

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL012007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORGANTON LONG TERM CARE, SOUTHVIEW FACII</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>151 SOUTHVIEW STREET MORGANTON, NC 28655</b>
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D 000	Initial Comments  The Adult Care Licensure Section and the Burke County Department of Social Services conducted a complaint investigation on March 2-3, 2022.	D 000		
D 167	<p>10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record review, the facility failed to ensure at least one staff person was always on the premises, on third shift, who had completed an accredited course on cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months, for 1 of 4 sampled staff (Co-Administrator).</p> <p>The findings are:</p> <p>Review of the Co-Administrator's personnel</p>	D 167		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 167	<p>Continued From page 1</p> <p>record on 03/03/22 revealed:</p> <ul style="list-style-type: none"> <li>-There were two CPR certifications dated 2005 and 2006.</li> <li>-There was no additional documentation of CPR training in the record.</li> </ul> <p>Review of Resident #1's FL2 dated 07/07/21 revealed diagnoses included dementia, cardio-pulmonary disease and coronary artery disease.</p> <p>Review of Resident #5's FL2 dated 07/21/21 revealed diagnoses included vascular dementia, cerebrovascular accident (CVA) with hemiplegia and seizure disorder.</p> <p>Observation on 03/02/22 between the hours of 12:10am and 6:30am, Co-Administrator was the only staff person working in the facility and available for emergency response.</p> <p>Interview with the Co-Administrator on 03/02/22 at 4:22am revealed:</p> <ul style="list-style-type: none"> <li>-He had been working on third shift by himself for about 2 months.</li> <li>-Another staff slept in the building during third shift up until 2 weeks ago when he moved out.</li> <li>-There were no punch detail records for third shift when the Co-Administrator worked since he was part of the management team and did not draw an hourly wage.</li> </ul> <p>Interview with the Co-Administrator on 03/03/22 at 11:30am revealed:</p> <ul style="list-style-type: none"> <li>-He thought he had attended the CPR training offered at the facility in November of 2021.</li> <li>-He was not sure who conducted the CPR training for the staff in November 2021.</li> <li>-He did not have a record of the training since it was no longer the policy of the CPR instructors to</li> </ul>	D 167		

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D 167	<p>Continued From page 2</p> <p>send out certificates of completion for attendees of CPR training.</p> <p>Interview with the Resident Care Coordinator (RCC) on 03/03/22 at 2:10pm revealed:</p> <ul style="list-style-type: none"> <li>-There was a CPR training held for the staff in November of 2021.</li> <li>-She did not have certificates for the staff who attended the training.</li> <li>-The facility's contracted pharmacy sent a CPR instructor to conduct the training.</li> <li>-The pharmacy records of those in attendance did not include the Co-Administrator.</li> <li>-The RCC reviewed online records of the American Red Cross for the past 2 years and did not find the Co-Administrator listed as completing the CPR course.</li> <li>-She knew the Co-Administrator had been working third shift alone for the past few weeks due to staffing shortages.</li> <li>-She did not have a record of the staff's schedule the past few weeks since staff picked up shifts on a day to day basis and coordinated coverage amongst themselves at times.</li> <li>-She did not know the Co-Administrator did not have current CPR training since he kept his personnel record in his room.</li> </ul> <p>Interview with the Administrator on 03/03/22 at 4:05pm revealed:</p> <ul style="list-style-type: none"> <li>-She knew the Co-Administrator had been working alone from 11:00am to 6:30am on third shift due to staffing shortages for the past 2 weeks.</li> <li>-She did not know the Co-Administrator did not have current CPR training.</li> <li>-She did not review staff records for current training.</li> <li>-The RCC reviewed the staff files for training that met regulatory standards.</li> </ul>	D 167		

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D 167	<p>Continued From page 3</p> <p>-The Co-Administrator kept his personnel record in his room and the RCC may not have been aware he did not have current CPR training.</p> <p>_____</p> <p>The facility failed to ensure at least one staff was on the premises at all times who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management related to Co-Administrator being unable to provide current documentation of CPR training, and was the only staff on third shift for 14 of the 14 days sampled. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/02/22 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 17, 2022.</p>	D 167		
D 188	<p>10A NCAC 13F .0604(e) Personal Care And Other Staffing</p> <p>10A NCAC 13F .0604 Personal Care And Other Staffing</p> <p>(e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply.</p> <p>(1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least:</p> <p>(A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40</p>	D 188		

