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AVENDELLE ASSISTED LIVING AT HERITAGE	5112 GRANITIC DRIVE ROLESVILLE, NC 27571

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 07/07/22 and 07/08/22 with a telephone exit on 07/11/22.	C 000		
C 127	10A NCAC 13G .0402 (2) Qualifications Of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications Of Supervisor-In-Charge The supervisor-in-charge is responsible to the administrator for carrying out the program in the home in the absence of the administrator. All of the following requirements must be met: (2) The qualifications of the administrator and co-administrator referenced in Paragraphs (2), (5), (6), and (7) of Rule .0401 of this Subchapter shall apply to the supervisor-in-charge. The supervisor-in-charge (employed on or after August 1, 1991) must meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health and Human Services. Documentation that these qualifications have been met must be on file in the home prior to employing the supervisor-in-charge; This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure documentation of the required educational qualifications had been met and were on record	C 127		

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C 127	Continued From page 1 in the home prior to employing 3 of 3 staff (Staff A, B and C) designated as the Supervisors-in-Charge (SIC) of the facility in the absence of the Administrator. The findings are: 1. Review of Staff A's personnel documents on 07/08/22 revealed: -Staff A was hired 12/03/21. -There was no documentation that Staff A was a High School graduate or certified under a General Education Development (GED)program. -There was no job description for the Supervisor in Charge (SIC) position. -There was no SIC application. -There was no documentation of at least three current reference letters. -There was no certificate of completion of the state infection control course. Interview with Staff A, SIC, on 07/11/22 at 3:36pm revealed: -She was hired in December 2021. -She provided a High School diploma when she was hired. -She had recently accepted the promotion to SIC. -She thought she had a job description that she signed in her personnel record. -As the SIC, she reported to the Director of Operations (DO), and the DO reported to the Administrator. 2. Review of Staff B's personnel documents on 07/08/22 revealed: -Staff B was hired on 12/03/22. -There was no documentation provided that Staff B had completed an Application for Supervisor in Charge. -There was no documentation provided of at least	C 127		

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three current reference letters.
-There was no documentation provided of continuing education courses (CEU) related to the management of domiciliary homes.

Interview with Staff B on 07/11/22 at 3:36pm revealed:
-She had been hired as a medication aide (MA) in December 2021.
-She provided a High School diploma when she was hired to the DO.
-She had recently accepted the promotion to Supervisor-in-Charge (SIC).
-She thought she had a job description that she signed in her personnel record.
-As the SIC, she reports to the DO, and the DO reports to the Administrator

3. Review of Staff C's, Director of Operations (DO), personnel record on 07/08/22 revealed:
-Staff C was hired 09/22/06.
-There was no documentation of a High School diploma or completion of a certified GED program.
-There was no job description for the Supervisor in Charge (SIC) position.
-There was no SIC application.
-There was no documentation of at least three current reference letters.
-There was no certificate of completion of the state infection control course.

Interview with Staff C, DO, on 07/08/22 at 10:20am revealed she provided a High School diploma when she was hired.

Interview with Staff C, Director of Operations (DO), on 07/08/22 at 11:55am and 2:15pm revealed:
-She was sure she requested documentation of

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C 127	Continued From page 3 educational qualifications when Staff B was hired. -She believed that she had Staff B fill out the SIC application which required documentation of a High School diploma or GED certificate. -It was her responsibility to maintain the personnel records, however she had taken those records home and some of the records were thrown away by her family member. -She received a phone call on 07/06/22 from the administrator telling her that state surveyors were currently in another one of the administrator's facilities. -She was informed by the administrator to make sure her records were up to date since the state surveyors were in their county. -She had taken the staff records home with her on 07/06/22 to ensure the information was up to date. -She tried to work on the records in the facility but kept getting interrupted. Telephone interview with the Administrator on 07/07/22 at 12:56pm revealed: -The Director of Operations (DO) was responsible for ensuring staff had the proper qualifications and documentation for their position, and that it was kept in their personnel record. -She was not aware that the DO had taken the residents' records and the staffs' personnel records home with her to work on them. -There were times the DO and Administrator would take records home to work on them. -During the interview, the Administrator reviewed the rule area which required the records to be kept in the family care home and available to DHHS and the county monitors for review. -It was her expectation all staff would have their SIC qualifications completed and documented in their personnel record.	C 127		

