yelling but ambulated with the RCC out the exit.<br>-Resident #2 became very confused and was the last to ambulate with the RCC to the exit.<br>-The fire drill was discontinued after 10 minutes and all residents had not been evacuated to the | C 007 | | |

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| C 007 | Continued From page 7<br>desinated area.<br><br>Interview with the Administrator on 1/3/17 at 1:13 PM revealed:<br>-She knew that her license was for all ambulatory residents.<br>-She had a resident in the facility that was not ambulatory.<br>-She knew that she needed to have 2 staff on duty at all times to safety evacuate all residents in the event of an emergency.<br>-She had been working to have a sprinkler system installed in the facility since the Department of Health Service Regulation construction department had identified this problem in 2015.<br>-All the staff had been trained on evacuation of residents.<br>-The most recent Fire Evacuation training was performed on 12/28/16.<br>-There was usually always two staff on duty.<br>-She was not aware that the staff had to leave this morning (1/3/17) due to illness and had left the facility before another staff had arrived.<br>-She had received notification of discharge from the power of attorney (POA) for Resident #1 this morning.<br>-Resident #1 would be discharged at the request of her POA once placement could be found.<br><br>The facility exceeded its licensed capacity for 4 of 4 residents. These residents were unable to evacuate the facility independently due to either physical or cognitive limitations. In the event of an emergency, such as a fire, the facility would be unable to evacuate residents in a timely manner, placing residents in danger of death or serious injury. The failure of the facility to assure that residents ' evacuation capabilities were in accordance with the evacuation capability listed | C 007 | | |

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| C 007 | Continued From page 8<br>on the home ' s license resulted in substantial risk of death or serious injury to residents and constitutes a Type A2 Violation.<br><br>A Plan of Protection provided by the Administrator on 1/3/17 revealed:<br>-She would ensure there were 2 staff present at the facility 24 hours a day 7 days a week for the 4 residents.<br>-She would staff 2 employees until the fire sprinkler system was installed.<br>-She would immediately (1/3/17) review fire evacuation and emergency training that was performed on 12/28/16.<br>-A review of fire evacuation and emergency training would be implemented twice a month until fire sprinklers were installed.<br><br>A Directed Plan of Protection was issued by the Adult Care Licensure Section Chief on 1/5/17 for the facility to immediately implement a one-to-one resident-to-staff ratio for each resident at the facility to ensure each resident's safety or need for evacuation in the event of an emergency.<br><br>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 2, 2017. | C 007 | | |
| C 100 | 10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan<br><br>10A NCAC 13G .0316 Fire Safety And Disaster Plan<br><br>(e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social | C 100 | | |

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| C 100 | Continued From page 9 | C 100 | | |

services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.

This Rule is not met as evidenced by:
Based on interviews, record reviews, and observations, the facility failed to conduct 4 of 6 fire drills in 2016 in accordance with the North Carolina Fire Code. The findings are:

Review of the Fire Drill Report from the facility dated 1/14/16 revealed:
-A fire drill was conducted at 11:27 AM.
-There were 3 staff present.
-There were 5 residents present.
-The location of the "alleged fire" was the great room.
-Fire drill was a "silent" drill.
-The evacuation time for all residents was documented as 5 minutes and 8 seconds.
-All residents were documented as evacuating the home through the front door.

Review of the Fire Drill Report from the facility dated 6/3/16 revealed:
-A fire drill was conducted at 3:08 PM.
-There were 7 staff members present.
-There were 5 residents present.
-The location of the "alleged fire" was documented as the kitchen.
-Fire drill was a "silent" drill.
-The evacuation time for all residents was documented as 8 minutes and 4 seconds.
-All residents were documented as evacuating the home through the front door.

Review of the Fire Drill Report from the facility

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| C 100 | Continued From page 10<br>dated 7/1/16 revealed:<br>-A fire drill was conducted at 3:08 PM.<br>-There were 9 people present, unknown if staff or visitors.<br>-There were 4 residents present.<br>-The location of the "alleged fire" was documented as "pulled fire alarm".<br>-The evacuation time for all residents was documented as 3 minutes and 11 seconds.<br>-All residents were documented as evacuating the home through the front door.<br><br>Review of the Fire Drill Report from the facility dated 12/28/16 revealed:<br>-A fire drill was conducted at 10:40 AM.<br>-There were 6 staff present and 4 residents.<br>-Fire drill was a "silent" drill.<br>-The location of the "alleged fire" was documented as "pulled fire alarm".<br>-The evacuation time for all residents was documented as 3 minutes and 53 seconds.<br>-All residents were documented as evacuating the home through the front door.<br><br>Review of the Fire Drill Report from the facility dated 12/29/16 revealed:<br>-A fire drill was conducted at 4:20 PM.<br>-There were 5 staff present.<br>-Fire drill was a "silent" drill.<br>-The location of the "alleged fire" was documented as the kitchen.<br>-There was no evacuation time listed.<br>-There was no place of evacuation listed.<br>-There was no documentation of the number of residents evacuated.<br><br>Review of the Fire Drill Report from the facility dated 12/31/16 revealed:<br>-A fire drill was conducted at 4:20 PM.<br>-There were 2 staff present and no | C 100 | | |

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| C 100 | Continued From page 11 | C 100 | | |

documentation of the number of residents present.
-The location of the "alleged fire" was documented as the great room.
-There was no documentation if the fire drill was silent or audible.
-The evacuation time for all residents was documented as 3 minutes and 49 seconds.
-The residents were documented as evacuating through the front door.

There were no other documented fire drills in 2016.

Interview with the House Manager on 1/3/17 at 10:30 AM revealed:
-She conducted some of the fire drills at the facility.
-All the fire drills were documented and placed in the folder provided.

Interview with the Administrator on 1/3/17 at 1:30 PM revealed:
-Her staff were responsible for conducting fire drills quarterly.
-The fire drill/training log documented "silent" fire alarm drill and "audible" fire alarm drill.
-"Silent" fire alarm drill meant that the staff prompted the residents there was a fire and they needed to evacuate.
-"Audible" fire alarm drill meant that the audible alarm was activated for the residents to evacuate.
-All the fire drills performed should have been in the folder.
-She was not sure where the record of the fire drill for April 2016 had been placed.
-She would see if she could find a copy of the fire drill for April 2016.

Review of Section 405.7 of the North Carolina

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| C 100 | Continued From page 12<br>Fire Code revealed where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system. | C 100 | | |
| C 912 | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to the capacity of the facility. The findings are:<br><br>Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 4 of 4 residents (#1, #2, #3, #4) residing in the facility who had cognitive and/or physical impairments which would prevent the residents from independently evacuating the facility. [Refer to Tag D7, 10A NCAC 13G .0206 (Type A2 Violation)]. | C 912 | | |