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D 188	<p>Continued From page 4</p> <p>residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, "heavy care resident", means an individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments.</p> <p>(E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure the required staffing hours were met on first, second and third shifts related to additional staff to meet the needs of the facility's heavy care residents.</p> <p>The findings are:</p>	D 188		

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D 188	<p>Continued From page 5</p> <p>Review of the facility's current license effective 01/01/22 revealed the facility was licensed for a capacity of 64 Assisted Living (AL) beds.</p> <p>Review of the facility's shift schedule revealed there were 3 eight hour shifts: 7:00am to 3:00pm, 3:00pm to 11:00pm and 11:00pm to 7:00am.</p> <p>Review of time clock punches for first shift staff from 02/11/22 to 02/24/22 revealed: -The census was 26 residents. -The required staff hours for first shift were 16 hours of aide duty and an additional 9 hours for enhanced care, for a total of 25 hours of aide duty. -On 02/12/22, there were 15.75 hours of aide duty provided to the residents, with a shortage of 9.25 hours. -On 02/13/22, there were 18.30 hours of aide duty provided to the residents, with a shortage of 6.70 hours. -On 02/19/22, there were 15.75 hours of aide duty provided to the residents, with a shortage of 9.25 hours. -On 02/20/22, there were 18 hours of aide duty provided to the residents, with a shortage of 7 hours.</p> <p>Review of time clock punches for second shift staff from 02/11/22 to 02/24/22 revealed: -The census was 26 residents. -The required staff hours for second shift staff were 16 hours of aide duty and an additional 9 hours for enhanced care, for a total of 25 hours of aide duty. -On 02/11/22 there were 14.45 hours of aide duty provided to the residents, with a shortage of 10.55 hours. -On 02/12/22 there were 17.45 hours of aide duty provided to the residents, with a shortage of 7.55</p>	D 188		

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D 188	<p>Continued From page 6</p> <p>hours.</p> <p>-On 02/13/22 there were 14.30 hours of aide duty provided to the residents, with a shortage of 10.70 hours.</p> <p>-On 02/14/22 there were 14.75 hours of aide duty provided to the residents, with a shortage of 10.25 hours.</p> <p>-On 02/15/22 there were 14.60 hours of aide duty provided to the residents, with a shortage of 10.40 hours.</p> <p>-On 02/16/22 there were 15.60 hours of aide duty provided to the residents, with a shortage of 9.40 hours.</p> <p>-On 02/17/22 there were 13.10 hours of aide duty provided to the residents, with a shortage of 11.90 hours.</p> <p>-On 02/18/22 there were 15.60 hours of aide duty provided to the residents, with a shortage of 9.40 hours.</p> <p>-On 02/19/22 there were 14.60 hours of aide duty provided to the residents, with a shortage of 11 hours.</p> <p>-On 02/20/22 there were 17.90 hours of aide duty provided to the residents, with a shortage of 7.10 hours.</p> <p>-On 02/21/22 there were 14.60 hours of aide duty provided to the residents, with a shortage of 10.40 hours.</p> <p>-On 02/22/22 there were 13.60 hours of aide duty provided to the residents, with a shortage of 11.40 hours.</p> <p>-On 02/23/22 there were 14.30 hours of aide duty provided to the residents, with a shortage of 10.70 hours.</p> <p>-On 02/24/22 there were 14.00 hours of aide duty provided to the residents, with a shortage of 11 hours.</p> <p>Review of time clock punches for third shift staff from 02/11/22 to 02/24/22 revealed:</p>	D 188		

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D 188	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-The census was 26 residents.</li> <li>-The required staff hours for third shift were 8 hours of aide duty and an additional 9 hours for enhanced care, for a total of 17 hours of aide duty.</li> <li>-On 02/11/22 through 02/24/22, there was a shortage of 9 aide duty hours each day on third shift.</li> </ul> <p>Observation on 03/02/22 from 12:10am to 9:15am revealed:</p> <ul style="list-style-type: none"> <li>-The Co-Administrator answered the front door at 12:11am.</li> <li>-He was the only staff present.</li> <li>-On tour of the building, all residents were in their rooms in bed and appeared to be sleeping.</li> <li>-Most bedroom doors were opened and those few that were closed were opened slightly to observe.</li> <li>-The Co-Administrator was observed at 2:00am, 2:35am and 2:55am providing incontinent care to 3 residents during the shift.</li> <li>-He stood up from the electric wheelchair and left it in the hall outside the residents' rooms.</li> <li>-He ambulated independently to the resident's bedside to provide incontinent care, approximately 20 feet in most rooms.</li> <li>-He turned residents as needed, with some residents assisting, and changed soiled briefs in their beds.</li> <li>-The Co-Administrator performed rounds in each hallway every 2 hours.</li> <li>-One call bell was rung at 5:50am and he brought the resident an as needed (PRN) pain medication.</li> </ul> <p>Interview with the Co-Administrator on 03/02/22 at 12:45am and 4:22am revealed:</p> <ul style="list-style-type: none"> <li>-He had been working on third shift by himself for about 2 months.</li> <li>-A former staff member slept in the building on</li> </ul>	D 188		



