

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 complaint investigation on 06/07/21.	C 000		
C 007	10A NCAC 13G .0206 Capacity 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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 007	<p>Continued From page 1 building.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for 2 of 5 sampled residents (#1 and #3) who had cognitive impairments which could prevent the resident from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's current license with an effective date of 01/01/21 revealed the facility was licensed for a capacity of 6 ambulatory residents.</p> <p>Observations during the initial tour of the facility on 06/07/21 at 9:20am revealed a census of 4 residents.</p> <p>A request for fire drill logs on 06/07/21 at 9:43am, 10:48am, 11:55am and 6:37pm was made and provided on 06/08/21 at 6:58am after the exit.</p> <p>Interview with the Administrator on 06/07/21 at 10:01am revealed: -Resident #3 had some cognitive impairment disorders that prevented her from knowing what she was supposed to do. -Resident #3 mentally would not know that she had to exit the building without being prompted or assisted. -She was aware that Resident #3 required</p>	C 007		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 007	<p>Continued From page 2</p> <p>directing and prompting to evacuate the facility in the event of a fire or emergency due to cognitive ability and supervision needs.</p> <p>-She felt Resident #1 was mentally alert because she was able to verbally tell that her the alarm sounding meant that she was supposed to go outside; even if the resident did not move from the sofa until she verbally told the resident to go outside.</p> <p>-The Administrator continued to insist that Resident #1 was able to independently exit the facility even though she had to be prompted and provided many cues directing the resident to go outside, taking up to 14 minutes for the resident to exit the facility.</p> <p>-She was aware that residents should be able to evacuate independently without coaching or assistance but did not consider Resident #1 as needing assistance.</p> <p>-Although, a previous surveyor told residents must be able to ambulate within 7 minutes and had to be able to get out of the building on their own without being prompted, she did not consider Resident #1 unable to evacuate without assistance.</p> <p>-She was not aware that construction needed to be updated regarding residents' status and inability to evacuate independently as compared to the facility license.</p> <p>Refer to Tag C0022 10A NCAC 13G .0302(b) Design and Construction.</p>	C 007		
C 022	<p>10A NCAC 13G .0302 (b) Design And Construction</p> <p>10A NCAC 13G .0302 Design And Construction</p> <p>(b) Each home shall be planned, constructed,</p>	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	<p>Continued From page 3</p> <p>equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's license for 2 of 4 sampled resident who had cognitive impairments and did not exit the facility during a fire drill (#1 and #3).</p> <p>The findings are:</p> <p>Review of the facility's license effective 01/01/21 revealed the facility was licensed for a capacity of 6 ambulatory residents.</p> <p>Review of the facility's census revealed 4 residents resided at the facility.</p> <p>Observations of a fire drill on 06/07/21 between 9:35am through 10:01am revealed:</p> <ul style="list-style-type: none"> -There were 3 residents sitting in the common living room area. -Two residents were on one sofa, which faced the main entrance door to the facility. -A third resident was sitting on a love seat that was near the kitchen wall. -Resident #2 exited the facility at 9:44am only after being prompted to exit. -A fourth resident was in bed in his room. -Resident #4 came out of the bathroom, put his coat back on and proceed to go out the front door 	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	<p>Continued From page 4</p> <p>after being prompted by the Administrator at 9:46am.</p> <p>-At 9:30am, the Administrator sounded the alarm for a fire drill.</p> <p>-At 9:35am, the Administrator walked down the hallway to the fire alarm, that was 12 feet from the common living area where three residents were sitting.</p> <p>-The Administrator used a broom handle to push the fire alarm that was in the hallway ceiling.</p> <p>-The alarm made loud piercing audio sounds that could easily be heard throughout the facility, even over the sound of the television.</p> <p>-The three residents sitting in the in the common living area did not move, they were not surprised or startled by the loud sounds coming from the fire alarm.</p> <p>-The fire alarm continued to sound for 14 minutes and no residents moved until they were asked if they could identify the alarm and what they should do when the alarm sounded.</p> <p>1. Review of Resident #1's current FL2 dated 09/16/20 revealed diagnoses included bipolar 1 disorder, seizure disorder, major and neurological disorder.