Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031018	A. BUILDING: _____ B. WING _____	R 09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLAGE	235 NORTH NC 41 BEULAVILLE, NC 28518

(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
D 000	Initial Comments The Adult Care Licensure Section and Duplin County Department of Social Services conducted an annual survey and complaint investigation on August 31, 2021 - September 1, 2021.	D 000	Responses to the cited deficiencies do not constitute an admission by the facility of the facts alleged or conclusions set forth in the statement of deficiency or corrective action report; the plan of correction is solely prepared as a matter of compliance with state law.	
D 312	10A NCAC 13F .0904(f)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (f) Individual Feeding Assistance in Adult Care Homes: (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure feeding assistance was provided in a manner that maintained the dignity and respect of 2 of 3 sampled residents (#1 and #6) as evidenced by both residents being fed at the same time by one staff. The findings are: 1. Review of Resident #1's current FL-2 dated 10/21/20 revealed: -Diagnoses included lack of coordination, cognitive communication deficit and constant disorientation. -Resident required feeding assistance. Observation of the lunch meal on 08/31/21 at 12:00 pm revealed: -A personal care aide (PCA) was sitting between Resident #1 and another resident at a table.	D 312	Staff will receiving training on Rule area 10A NCAF 13F .0904 on 10/08/2021 by the Area Care Coordinator. New Hires will receive training on Rule area 10A NCAF 13F .0904 upon hire. Staff have been educated to request help with providing feeding assistance when a resident requires more assistance. Staff has been educated to inform management when a resident requires more feeding assistance. The Lead Supervisor-in-charge, RCC, or Executive Director will continue to observe feeding assistance on a weekly basis.	10/08/2021 10/08/2021 09/17/2021 09/17/2021 09/17/2021

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Courtnee Graham | TITLE: Executive Director | (X6) DATE: 09/20/2021

Reviewed + Acknowledged on 09/21/21
Erin B Nicks

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031018	A. BUILDING: _____ B. WING _____	R 09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLAGE	235 NORTH NC 41 BEULAVILLE, NC 28518

(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
D 312	Continued From page 1 -The PCA provided feeding assistance to Resident #1 and the other resident at the same time. Observation of the breakfast meal on 09/01/21 at 8:00 am revealed: -A PCA was sitting between Resident #1 and another resident at a table. -The PCA provided feeding assistance to Resident #1 and the other resident at the same time. Refer to the interview with the PCA on 09/01/21 at 1:30 pm. Refer to the interview with the Supervisor in Charge (SIC) on 09/01/21 at 1:45 pm. Refer to the interview with the Administrator on 09/01/21 at 2:00 pm. Based on observations, record reviews, and interviews it was determined that Resident #1 was not interviewable. 2. Review of Resident #6's current FI-2 dated 04/01/21 revealed: -Diagnoses included Alzheimer's disease, vitamin B12 deficiency, and anemia. -Resident #6 required limited feeding assistance. Observation of the lunch meal on 08/31/21 at 12:00 pm revealed: -A personal care aide (PCA) was sitting between Resident #6 and another resident at a table. -The PCA provided feeding assistance to Resident #6 and the other resident at the same time. Observation of the breakfast meal on 09/01/21 at	D 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031018	A. BUILDING: _____ B. WING _____	R 09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLAGE	235 NORTH NC 41 BEULAVILLE, NC 28518

(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
D 312	Continued From page 2 8:00 am revealed: -A PCA was sitting between Resident #6 and another resident at a table. -The PCA provided feeding assistance to Resident #6 and the other resident at the same time. Refer to the interview with the PCA on 09/01/21 at 1:30 pm. Refer to the Interview with the Supervisor in Charge (SIC) on 09/01/21 at 1:45 pm Refer to the Interview with the Administrator on 09/01/21 at 2:00 pm. Based on observations, records reviews, and interviews it was determined that Resident #6 was not interviewable. --- Interview with the PCA on 09/01/21 at 1:30 pm revealed: -She provided feeding assistance to both residents on 08/31/21 for lunch and on 09/01/21 for breakfast. -Her healthcare training did not include feeding multiple residents at the same time. -She wanted all residents who required feeding assistance to be fed at the same time. -She fed both residents at the same time because it would not be fair for one of them to watch the other one being fed and havnng to wait to be fed whilte sitting at the same table. Interview with the Supervisor in Charge (SIC) on 09/01/21 at 1:45 pm revealed: -Staff training did not include feeding multiple residents at the same time. -Her expectation was for staff to provide feeding	D 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031018	A. BUILDING: _____ B. WING _____	R 09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLAGE	235 NORTH NC 41 BEULAVILLE, NC 28518

(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
D 312	Continued From page 3 assistance to one resident at one time. -She expected staff to let her know if they needed help feeding residents. -She was not aware the two residents were being fed at the same time during meals by staff. Interview with the Administrator on 09/01/21 at 2:00 pm revealed: -Her expectation was for staff to provide feeding assistance to one resident at a time. -She was not aware the two residents were being fed at the same time during meals by staff.	D 312		