

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL068028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/03/2017
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NAME OF PROVIDER OR SUPPLIER LIVEWELL ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6720 PAULINE DRIVE CHAPEL HILL, NC 27514
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(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 a follow-up survey on May 3, 2017.	{C 000}	C007 Plan of Correction: The Home is providing 1:1 resident to staff ratio for each resident (3 residents) to ensure resident safety or need for evacuation in the event of an emergency.	1-6-2017
{C 007}	10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (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. (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. (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 possible changes that may be required to the	{C 007}	The Senior Administrator will review quarterly documented assessments to evaluate the evacuation capability of each resident. C007 Preventative Measures: Complete installation of fire protection system, and change Home's license from ambulatory to non-ambulatory. C007 Monitoring: The Senior Administrator will review quarterly documented assessments and home's license to ensure they reflect the residents' ability to evacuate the home in the event of an emergency.	4-11-17 5-31-17 4-11-17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **Administrator** 5/26/17 (X6) DATE 5-23-17

STATE FORM 6899 EJ2G12 If continuation sheet 1 of 12

*Reviewed & accepted
W Edwards*

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{C 007}	<p>Continued From page 1</p> <p>building.</p> <p>This Rule is not met as evidenced by: The Type A2 Violation is abated. Non-compliance continues.</p> <p>THIS IS A TYPE B VIOLATION</p> <p>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 3 of 3 residents (#1, #2, #3) residing in the facility who had cognitive and/or physical impairments which would prevent the residents from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's 2017 license revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for a capacity of 6 residents. - The facility was licensed for all ambulatory residents. <p>Observation on 5/03/17 at 8:40 am upon arrival at the facility revealed:</p> <ul style="list-style-type: none"> - There were 3 residents present and seated in the dining room for breakfast. - There were 3 staff on duty. <p>Observation on 5/03/17 at 9:00 am during the tour of the facility, revealed piping and sprinkler nozzles were installed on the walls at the ceiling in all resident rooms and common areas.</p> <p>1. Review of Resident #1's current FL-2 dated</p>	{C 007}		

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{C 007}	<p>Continued From page 2</p> <p>2/21/17 revealed: - Diagnoses included dementia, osteoporosis, and hypertension. - The resident was constantly disoriented and had hearing loss in her left ear. - She needed assistance with bathing and eating. - She was ambulatory and had no assistive device. - The resident was listed as a wanderer.</p> <p>Review of Resident #1's Resident Register revealed she was admitted to the facility on 12/07/15.</p> <p>Review of Resident #1's current Licensed Health Professional Support evaluation by a Registered Nurse dated 1/24/17 revealed the resident required assistance with transfers and ambulation.</p> <p>Observation of Resident #1 on 5/03/17 at 8:40 am revealed the resident was seated at the dining room table eating breakfast.</p> <p>Observation of Resident #1 on 5/03/17 at 11:20 am revealed: - The resident, having been seated at the dining room table and singing, rose up slowly from her chair and walked to the bathroom. - The resident walked back into the dining room, with the assistance of staff, who was holding hands with the resident. - Staff assisted the resident into her seat at the table.</p> <p>Review of Resident #1's current Care Plan dated 10/28/16 and signed by her Primary Care Provider on 11/3/16 revealed: - The resident had significant memory loss and needed to be directed.</p>	{C 007}		

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{C 007}	<p>Continued From page 3</p> <ul style="list-style-type: none"> - The resident wandered and had disruptive behaviors. - The resident did not have an assistive device for ambulating. - She had a right hip replacement, and was very stiff when transferring from sitting to standing. - The resident used a hearing aid and wore glasses. - The resident's speech was weak and slurred and she spoke with incoherent words and sentences at times. <p>Based on observations, interviews, and record reviews, Resident #1 was not interviewable.</p> <p>Interview on 5/03/17 at 12:35 pm with a Medication Aide (MA) revealed:</p> <ul style="list-style-type: none"> - Resident #1's words were not often clear and she was confused most of the time. - The resident could walk on her own, but needed assistance by holding hands, walking slowly, and directing her. <p>Interview on 5/03/17 at 12:47 pm with a second MA revealed:</p> <ul style="list-style-type: none"> - Resident #1 was confused most of the time. - The resident could understand what staff said, but it was hard to understand her; we had to read her body language. - The resident did not like to leave the house; it took 2 staff to coax her to go out. - The resident would scream when fire alarms sounded and fall to the floor. - It would take 2 staff to pick her up from the floor and moving. <p>2. Review of Resident #2's current FL-2 dated 8/04/16 revealed:</p> <ul style="list-style-type: none"> - Diagnoses included: dementia, thyroid disease, hypertension, and gastro-esophageal reflux 	{C 007}		

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PRINTED: 05/15/2017
FORM APPROVED