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C 127	Continued From page 4 Upon telephone exit on 07/11/22, no further documentation of SIC qualifications were provided.	C 127		
C 173	10A NCAC 13G .0504 (c) Competency Validation For Licensed Health Pro 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure unlicensed staff had been certified by a physician to be competency validated by a registered nurse for 1 of 1 resident who required nephrostomy flushes. The findings are: Review of the home health Genitourinary-Nephrostomy policies dated 2014 revealed: -Nephrostomies are performed to: Relieve a blockage between the renal pelvis and	C 173		

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the bladder, usually along the ureter.
Provide direct access for chemotherapy.
-While caring for patients with nephrostomies, the nursing objectives are to:
a. Prevent infection
b. Maintain tube without clogs
-Most nephrostomy tubes are connected to drainage tubing and a bag via a stop-cock:
a. The stop-cock (prevents the flow of urine back to the kidney) should always be open to the drainage tubing.
b. Only turn the stop-cock to the off position (closed to drainage system), and open it to syringe, when instilling solution into the nephrostomy tube.
c. Assure that after flushing, turn the stop-cock back so it is open to the draining system.
-Instructions to patient/caregiver:

Review of the North Carolina Board of Nursing (NCBON) Infusion Therapy/Insertion/Access Procedure Position Statement revised 09/2019 revealed:
-Unlicensed personnel are not authorized to administer fluids into a body cavity/organ via existing access device.
-Unlicensed personnel are permitted to perform assistive activities such as to flush tubing during set up, monitor flow rate and providing site are/dressing changes after completion of a Nurse Aide II program and after being competency validated by a Registered Nurse.

Review of Resident #1's record revealed there was no documentation of a physician's certification that an unlicensed personnel could perform the task of flushing a nephrostomy even on a temporary basis.

Review of the Director of Operation's (DO)

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personnel record on 07/08/22 revealed:
-She was hired 09/22/06.
-There was no documentation she was deemed competent to flush a nephrostomy tube.

Review of Resident #1's FL-2 dated 10/23/21 revealed:
-She was diagnosed with hematuria (blood in her urine).
-She was non-ambulatory and needed assistance with bathing and dressing.

Review of Resident #1's hospital discharge summary dated 10/23/21 revealed:
-She was admitted 10/22/21 and discharged 10/23/21.
-She had a new nephrostomy.
-She required ongoing care for the nephrostomy.
-The nephrostomy should be flushed with 20ml of normal saline twice a day.

Review of Resident #1's home health skilled nursing notes dated 11/19/21 revealed:
-She instructed the Director of Operations how to irrigate (flush) the nephrostomy tubing with 20ml of sterile saline.
-There was no documentation of a competency checklist used to train the staff.

Review of Resident #1's record revealed there was no documentation of a physician's certification unlicensed personnel could perform the task of flushing a nephrostomy even on a temporary basis.

Review of Resident #1's physician orders dated 12/22/21 revealed an order to flush the nephrostomy with 5ml as needed.

Review of Resident #1's hospital discharge

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summary dated 04/08/22 revealed:
-She was admitted to the hospital on 04/05/22.
-Diagnoses included complicated nephrostomy associated urinary tract infection (UTI), chronic right hydronephrosis status post right nephrostomy, decreased nephrostomy output, and acute on chronic renal failure.
-The hospital course noted that the nephrostomy was malfunctioning both clinically and as evidenced by cross-sectional imaging.
-The nephrostomy catheter was referred to be changed immediately.
-Resident #1 required antibiotics.