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D 188	<p>Continued From page 8</p> <p>third shift until 2 weeks ago when he moved out.</p> <p>-He had been trying to hire staff for several months through an online employment agency, social media, word of mouth by staff, and the local employment office and agencies.</p> <p>-The agencies he contacted informed him they were unable to provide staff due to their own staffing shortages.</p> <p>-When the building was built, he had a sprinkler system put in, so if there was a fire it would increase the evacuation time for the residents.</p> <p>-He felt that with the sprinkler system in the building he could evacuate the residents from the building.</p> <p>-Most residents slept through the night and on most evenings there were no calls for assistance.</p> <p>-He provided incontinence care to the residents who required changing.</p> <p>-He performed rounds on each hall every 2 hours or as needed, to make sure no one had fallen out of bed or needed assistance.</p> <p>-He thought he would be able to assist any resident in the building back to bed if they were on the floor.</p> <p>-He thought he could evacuate all residents in a timely manner, using a sheet to drag the heavier residents to the nearest exit.</p> <p>-There were exit doors at the end of the 200 and 300 halls where the resident's rooms were located.</p> <p>Observation of staff on 03/02/22 from 7:00am to 8:59am revealed:</p> <p>-There were 2 staff assisting residents out of bed and providing personal care including toileting, grooming, and dressing, in the 200 hall of the facility.</p> <p>-Seven residents were heavy care residents, and one resident required a Hoyer lift to transfer from the bed to the wheelchair.</p>	D 188		

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D 188	<p>Continued From page 9</p> <p>-The Hoyer lift was a manually operated device with a pump lever to elevate and lower the resident from his bed to a wheelchair.</p> <p>-Two staff assisted each of the seven heavy care residents in transferring them from the bed to the wheelchair.</p> <p>a. Review of Resident #1's FL2 dated 07/07/21 revealed: -Diagnoses included dementia, cardio-pulmonary disease and coronary artery disease. -Ambulatory status was documented as semi-ambulatory with a wheelchair.</p> <p>Review of Resident #1's Care Plan dated 11/18/21 revealed: -He was totally dependent on staff for care for toileting, bathing, grooming and transferring. -He was totally dependent with transfers requiring 2 persons for transfers.</p> <p>Observation of Resident #1 on 03/02/22 at 7:57am revealed: -He was unsteady on his feet, stood and pivoted into the wheelchair with a great deal of encouragement and prompting from both staff assisting him. -He did not assist the staff with his dressing or grooming.</p> <p>b. Review of Resident #2's FL2 dated 11/10/21 revealed: -Diagnoses included dementia with psychosis. -Personal care assistance was documented as total care. -Ambulatory status was documented as semi-ambulatory with a wheelchair.</p> <p>Review of Resident #2's Care Plan dated 12/16/21 revealed:</p>	D 188		

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D 188	<p>Continued From page 10</p> <p>-She was totally dependent on staff for eating, toileting, bathing, dressing and grooming. -She was totally dependent on staff for ambulation in her wheelchair and required 2 person assistance with transfers.</p> <p>Observation of Resident #2 on 03/02/22 at 7:17am revealed: -She required both staff in transferring from the bed to her wheelchair, with no assistance from the resident. -She did not assist the staff with her dressing or grooming</p> <p>c. Review of Resident #3's FL2 dated 09/03/21 revealed: -Diagnoses included a mental health diagnoses with severe sepsis. -Personal care assistance was documented as total care. -Ambulatory status was documented as non-ambulatory.</p> <p>Review of Resident #3's Care Plan dated 09/30/21 revealed: -She was totally dependent on staff for eating, toileting, bathing, dressing and grooming. -She was totally dependent on staff for ambulation in a geri-chair and required 2 person assistance with transfers. -A Hoyer lift could be used by staff to transfer the resident.</p> <p>Observation of Resident #3 on 03/02/22 at 7:31am revealed: -She required both staff in transferring from the bed to her wheelchair, with no assistance from the resident. -She did not assist the staff with her dressing or grooming.</p>	D 188		