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{C 007}	<p>Continued From page 4</p> <p>disease.</p> <ul style="list-style-type: none"> - The resident was ambulatory and had no assistive device for ambulating. - The resident was constantly disoriented and listed as a wanderer. - The resident had limited speech, and needed assistance with bathing and dressing. <p>Review of Resident #2's Resident Register revealed:</p> <ul style="list-style-type: none"> - The resident was admitted to the facility on 8/17/16. - The resident had significant memory loss and needed to be directed. - The resident wore eyeglasses. <p>Review of Resident #2's current Licensed Health Professional Support evaluation by a Registered Nurse dated 1/24/17 revealed the resident worked well with verbal guidance.</p> <p>Review of Resident #2's current Care Plan dated 10/28/16 and signed by his Primary Care Provider on 11/03/16 revealed:</p> <ul style="list-style-type: none"> -The resident was a wanderer. - The resident needed verbal cues, extensive assistance with guided assist for ambulating. - The resident needed "hands on for safety and cognition" for bathing, dressing, and grooming. <p>Observation on 5/03/17 at 8:40 am revealed Resident #2 was seated at the dining room table eating breakfast.</p> <p>Observation on 5/03/17 at 12:05 pm of resident #2 revealed:</p> <ul style="list-style-type: none"> - The resident walked very slowly up to the surveyor, shook hands, but did not let go, and did not speak. - The resident stood for 1 minute holding hands 	{C 007}		

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{C 007}	<p>Continued From page 5</p> <p>and not speaking until staff came and redirected the resident.</p> <p>Based on observations, interviews, and record reviews, Resident #2 was not interviewable.</p> <p>Interview on 5/03/17 at 12:37 pm with a Medication Aide revealed:</p> <ul style="list-style-type: none"> - Resident #2 was quiet, non-verbal. - He walked on his own with assistance outside, but had an unstable gait. - He needed cueing for directions. <p>3. Review of Resident #3's current FL-2 dated 2/21/16 revealed:</p> <ul style="list-style-type: none"> - Diagnoses included: major neurocognitive disorder and Type II diabetes. - The resident was constantly disoriented and ambulatory with assistance. - The resident was non-verbal with communication. <p>Review of Resident #3's Resident Register revealed:</p> <ul style="list-style-type: none"> - The resident was admitted to the facility on 3/07/16. - He had significant memory loss and must be directed. - The resident needed assistance getting out of bed, dressing, toileting, and grooming. - The resident needed assistance with orientation to time and place. <p>Review of Resident #3's current Licensed Health Professional Support evaluation by a Registered Nurse dated 4/11/17 revealed:</p> <ul style="list-style-type: none"> - The resident needed assistance with transferring, bowel and bladder training, finger stick blood sugars, and medication by injection. - The resident was quiet and wore a blanket over 	{C 007}		

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{C 007}	<p>Continued From page 6</p> <p>his head.</p> <p>Review of Resident #3's current Care Plan dated 10/25/17 and signed by his Primary Care Provider on 11/01/17 revealed:</p> <ul style="list-style-type: none"> - The resident wandered on occasion, was verbally and physically abusive, and had disruptive behaviors. - He needed verbal cues for meals, 1-2 person assistance for management of behaviors. - The resident required 1 person assist for ambulation safety. <p>Observation on 5/03/17 at 8:41 am of Resident #3 revealed:</p> <ul style="list-style-type: none"> -The resident was seated at a dining table eating breakfast. - The resident looked up and smiled when spoken to, but did not speak and continued eating. <p>Observation on 5/03/17 at 9:15 am revealed Resident #3 was in his bed asleep.</p> <p>Observation on 5/03/17 at 12:10 pm of Resident #3 revealed:</p> <ul style="list-style-type: none"> - The resident walked slowly into the dining room for lunch and sat in a shair at the table. - The resident was accompanied by a staff walking beside him. - After being seated, the resident lay his head on the table. <p>Based on observations, interviews, and record reviews, Resident #3 was not interviewable.</p> <p>Interview on 5/03/17 at 12:42 pm with a Medication Aide (MA) revealed:</p> <ul style="list-style-type: none"> - Resident #3 slept a lot during the day and kept a blanket over his head. 	{C 007}		

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{C 007}	<p>Continued From page 7</p> <ul style="list-style-type: none"> - The resident needed assistance to walk, his gait was unstable. <p>Continued interview with the MA at 12:45pm revealed:</p> <ul style="list-style-type: none"> - Staff were being scheduled on a 1:1 ratio with residents. - Installation of the sprinkler system started on 4/18/17. - The system was pretty much installed now, the water tank was to be filled today. - The MA did not know when the sprinkler would be ready for use. <p>Interview on 5/03/17 at 12:50 pm with a second MA revealed:</p> <ul style="list-style-type: none"> - The system was still being installed. - The MA did not know when the sprinkler system would be operational. <p>The Resident Care Coordinator was not available for interview.</p> <p>Interview on 5/03/17 at 12:12 pm with the Assistant Administrator revealed:</p> <ul style="list-style-type: none"> - Currently there were 3 residents at the facility. - The facility was staffed on a 1:1 ratio (staff to resident) at all times - Resident #1 was confused and needed assistance with walking. - Resident #2 was confused, but could get up and out of bed by himself and walk, but he walked and went where he wanted to; he would walk holding hands. - Resident #3 was confused and required the assistance of 1 person for standing and walking. - The pipes for the sprinkler system were 1 place in every room that is required to have the system installed. - It could take several more weeks for it (system) 	{C 007}		