Review of Resident #1's physician orders dated 04/25/22 revealed to flush the nephrostomy with 60ml of sterile water once a week.

Review of Resident #1's Progress Notes revealed:
-There was no documentation of nephrostomy flushes from 11/19/21-11/30/21.
-There was documentation the nephrostomy was flushed on 11/30/21.
-There was no documentation of the nephrostomy being flushed from 11/30/21-05/04/22.
-On 12/14/21, staff documented a red spot on Resident #1's right buttock that was reported. Staff described the area as looking like a bruise maybe from laying on her (nephrostomy) line.
-On 02/18/22, staff noted blood during personal care and notified management. There was no documentation that the PCP or urologist was notified.
-On 04/05/22, Resident #2 was sent to the emergency room due to having a fever and vomiting.
-The Director of Operations documented she flushed the nephrostomy line on 05/04/22,

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flush the line.
-Assessing and flushing the nephrostomy was not a task that could be delegated to unlicensed staff to her knowledge.

Interview with the Director of Operations on 07/07/22 at 3:56pm revealed:
-She flushed Resident #1's nephrostomy once a week.
-The home health RN had trained her how to do the flushes.
-She documented weekly when she flushed the nephrostomy.
-She changed the dressing to the nephrostomy site.
-The RN had trained her and 2 other medication aides to perform the flushes.

Telephone interview with the Director of Operations on 07/11/22 at 11:37am revealed:
-She used a 60ml syringe and a 500ml bottle of sterile saline to flush the nephrostomy.
-She used a new syringe for each flush.
-She did not discard the 500mL bottle of sterile saline after initial use.
-She would reuse the 500ml bottle of sterile saline for flushing the nephrostomy.

Telephone interview with the urology RN on 07/11/22 at 4:40pm revealed:
-Irrigation and flushing the nephrostomy was considered an invasive procedure.
-Not flushing the nephrostomy tubing could lead to a urinary tract infection.
-The procedure needed to be as sterile as possible to prevent infection.
-The sterile saline bottle could not be re-used, it had to be used only once then discarded.
-There was no documentation that the urologist had ordered or assessed for unlicensed staff to

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C 173	Continued From page 10 perform the nephrostomy care. Interview with a medication aide on 07/11/22 at 3:21pm revealed: -She had flushed the nephrostomy when the DO was unavailable to. -She had been trained by the previous facility nurse. -She performed dressing changes to the nephrostomy site. Telephone interview with the home health RN on 07/08/22 at 11:57am revealed: -She trained the DO and "possibly" one other staff member to do the nephrostomy flushes. -Skilled nursing services ended due to Resident #1 meeting her therapeutic goals. -She delegated the nephrostomy care task to other unlicensed staff members in the past. -She documented the training in a progress note but did not have a competency checklist that was used during the training. Telephone interview with a RN representative of the North Carolina Board of Nursing on 07/15/22 at 10:53am revealed: -A competency checklist must be performed for an unlicensed staff member to flush the nephrostomy. -An unlicensed staff member was not permitted to determine when an as needed flush was required. Telephone interview with the primary care provider's (PCP) RN on 07/08/22 at 3:12pm revealed it was expected that a licensed staff member would perform the flushes. Interview with Resident #1 on 07/07/22 at 3:15pm revealed:	C 173		

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C 173	Continued From page 11 -The DO would flush the nephrostomy when it needed to be flushed. -She went to her kidney doctor to get the tube replaced when needed. -The medication aides (MA) would empty the bag when it started to get full. Interview with the Director of Operations on 07/08/22 at 5:00pm revealed: -She was not a licensed nurse or a certified nursing assistant. -When the physician's order changed to flushing the nephrostomy with 5ml as needed, the facility staff monitored the nephrostomy to determine if flushing was needed. -The staff had determined the nephrostomy had not needed to be flushed from December-April. -The home health nurse had not seen Resident #1 since the end of 2021. -She was unsure if she was allowed to care for the nephrostomy but had asked several nurses if she was allowed and was told she would be able to manage it as an additional task delegated from the licensed nurse. -She did not realize the physician needed to certify she was able to care for the nephrostomy on a temporary basis. -The nephrostomy care would not be temporary and would require long-term care. -There was no documentation of a competency checklist or validation to complete the nephrostomy flushes for herself or the other two staff who were trained by the RN. Interview with the Administrator of record on 07/07/22 at 12:56pm revealed: -She had sold the facility to the DO the previous year. -She did not monitor the home due to the DO being in charge.	C 173		