</p> <p>-Resident #1 was intermittently disoriented.</p> <p>Review of Resident #1's care plan dated 09/16/20 revealed:</p> <p>-Resident #1's social/mental health history documented Resident #1 was bipolar and had cognitive disorder.</p> <p>-Resident #1 had mental illness and received medications for mental illness.</p> <p>-The care plan activities of daily living sections were not completed.</p> <p>-There was no other care plan in Resident #1's record.</p>	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	<p>Continued From page 5</p> <p>Observation of Resident #1 on 06/07/21 at 9:20am revealed: -Resident #1 was sitting on the sofa leaning towards her left side with her head slumped over as if she was lightly sleeping. -Occasionally, Resident #1 lifted-up her head and slightly moved her head. -Resident #1 never motioned or attempted to position herself to get up from the sofa until the Administrator told her to do so.</p> <p>Interview with Resident #1 on 06/07/21 at 9:50am revealed: -When asked what the alarm noise was Resident #1 stated, "I don't know." -When asked had she ever heard that noise before Resident #1 stated "no." -Resident #1 continued sitting on the sofa and did not attempt to move. -When asked Resident #1 a second time if she knew what that noise was Resident #1 stated "no, I don't know."</p> <p>Observation of Resident #1 on 06/07/21 from 9:35am to 9:55am revealed: -At 9:53am, the Administrator came into the common living room area and said to Resident #1 "you don't hear that alarm?" -Resident #1 said "I hear it," "I didn't know what it was." -The Administrator stated it was the smoke alarm. -The resident said "okay", and then continued to sit and did not attempt to get up or move. -The Administrator said to Resident #1 "remember the smoke alarm when you hear that sound what are you supposed to do?" -Resident #1 said get out of the building, but she continued to sit and did not attempt to move off the sofa. -The Administrator stated to Resident #1 "why are</p>	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	<p>Continued From page 6</p> <p>you still sitting there?"</p> <p>-Resident #1 repeated a second time, "Oh, I didn't know what it was, do you want me to get out now?"</p> <p>-Resident #1 continued sitting on the sofa and did not move.</p> <p>-The Administrator repeated to Resident #1 again, when you hear that alarm what are you supposed to do?</p> <p>-Resident #1 responded to the Administrator with a question saying, "get out of the building?"</p> <p>-Resident #1 repeated a third time, "okay, I didn't know."</p> <p>-Resident #1 asked the Administrator "do I go outside this door?" (front entrance door to the facility).</p> <p>-The Administrator responded "yes, go outside and wait."</p> <p>-Resident #1 repeated the Administrator's words "okay, go outside and wait."</p> <p>-Resident #1 eventually got up from the sofa and walked outside at 9:55am after being prompted by the Administrator.</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 06/07/21 at 2:47pm revealed:</p> <p>-Resident #1 had a diagnosis of neurocognitive disorder, which was dementia.</p> <p>-Resident #1 would have forgetfulness and not remember to exit the facility during a fire drill.</p> <p>-Resident #1 would need prompting and reminding what to do during a fire drill.</p> <p>Interview with the Administrator on 06/07/21 at 10:01am revealed:</p> <p>-Resident #1 had lived at the facility for five years and she knew what to do during fire drills.</p> <p>-Resident #1's baseline had been the same from day one.</p>	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Resident #1 was mentally alert because she could verbally tell her the alarm meant that she was supposed to go outside; even if the resident did not move from the sofa. -She had been told that as long as a resident was able to ambulate within 7 minutes and was able to get out of the building on their own without being prompted, then they were "okay" at the facility. -The Administrator insisted that Resident #1 was independently able to exit the facility even though she prompted the resident and the alarm sounded for 14 minutes. -She did fire drills quarterly and documented the drills. -When doing drills, she announced the it was a fire drill and she told the residents to go outside. -She would provide a copy of the drills by the end of the day 06/07/21. <p>2. Review of Resident #3's current FL2 dated 04/05/21 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included major neurocognitive disorder. -Resident #3 was intermittently disoriented. <p>Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 03/11/21.</p> <p>Review of Resident #3's care plan revealed:</p> <ul style="list-style-type: none"> -There was no date documented when the care plan was prepared. -The care plan was signed by the Primary Care Provider (PCP) on 04/05/21. -The care plan was not completed and did not included information regarding the resident's mental health and social history. -There was no information documented regarding the resident's activities of daily living. 	