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D 188	<p>Continued From page 11</p> <p>Interview with two first shift PCAs on 03/03/22 at 8:50am revealed Resident #3 refused to allow the staff to transfer her from the bed to the wheelchair with the assistance of a Hoyer lift.</p> <p>d. Review of Resident #4's FL2 dated 08/18/21 revealed: -Diagnoses included cerebral palsy, osteoarthritis and degenerative disease of the knees. -He required staff assistance with bathing, dressing and toileting. -Ambulatory status was semi-ambulatory with a wheelchair.</p> <p>Review of Resident #4's Licensed Health Professional Support (LHPS) dated 01/04/22 revealed: -He was able to ambulate independently with the assistance of a wheelchair. -He required 2 staff to assist with transfers using the Hoyer lift. -The Hoyer lift was ordered by the primary care physician (PCP) on 11/11/21.</p> <p>Observation of Resident #4 on 03/02/22 at 8:15am revealed: -He required a 2 person assist for a Hoyer lift transfer to his wheelchair, and was not able to assist staff in the transfer. -He did not assist the staff with his dressing or grooming.</p> <p>Interview with two first shift PCAs on 03/03/22 at 8:50am revealed: -They had been using a Hoyer lift with Resident #4 for about 6 months and always transferred him with 2 persons assisting. -The LHPS nurse from the pharmacy reviewed best practice when using the Hoyer lift as part of</p>	D 188		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL012007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MORGANTON LONG TERM CARE, SOUTHWI... FACII</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>151 SOUTHWI... STREET MORGANTON, NC 28655</b>
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D 188	<p>Continued From page 12</p> <p>the skills check off.</p> <p>e. Review of Resident #5's FL2 dated 07/21/21 revealed: -Diagnoses included vascular dementia, cerebrovascular accident (CVA) with hemiplegia and seizure disorder. -Ambulatory status was documented as semi-ambulatory with a wheelchair.</p> <p>Review of Resident #5's Care Plan dated 11/24/21 revealed: -The resident suffered from left sided weakness and was unable to assist staff with tasks. -He was totally dependent on staff for personal grooming and showers. -He required 2 staff for assistance with toileting and to transfer from the bed to the wheelchair.</p> <p>Observation of Resident #5 on 03/02/22 at 7:05am revealed: -He required both staff in transferring from the bed to their wheelchair, with no assistance from the resident. -He assisted staff with right sided upper body dressing.</p> <p>f. Review of Resident #7's FL2 dated 04/29/21 revealed: -Diagnoses included dementia and she was a fall risk due to muscle weakness and unsteadiness of gait. -She required personal care assistance with bathing and grooming.</p> <p>Review of Resident #7's Care Plan dated 03/24/21 revealed: -She required assistance with bathing, grooming, personal care, dressing and toileting. -She required assistance with transfers and</p>	D 188		

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D 188	<p>Continued From page 13</p> <p>ambulation.</p> <p>Observation of Resident #7 on 03/02/22 at 8:46am revealed: -She required both staff in transferring from the bed to their wheelchair, with no assistance from the resident. -She did not assist the staff with her dressing or grooming.</p> <p>g. Review of Resident #8's FL2 dated 01/18/22 revealed: -Diagnoses included Lewy Body dementia. -Personal care assistance was documented as total care. -She was semi-ambulatory with assistance of a geri chair.</p> <p>Review of Resident #8's Care Plan dated 08/11/21 revealed: -She was totally dependent on staff for eating, toileting, bathing, dressing and grooming. -She was totally dependent on staff for ambulation in a wheelchair and required 2 person assistance with transfers.</p> <p>Observation of Resident #8 on 03/02/22 at 7:31am revealed: -She required both staff in transferring from the bed to her wheelchair, with no assistance from the resident. -She did not assist the staff with her dressing or grooming.</p> <p>Interview with two first shift PCAs on 03/03/22 at 8:55am revealed: -Many of the residents on the 200 hall were total care and required 2 person assistance with transfers. -Even the residents that were petite were "stiff as</p>	D 188		