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C 173	Continued From page 12 -She knew she was still the administrator of record and was responsible for the residents. -The DO was responsible for ensuring resident needs were met. _____ The facility failed to ensure unlicensed staff had been certified by a physician and a registered nurse to perform nephrostomy irrigation and flushes. The facility's failure resulted in a 2-day hospitalization for a complicated nephrostomy associated urinary tract infection (UTI), with accompanying symptoms of right hydronephrosis, decreased nephrostomy output, and acute on chronic renal failure requiring an emergency change of her nephrostomy and antibiotic treatment. After this hospitalization, there was documentation the nephrostomy care continued to be implemented by unlicensed staff improperly. This failure resulted in serious physical harm and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/11/22 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED AUGUST 10, 2022.	C 173		
C 185	10A NCAC 13G .0601(a) Management and Other Staff 10A NCAC 13G .0601Mangement and Other Staff (a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting	C 185		

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C 185	Continued From page 13 and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record reviews, the Administrator failed to ensure the management and total operations, as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes as related to health care and retention of resident and staff records. The findings are: Observation of the facility during initial tour on 07/07/22 at 8:40am revealed: -A State of North Carolina license as a Family Care Home with an expiration date of 12/31/21. -There was no Administrator's license posted. Interview with the medication aide on 07/07/22 at 8:30am revealed: -The census was 5 residents. -He would notify the administrator of the state's visit. -He identified the administrator as the person later referred to as the Director of Operations (DO). Interview with the Director of Operations on	C 185		

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C 185	Continued From page 14 07/07/22 at 8:55am revealed: -She introduced herself as the owner of the facility. -She was in the process of filing for a change of ownership of the facility. -She was not the administrator of the facility, but was in the process of completing the requirements for an Administrator license. -The Administrator of record was still the previous owner. Review of Resident #1's FL-2 dated 10/23/21 revealed: -She was diagnosed with hematuria (blood in her urine). -She was non-ambulatory and needed assistance with bathing and dressing. Review of Resident #1's hospital discharge summary dated 04/08/22 revealed: -She was admitted to the hospital on 04/05/22. -Diagnoses included complicated nephrostomy associated urinary tract infection (UTI), chronic right hydronephrosis status post right nephrostomy, decreased nephrostomy output, and acute on chronic renal failure. -The hospital course noted that the nephrostomy was malfunctioning both clinically and as evidenced by cross-sectional imaging. -The nephrostomy catheter was referred to be changed immediately. -Resident #1 required antibiotics. Interview with the DO on 07/07/22 at 10:00am and 10:30am revealed: -The records may be "missing some things". -She had been working on the records at home yesterday updating them. -She was not aware that the records had to remain in the facility.	C 185		

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C 185	Continued From page 15 Telephone interview with the Administrator on 07/07/22 at 12:56pm revealed: -She was the Administrator "on paper." -She had sold the facility to the DO the previous year. -She did not monitor the home due to the DO being in charge. -She was not familiar with all of the current residents' needs, including Resident #1's nephrostomy. -The DO was responsible for ensuring resident needs were met -The DO was responsible for ensuring staff had the proper qualifications and documentation for their position, and that it was kept in their personnel record. -She was not aware that the DO had taken the residents' records and the staffs' personnel records home with her to work on them. -There were times the DO and Administrator would take records home to work on them. -She was not aware of the rule area related to maintaining readily available records on site -During the interview, the Administrator reviewed the rule area which required the records to be kept in the family care home and available to DHHS and the county monitors for review. -The DO was responsible for ensuring regulatory standards were met. -She did not check to make sure the DO had completed required tasks due to the length of time she had worked with the DO. -She assumed the DO was ensuring standards were met. -It was her expectation all staff would have their Supervisor in Charge (SIC) qualifications completed and documented in their personnel record.	C 185		