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	<p>Continued From page 8</p> <p>Observation of Resident #3 on 06/07/21 9:35am to 9:55am revealed: -Resident #3 was sitting on the sofa in the common living room area. -When the fire alarm sounded the resident did not move or attempt to get up off the sofa. -Resident #3 had her head down looking at the floor. -The resident looked up several times but did not respond or move related to the fire alarm. -Resident #3 exited the facility at 9:48am after she was prompted by a surveyor.</p> <p>Interview with the Administrator on 06/07/21 at 10:01am revealed: -Resident #3 had some cognitive impairment disorders that prevented her from knowing what she was supposed to do. -Resident #3 mentally would not know that she was to exit the building without being prompted or assisted.</p> <p>Based on record review, observation and interview it was determined that Resident #3 was not interviewable.</p> <p>Attempted interview with Resident #3's PCP on 06/07/21 at 3:13pm was unsuccessful.</p> <p>_____</p> <p>The facility failed to notify the DHSR when 2 of 4 sampled residents' evacuation capabilities were different from the evacuation capabilities listed on the license for Residents #1 and #3 who had cognitive impairments which could prevent the residents from evacuating the facility in the event of a fire. The facility's failure was detrimental to the resident's health, safety and welfare which constitutes a Type B Violation.</p>	C 022		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 022	Continued From page 9 The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/07/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 21, 2021.	C 022		
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (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 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: The facility failed to ensure copies of rehearsals of the fire evacuation plan were furnished to the county department of social services annually, rehearsals did not include the time of the rehearsals and a short description of what the rehearsal involved. The findings are: Review of the facility's license effective 01/01/21 revealed the facility was licensed for a capacity of 6 ambulatory residents.	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 10</p> <p>Review of the facility's census revealed 4 residents resided at the facility.</p> <p>A request for fire drill logs on 06/07/21 at 9:43am, 10:48am, 11:55am and 6:37pm was made and were sent on 06/08/21 at 6:58am after the exit on 06/07/21.</p> <p>Review of the facility's fire drill logs revealed: -There were two documented fire drills for 2021. -Fire drills were documented on 01/28/21 and 04/28/21. -There was no documented time the fire drill occurred. -There was no documented length of time for the fire drill as to how long it took residents to respond and exit the facility. -There was no documentation of the duration of the fire drill from beginning to end.</p> <p>Observations of a fire drill on 06/07/21 between 9:35am through 9:55am revealed: -There were three residents sitting in the common living room area. -Two residents were on one sofa, which faced the main entrance door to the facility. -A third resident was sitting on a love seat that was near the kitchen wall. -A fourth resident was in bed in his room. -At 9:30am, the Administrator was asked to sound the alarm for a fire drill. -At 9:35am, the Administrator walked down the hallway to the fire alarm, that was 12 feet from the common living area where three residents were sitting. -The Administrator used a broom handle to push the fire alarm that was in the hallway ceiling. -The alarm made loud piercing sounds that could easily be heard throughout the facility, even over</p>	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 11</p> <p>the sound of the television.</p> <p>-The three residents sitting in the in the common living area did not move, were not surprised or startled by the loud sounds coming from the fire alarm.</p> <p>-The fire alarm continued to sound for 14 minutes and no residents moved until they were asked if they could identify the alarm and what they should do when the alarm sounded.</p> <p>1. Review of Resident #1's current FL2 dated 09/16/20 revealed diagnoses included bipolar 1 disorder, seizure disorder, major and neurological disorder.</p> <p>-Resident #1 was intermittently disoriented.</p> <p>Review of Resident #1's care plan dated 09/16/20 revealed:</p> <p>-Resident #1's social/mental health history documented Resident #1 was bipolar and had a cognitive disorder.</p> <p>-Resident #1 had mental illness and received medications for mental illness.</p> <p>-The care plan activities of daily living sections were not completed.</p> <p>-There was no other care plan in Resident #1's record.