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D 188	<p>Continued From page 14</p> <p>a board" and did not assist with transfers or personal care, so 2 staff were needed to transfer the residents.</p> <p>-Some of the heavy care residents could assist with some of their dressing (putting their arm in their sleeve) and rolling over during brief changes, but most were total care.</p> <p>-Fire drills for first shift were conducted by the Maintenance staff and were recently held, but they did not know the exact date.</p> <p>-The Evacuation Plan was located at the nurses station in a binder for staff to refer to.</p> <p>-There was a board on the wall identifying the location of the fire.</p> <p>-The staff would evacuate the residents from one of the exit areas furthest removed from the fire.</p> <p>-On first shift there would be at least 5 staff to assist with evacuation.</p> <p>Interview on 03/03/22 at 8:10 am with the Maintenance / Transportation staff revealed:</p> <p>-He conducted quarterly fire drills with the staff.</p> <p>-He conducted fire drills on first shift and second shift.</p> <p>-He did not do a third shift drill because the residents were all sleeping and he did not want to disturb them and bring them out to the cold.</p> <p>-He did not think the Co-Administrator could evacuate the residents from the building in case of a fire.</p> <p>-The fire suppression system in the building should keep the fire contained long enough for the residents to be evacuated.</p> <p>-In case of a bad fire, "I don't think any 2 staff members could evacuate the building."</p> <p>Review of fire drill logs between 12/23/21 and 2/17/22 revealed there were three drills conducted and none had been done on third shift.</p>	D 188		

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D 188	<p>Continued From page 15</p> <p>Interview on 03/03/22 at 10:27am with the LHPS nurse revealed: -During an emergency where evacuation was required, she would expect the residents to be evacuated anyway possible to include a fireman drag (put a resident on a sheet and pull them to safety), or to push the hospital bed out of the building. -She did not think the Co-Administrator would be able to evacuate the building in a timely manner without the assistance of additional staff.</p> <p>Interview on 03/03/22 at 12:58 pm with the local fire marshal revealed: -He did not feel like the Co-Administrator could evacuate the building in case of a fire. -If a fire started in the facility the fire suppression system should "ideally" set off the sprinkler system over the area where the fire started, and as the fire progressed would set off the next sprinkler in succession following the fire. -The fire suppression system was not designed to extinguish the fire, but to slow it down to increase evacuation times and response times from local emergency services. -The effectiveness of the fire suppression system was largely dependent on the severity of the fire. -The fire suppression system to include fire doors only deals with fire, there was still the issue of smoke.</p> <p>Interview on 03/03/22 at 2:10 pm with the Resident Care Coordinator (RCC) revealed: -She did not think the Co-Administrator could evacuate the building by himself. -She did not think any 2 or 3 staff could evacuate the building during a fire with all the confusion and panic. -She had been trying to hire staff from an online employment agency, social media, local</p>	D 188		



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D 188	<p>Continued From page 16</p> <p>government agencies, and word of mouth by employees, with no success.</p> <p>Interview with the Administrator on 03/03/22 at 4:05pm revealed:</p> <ul style="list-style-type: none"> <li>-They have had a severe staffing shortage for several months.</li> <li>-The Co-Administrator had been providing care for the residents on third shift until they were able to hire someone.</li> <li>-She did not think any single staff person could evacuate all residents in an emergency.</li> <li>-She did not know he was not checked off on a Hoyer lift transfer.</li> </ul> <p>Refer to tag 167, 10A NCAC 13F. 0507 Training on Cardio-Pulmonary Resuscitation.</p> <p>_____</p> <p>The facility failed to ensure adequate staffing hour requirements for 26 residents which included 7 heavy care residents during all shifts from 02/11/22 to 02/24/22. The facility's failure resulted in one staff left alone in the facility during third shift and unable to safely evacuate the residents in an emergency situation and provide safe transfers for non-ambulatory residents. This failure resulted in substantial risk of physical harm and serious neglect and constitutes a Type A violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/02/22.</p> <p>CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 7, 2022.</p>	D 188		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support	D 278		

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D 278	<p>Continued From page 17</p> <p>10A NCAC 13F .0903 Licensed Health Professional Support</p> <p>(a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:</p> <ol style="list-style-type: none"> <li>(1) applying and removing ace bandages, ted hose, binders, and braces and splints;</li> <li>(2) feeding techniques for residents with swallowing problems;</li> <li>(3) bowel or bladder training programs to regain continence;</li> <li>(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;</li> <li>(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;</li> <li>(6) chest physiotherapy or postural drainage;</li> <li>(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;</li> <li>(8) collecting and testing of fingerstick blood samples;</li> <li>(9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);</li> <li>(10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;</li> <li>(11) inhalation medication by machine;</li> <li>(12) forcing and restricting fluids;</li> <li>(13) maintaining accurate intake and output data;</li> <li>(14) medication administration through a well-established gastrostomy feeding tube</li> </ol>	D 278		