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C 185	Continued From page 16 Interview with the DO on 07/08/22 at 5:00pm revealed: -She was not a licensed nurse or a certified nursing assistant. -She was unsure if she was allowed to care for the nephrostomy but had asked several nurses if she was allowed and was told she would be able to manage it as an additional task delegated from the licensed nurse. -She did not realize they physician needed to certify she was able to care for the nephrostomy on a temporary basis. -She said the nephrostomy care would not be temporary, that it would require long-term care. -There was no documentation of a competency checklist or validation to complete the nephrostomy flushes for herself or the other two staff who were trained by the RN. Non-compliance was identified for the following rule areas: 1. Based on observations, interviews, and record reviews, the facility failed to ensure unlicensed staff had been certified by a physician to be competency validated by a registered nurse for 1 of 1 resident who required nephrostomy flushes. (Type A1 Violation). [Refer to tag 0173, 10A NCAC 13G.0504(c) Competency Validation for Licensed Health Personnel] 2. Based on observations, record reviews, and interviews, the facility failed to ensure documentation of the required educational qualifications had been met and were on record in the home prior to employing 3 of 3 staff (Staff A, B and C) designated as the Supervisor-in-Charge (SIC) of the facility in the absence of the Administrator. [Refer to tag 0127, 10A NCAC 13G.0402(2) Qualifications of	C 185		

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C 185	Continued From page 17 Supervisor in Charge] 3. Based on observations, interviews and record reviews, the facility failed to maintain orderly and readily retrievable records for 3 of 3 sampled residents (#1, #2 and #3) who resided in the facility. [Refer to tag 0415, 10A NCAC 13G.1201(a) Resident Records] 4. Based on observations, record reviews, and interviews, the facility failed to maintain orderly and readily retrievable records of staff qualifications were complete and maintained in the facility for 3 of 3 sampled staff (Staff A, B, and C). [Refer to tag 0443, 10A NCAC 13G.1212 Record of Staff Qualifications] 5. Based on interviews and record reviews, the facility failed to have current care plans for 3 of 3 residents (Residents #1, #2, and #3). [Refer to tag 0231, 10A NCAC 13G.0801(b) Resident Assessment] 6. Based on interviews and record reviews, the facility failed to update the care plan after a significant change for 2 of 2 residents (#1 and #2), due to the placement and care of a nephrostomy (#1) and a decline in health leading to a palliative care/hospice referral (#2). [Refer to tag 0232, 10A NCAC 13G.0801(c) Resident Assessment] _____ The Administrator failed to ensure the management and total operations of the facility, as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes as related to staff qualifications and competency evaluation for licensed health professional support tasks, ensuring care plans were created within 30 days of admission for 3 of	C 185		

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C 185	Continued From page 18 3 residents and updating care plans for 2 of 2 resident upon significant change. The Administrator's failure resulted in a 2-day hospitalization for complicated nephrostomy associated urinary tract infection (UTI), with accompanying symptoms of chronic right hydronephrosis status post right nephrostomy, decreased nephrostomy output, and acute and chronic renal failure requiring an emergency change of her nephrostomy and antibiotic treatment (Resident #1). After this hospitalization, there was documentation the nephrostomy care continued to be implemented by unlicensed staff improperly. This failure resulted in serious physical harm and constitutes a Type A1 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/11/22 for this violation. CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED AUGUST 10, 2022.	C 185		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a	C 231		

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C 231	Continued From page 19	C 231		

resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to have current care plans for 3 of 3 residents (Residents #1, #2, and #3).