</p> <p>-When requested a previous care plan was not provided.</p> <p>Observation of Resident #1 on 06/07/21 at 9:20am revealed:</p> <p>-Resident #1 was sitting on the sofa leaning towards her left side with her head slumped over as if she was lightly sleeping.</p> <p>-Occasionally, Resident #1 lifted-up her head and slightly moved her head.</p> <p>-Resident #1 never motioned or attempted to position herself to get up off the sofa until the Administrator told her to do so.</p>	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 12</p> <p>Interview with Resident #1 on 06/07/21 at 9:50am revealed:</p> <ul style="list-style-type: none"> -When asked what the alarm noise was Resident #1 stated, "I don't know." -When asked had she ever heard that noise before Resident #1 stated "no." -Resident #1 continued sitting on the sofa and did not attempt to move. -When asked Resident #1 a second time if she knew what that noise was Resident #1 stated "no, I don't know." -At 9:53am, the Administrator came into the common living room area and said to Resident #1 "you don't hear that alarm?" -Resident #1 said "I hear it," "I didn't know what it was." -The Administrator stated it was the smoke alarm. -The resident said "okay", and then continued to sit and did not attempt to get up or move. -The Administrator said to Resident #1 "remember the smoke alarm when you hear that sound what are you supposed to do?" -Resident #1 said get out of the building, but she continued to sit and did not attempt to move off the sofa. -The Administrator stated to Resident #1 "why are you still sitting there?" -Resident #1 repeated a second time, "Oh, I didn't know what it was, do you want me to get out now?" -Resident #1 continued sitting on the sofa and did not move. -The Administrator repeated to Resident #1 again, when you hear that alarm what are you supposed to do? -Resident #1 responded to the Administrator with a question saying, "get out of the building?" -Resident #1 repeated a third time, "okay, I didn't know." 	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 13</p> <ul style="list-style-type: none"> -Resident #1 asked the Administrator "do I go outside this door?" (front entrance door to the facility). -The Administrator responded "yes, go outside and wait." -Resident #1 repeated the Administrator's words "okay, go outside and wait." -Resident #1 eventually got up from the sofa and walked outside after being prompted by the Administrator at 9:55am. <p>Telephone interview with Resident #1's primary care provider (PCP) on 06/07/21 at 2:47pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 had a diagnosis of neurocognitive disorder, which was dementia. -Resident #1 would have forgetfulness and not remember to exit the facility during a fire drill. -Resident #1 would need prompting and reminding what to do during a fire drill. <p>Interview with the Administrator on 06/07/21 at 10:01am revealed:</p> <ul style="list-style-type: none"> -Resident #1 had lived at the facility for five years and she knew what to do during fire drills. -Resident #1's baseline had been the same from day one. -Resident #1 was mentally alert because she could verbally tell her the alarm meant that she was supposed to go outside; even if the resident did not move from the sofa. -She had been told previously that as long as a resident was able to ambulate within 7 minutes and was able to get out of the building on their own without being prompted, then they were okay at the facility. -The Administrator insisted Resident #1 was independently able to exit the facility even though she prompted the resident and the alarm sounded for 14 minutes. 	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 14</p> <p>-She did fire drills quarterly and documented the drills.</p> <p>-When doing drills, she announced the it was a fire drill and she told the residents to go outside.</p> <p>-She would provide a copy of the drills by the end of the day (06/07/21).</p> <p>2. Review of Resident #2's current FL2 dated 08/25/20 revealed diagnoses included a bloodborne pathogen infectious disease, diabetes mellitus type I, hypertension, pancreatitis and acute encephalopathy.</p> <p>Observation of Resident #2 on 06/07/21 from 9:35am to 9:50am revealed:</p> <p>-Resident #2 was sitting on the love seat when the fire alarm was sounded.</p> <p>-Resident #2 did not move but continued to sit and watch television.</p> <p>Interview with Resident #2 on 06/07/21 at 9:44am revealed:</p> <p>-When asked what was the alarm that was sounding, she stated it was the fire alarm.</p> <p>-She stated she was supposed to exit the building.</p> <p>-Resident #2 said "are we having a fire drill"?</p> <p>-The resident continued sitting and did not move.</p> <p>-At 9:41am, Resident #2 was asked what door she usually used to exit when there was a fire alarm.</p> <p>-Resident #2 got up and showed which door to exit from and then returned to the common living room and started playing games on her cell phone.