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D 278	<p>Continued From page 18</p> <p>(having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);</p> <p>(15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding anticoagulants such as heparin.</p> <p>(16) oxygen administration and monitoring;</p> <p>(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;</p> <p>(18) oral suctioning;</p> <p>(19) care of well-established tracheostomy, not to include indo-tracheal suctioning;</p> <p>(20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule);</p> <p>(21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP);</p> <p>(22) application of prescribed heat therapy;</p> <p>(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;</p> <p>(24) ambulation using assistive devices that requires physical assistance;</p> <p>(25) range of motion exercises;</p> <p>(26) any other prescribed physical or occupational therapy;</p> <p>(27) transferring semi-ambulatory or non-ambulatory residents; or</p> <p>(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.</p> <p>This Rule is not met as evidenced by:</p>	D 278		

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D 278	<p>Continued From page 19</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a licensed health professional provided the Co-Administrator competency for the use of a Hoyer lift for 1 resident.</p> <p>The findings are:</p> <p>Review of Resident #4's FL2 dated 08/18/21 revealed: -Diagnoses included cerebral palsy, osteoarthritis and degenerative disease of the knees. -He required staff assistance with bathing, dressing and toileting. -Ambulatory status was semi-ambulatory with a wheelchair.</p> <p>Review of Resident #4's Licensed Health Professional Support (LHPS) dated 01/04/22 revealed: -He was able to ambulate independently with the assistance of a wheelchair. -He required 2 staff to assist with transfers using a Hoyer lift. -The Hoyer lift was ordered by his primary care physician (PCP) on 11/11/21.</p> <p>Interview on 03/03/22 at 10:27am with the Licensed Health Support Professional Nurse (LHPS) revealed: -She did Hoyer lift training with the staff when she performed competency validation for the staff. -She would have the staff demonstrate how to use the Hoyer lift. -She would not have the staff lift the residents in the lift unless the resident was ready to get up. -She had not completed any LHPS training including Hoyer lift training for the Co-Administrator. -During an emergency evacuation she would not</p>	D 278		

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D 278	<p>Continued From page 20</p> <p>expect the Hoyer lift to be used.</p> <p>-During an emergency evacuation the staff could put the resident on a sheet and drag them to safety or push the hospital bed outside.</p> <p>Interview on 03/03/22 at 11:30am with the Co-Administrator revealed:</p> <p>-When he had his LHPS completed the facility did not have any Hoyer lifts.</p> <p>-He would not use a Hoyer lift to move a resident by himself since it takes two staff to use a Hoyer lift.</p> <p>-During an emergency evacuation he would put the resident on the floor in a sheet and pull them behind his wheelchair.</p> <p>Interview on 03/03/22 at 4:05pm with the Administrator revealed:</p> <p>-When the Co-Administrator was checked off on the LHPS in the facility there was no Hoyer lifts being used in the building.</p> <p>-She would not expect the staff to take the time and use a Hoyer lift during an evacuation.</p> <p>-The Co-Administrator never worked during first or second shift, so would not be getting any residents up using the Hoyer lift.</p>	D 278		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' 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> <p>This Rule is not met as evidenced by: Based on observations, interviews and record</p>	D912		

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D912	Continued From page 21  reviews, 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 other requirements.  The findings are:  Based on observations, interviews and record review, the facility failed to ensure at least one staff person was always on the premises, on third shift, who had completed an accredited course on cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months, for 1 of 4 sampled staff (Co-Administrator). [Refer to Tag 167 10A NCAC 13F .0507 Training on Cardio-pulmonary resuscitation (Type B Violation)].	D912		
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 observation, interviews and record reviews, the facility failed to ensure there was staff on duty every shift , from 02/11/22 to 02/24/22, based on the needs of the facility's heavy care residents.  Based on observations, interviews and record reviews, the facility failed to ensure the required staffing hours were met on first, second and third	D914		

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D914	Continued From page 22  shifts related to additional staff to meet the needs of the facility's heavy care residents. [Refer to Tag 0188, 10A NCAC 13F .0604(e) Personal Care and Other Staffing) (Type A2 Violation)].	D914		