The findings are:

1. Review of Resident #1's FL-2 dated 10/23/21 revealed:
-She was diagnosed with hematuria (blood in her urine).
-She was non-ambulatory and needed assistance with bathing and dressing.

Review of Resident #1's Resident Register revealed she was admitted to the facility on 04/02/21.

Review of Resident #1's hospital discharge summary dated 10/23/21 revealed:
-She was admitted 10/22/21 and discharged 10/23/21.
-She had a new nephrostomy.
-She required ongoing care for the nephrostomy.

Review of Resident #1's record revealed the only

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C 231	Continued From page 20 care plan was dated 04/05/21. Interview with the DO on 07/07/22 at 9:46am revealed there was no updated care plan available. 2. Review of Resident #2's FL-2 dated 02/16/22 revealed: -She was admitted on 05/29/20. -Diagnoses included diabetes mellitus type II, falls, right hip fracture, atrial flutter, atrial fibrillation, dementia and osteoporosis. -There was no information regarding orientation. -She was semi-ambulatory with no assistive device noted. Review of Resident #2's care plan dated 05/02/21 revealed: -Resident #2 was independent with eating. -She required extensive assistance with all other tasks listed for toileting ambulation, bathing, dressing, grooming, and transfer. Review of Resident #2's record revealed there was no other care plan available for review. Interview with DO on 07/11/22 at 11:35am revealed she did not realize Resident #2's care plan was out of date and had not been updated. 3. Review of Resident #3's current FL-2 dated 09/29/21 revealed: -She was admitted to the facility 09/11/21. -Diagnoses included diabetes, hypertension, depression, vitamin D deficiency, convulsions, and neuropathy. -She was intermittently disoriented, was ambulatory, and needed assistance with dressing.	C 231		

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C 231	Continued From page 21 Review of Resident #3's record revealed no care plan for Resident #3. Interview with the DO on 07/07/22 at 9:46am revealed she had no other care plan for Resident #3.	C 231		
C 232	10A NCAC 13G .0801 (c) Resident Assessment 10A NCAC 13G .0801Residents Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily living; (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects; (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher;	C 232		

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C 232	Continued From page 22 (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being over a period of time such as initial diagnosis of Alzheimer's disease or diabetes; (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed; (K) new onset of impaired decision-making; (L) continence to incontinence or indwelling catheter; or (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to update the care plan after a significant change for 2 of 2 residents (#1 and #2), due to the placement and care of a nephrostomy (#1) and a decline in health leading to a palliative care/hospice referral (#2). The findings are: 1. Review of Resident #1's FL-2 dated 10/23/21 revealed: -She was diagnosed with hematuria (blood in her urine). -She was non-ambulatory and needed assistance with bathing and dressing. Review of Resident #1's Resident Register dated 03/28/21 revealed she was admitted to the facility 04/02/21. Review of Resident #1's hospital discharge summary dated 10/23/21 revealed: -She was admitted 10/22/21 and discharged	C 232		

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C 232	Continued From page 23 10/23/21. -She had a new nephrostomy. -She required ongoing care for the nephrostomy. Review of Resident #1's record revealed a care plan dated 04/05/21. There was no documentation of the presence or the care of the nephrostomy. Review of Resident #1's hospital discharge summary dated 04/08/22 revealed: -She was admitted to the hospital on 04/05/22. -Diagnoses included complicated nephrostomy associated urinary tract infection (UTI), chronic right hydronephrosis status post right nephrostomy, decreased nephrostomy output, and acute on chronic renal failure. -The hospital course noted that the nephrostomy was malfunctioning both clinically and as evidenced by cross-sectional imaging. -The nephrostomy catheter was referred to be changed immediately. -Resident #1 required antibiotics. 2. Review of Resident #2's FL-2 dated 02/16/22 revealed: -She was admitted on 05/29/20. -Diagnoses included diabetes mellitus type II, falls, right hip fracture, atrial flutter, atrial fibrillation, dementia and osteoporosis. -There was no information regarding orientation. -She was semi-ambulatory with no assistive device noted. Review of Resident #2's care plan dated 05/02/21 revealed: -Resident #2 was independent with eating. -She required extensive assistance with all other tasks listed for toileting ambulation, bathing, dressing, grooming, and transfer.	C 232		