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{C 007}	<p>Continued From page 8</p> <p>to be up and running.</p> <p>Interview on 5/03/17 at 9:15 am with the Administrator trainee revealed:</p> <ul style="list-style-type: none"> - He was responsible for making the staff schedules and assuring there would be a 1:1 staff/resident ratio on all shifts. - There were extra staff available in case a staff needed to be out of work. - Staff was aware that no staff would be able to leave until another staff was there to relieve them. - There were currently 3 residents with 3 staff on duty. <p>Interview on 5/03/17 at 12:57 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for 6 ambulatory residents. - The facility currently had 3 residents; all had some confusion. - Resident #1 understood simple requests; she could walk by herself, but had arthritis and needed assistance. - Resident #2 was ambulatory, but had to be engaged. - Resident #3 was sedentary and needed assistance in getting up and out of a chair; he was content to sit. - The sprinkler system project started on 3/31/17. - All of the sprinkler system pipes were installed in the house. - A series of tests were in process for the system. - The Fire Marshall did the "rough" inspection on 4/25/17. - There was one more fire inspection to do. - The electrical inspection was due. - Three more inspections were coming up in the next 1 to 1-1/2 weeks, maybe. - The facility was doing audible fire alarm drills and staff had training on fire evacuation and drills. 	{C 007}		

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{C 007}	<p>Continued From page 9</p> <ul style="list-style-type: none"> - The Administrator was in the process of obtaining a license for non-ambulatory residents. <p>Review of the facility Fire Drill/Training Log(s) revealed:</p> <ul style="list-style-type: none"> - Fire drill on 1/30/17 at 12:15 pm, audible fire alarm drill, evacuation time 3 minutes. - Fire drill on 2/09/17 at 9:00 am, silent fire alarm drill, evacuation time 2 minutes, 30 seconds. - Fire drill on 3/02/17 at 1:45 pm, audible fire alarm drill, evacuation time, 3 minutes, 28 seconds. - Fire drill on 3/21/17 at 2:00 pm, audible fire alarm drill, evacuation time, 3 minutes, 45 seconds. - Fire drill on 4/01/17 at 3:30 pm, audible fire alarm drill, eveacuation time, 3 minutes. - Fire drill on 4/20/17 at 7:15 am, silent fire alarm drill, evacuation time, 2 minutes, 57 seconds. - Fire drill on 4/20/17 at 3:13 pm, silent fire alarm drill, evacuation time, 3 minutes, 13 seconds. - Fire drill on 4/26/17 at 4:00 pm, audible fire alarm drill, evacuation time, 3 minutes, 30 seconds. <p>Review of The (County) Building Permit revealed a Plumbing Permit was issued to the facility on 3/14/17.</p> <p>Review of the Contractor's Material and Test Certificate for Aboveground Piping form revealed:</p> <ul style="list-style-type: none"> - Plans were accepted by (City) for the facility's sprinkler system. - An alarm device was to be installed. - Operating tests were to be performed. - No dates were given. <p>Review of the (County) Emergency Services, Fire Marshall Division, Fire Inspection Report revealed:</p>	{C 007}		

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{C 007}	Continued From page 10 - Original inspection, 4/25/2017. - 2 hour pressure test, passed. The facility exceed its licensed capacity for 3 of 3 residents. The 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, and would be detrimental to the health, safety, or welfare of the residents. The failure of the facility to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license resulted in risk to the health, safety, and welfare of the residents and constitutes a Type B Violation. The Plan of Protection provided by the Administrator on 5/03/17 revealed: - We are in the final stages of inspections and testing of the fire sprinkler. - (There will be a) continuation of biweekly fire evacuation training and monthly fire drills. - We will continue 1:1 staff - resident ratio staffing until the plan of protection is lifted. - We will continue drills (fire evacuation) on a monthly basis and staff biweekly fire evacuation plan review. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 31, 2017.	{C 007}		
{C 912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are	{C 912}	C912 Plan of Correction: The Home is providing 1:1 staff to resident ratio for each resident (3 total) to ensure resident's safety or need for evacuation in the event of an emergency.	1-6-17

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(C 912)	Continued From page 11 adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure every resident had the right to receive care and services which wer adequate, appropriate, and in compliance with rules and regulations as related to the capacity of the facility. The findings are: 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 3 of 3 residents (#1, #2, #3) 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 B Violation)].	(C 912)	C912 Preventative Measures: Complete installation of fire protection system, and change home's license from ambulatory to non-ambulatory. C912 Monitoring: The Home's Owner and Senior Administrator is monitoring daily staff schedules to ensure 1:1 staff to resident ratio. The Homes Owner is working with DHSR Construction and Licensure on the approval for the fire protection system.	5-31-17 1-6-17 5-31-17