</p> <p>-At 9:44am, Resident #2 was asked if she was to exit the facility, why she was still sitting.</p> <p>-Resident #2 stood up and said to the other two residents, "come on y'all."</p> <p>-The Administrator told Resident #2 to go outside.</p>	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 15</p> <ul style="list-style-type: none"> -Resident #2 said the facility had fire drills, but they were usually announced. -The Administrator and/or the Supervisor-In-Charge (SIC) verbally told residents to go outside because of the fire drill. -She was unable to remember the last time the facility had a fire drill, but thought it was sometime last year. <p>3. Review of Resident #3's current FL2 dated 04/05/21 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included major neurocognitive disorder. -Resident #3 was intermittently disoriented. <p>Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 03/11/21.</p> <p>Review of Resident #3's care plan revealed:</p> <ul style="list-style-type: none"> -There was no date documented when the care plan was prepared. -The care plan was signed by the Primary Care Provider (PCP) on 04/05/21. -The care plan was not completed and did not included information regarding the resident's mental health and social history. -There was no information documented regarding the resident's activities of daily living. <p>Observation of Resident #3 on 06/07/21 9:35am to 9:55am revealed:</p> <ul style="list-style-type: none"> -Resident #3 was sitting on the sofa in the common living room area. -When the fire alarm sounded the resident did not move or attempt to get up from the sofa. -Resident #3 had her head down looking at the floor. -The resident looked up several times but did not respond or move related to the fire alarm. 	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 16</p> <p>-Resident #3 exited the facility at 9:48am after she was prompted by a surveyor.</p> <p>Attempted interview with Resident #3's PCP on 06/07/21 at 3:13pm was unsuccessful.</p> <p>Interview with the Administrator on 06/07/21 at 10:01am revealed: -Resident #3 had some impairment disorders which prevented her from knowing what she was supposed to do. -Resident #3 mentally would not know that she was to exit the building without being prompted or assisted.</p> <p>Based on record review, observation and interview it was determined that Resident #3 was not interviewable.</p> <p>4. Review of Resident #4's current FL2 dated 05/18/21 revealed: -Diagnoses included bipolar disorder. -Resident #3 was constantly disoriented.</p> <p>Observation of Resident #4 on 06/07/21 at 9:39am revealed: -The resident was in his room. -He got out of bed and started to put on his coat. -It took 2 to 3 minutes to get the coat on and to put his on shoes that were open toed slippers that he slide his feet into. -Resident #4 got the got the coat on, it was twisted like an X across the resident's back. -Resident #4 proceeded to walk toward the common living room. -When Resident #4 reached the common living room area he stopped, and then looked around the room at the other residents that were still sitting. -Resident #4 then turned around and walked</p>	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 100	<p>Continued From page 17</p> <p>back to the bathroom.</p> <p>-The Administrator announced to Resident #4 that "it was a fire drill," he needed to go outside and don't worry about things in his room.</p> <p>-Resident #4 came out of the bathroom, put his coat back on and proceed to go out the front door at 9:46am.</p> <p>Interview with Resident #4 on 06/07/21 at 10:48am revealed:</p> <p>-He shook his head "no" when asked if he always went out during a fire drill.</p> <p>-He shook his head "no" when asked if he would get up and go straight outside when he heard the fire alarm again.</p> <p>-He stated "I reckon," when asked if he could go outside on his own if there were a real fire.</p> <p>-He offered no answer when asked if he would know the difference in a fire drill and a real fire alarm.</p> <p>Interview with the Administrator on 06/07/21 at 10:06am revealed:</p> <p>-Resident #4 heard the fire alarm and proceeded to get out of the bed.</p> <p>-She was not sure why he returned to his and did not go outside.</p> <p>-When she did a fire drill she announced it was a fire drill and she verbally told residents to go outside.</p>	C 100		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESTIGE ESTATES ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4120 HOLT SCHOOL ROAD DURHAM, NC 27704
---	--

(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 912	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to design and construction.</p> <p>The findings are:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's license for 2 of 4 sampled resident who had cognitive impairments and did not exit the facility during a fire drill (#1 and #3). [Refer to Tag 0022, 10A NCAC 13G .0302(b) Design and Construction (Type B Violation)].</p>	C 912		