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C 232	Continued From page 24 Interview with MA on 07/11/22 at 3:36pm revealed: -Resident #2 had been declining recently over the last month but especially last two weeks. -Resident #2 was eating less and sleeping more. -She had reported this change in Resident #2 to the Director of Operations (DO). -The DO notified the family as well as the primary care provider (PCP). -Resident #2 was placed with palliative care from hospice (not sure of exact date). Interview with DO on 07/11/22 at 11:35am revealed: -She was aware of the decline in Resident #2. -She had notified the PCP and the resident was referred to palliative care/hospice services. -She did not realize Resident #2's care plan was out of date and had not been updated when the significant change occurred.	C 232		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Facility Services and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and	C 415		

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C 415	Continued From page 25 rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain orderly and readily retrievable records for 3 of 3 sampled residents (#1, #2 and #3) who resided in the facility. The findings are: Observation of the facility during the initial tour on 07/07/22 between 8:30 am - 9:00am revealed	C 415		

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C 415	Continued From page 26 there were 5 residents residing in the facility and one male staff on duty. Attempted record review of sampled residents on 07/07/22 at 8:55am revealed there were no residents' records in the facility for the 5 residents residing in the facility. Interview with the Director of Operations (DO) on 07/07/22 at 8:55am revealed: -She received a phone call on 07/06/22 from the Administrator telling her that state surveyors were currently in another one of the Administrator's facilities. -She was informed by the Administrator to make sure her records were up to date since the state surveyors were in their county. -She had taken the residents' records home with her on 07/06/22 to ensure the information was up to date. -Her family member had thrown away some of the records that had been taken home. Observation on 07/07/22 at 10:00am revealed DO brought in 5 residents' records to the survey team. Interview on 07/07/22 at 10:00am and 10:30am with the DO revealed: -The records may be "missing some things". -She had been working on the records at home yesterday updating them. -She was not aware that the records had to remain in the facility. -In the event of an emergency and a resident required to be sent to the hospital, the medication aide (MA) could print the residents' face sheet along with the residents' electronic medication administration record (eMAR) to be sent with the resident.	C 415		

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AVENDELLE ASSISTED LIVING AT HERITAGE	5112 GRANITIC DRIVE ROLESVILLE, NC 27571

(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 415	Continued From page 27 Review of a printed sample resident's face sheet on 07/07/22 at 11:13am revealed it only had the residents' name and date of birth along with the name and address of the facility. Observation on 07/07/22 at 10:35am revealed the DO left the facility to retrieve all missing documents from the residents' records. Attempted record review of 3 sampled residents on 07/07/22 at 10:28am revealed there were numerous needed documents missing from the 3 sampled residents' records. 1. Review of Resident #1's record on 07/07/22 at 10:28am revealed: -Resident #1 was admitted on 04/02/21. -The following documents were not readily available for Resident #1: -Licensed Health Professional Support (LHPS) reviews; -Pharmacy medication reviews; -Records of all hospitalizations or physician encounters; -Do Not Resuscitate (DNR) order form signed by the physician Interview with the Director of Operations on 07/07/22 at 5:00pm revealed Resident #1 had been hospitalized in October 2021, December 2021, and April 2022. Review of Resident #1's electronic Medication Administration Records (eMAR) dated April 2022, May 2022, June 2022, and July 2022 did not reveal additional information. Review of Resident #1's record on 07/08/22 at 5:00pm revealed:	C 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092230	A. BUILDING: _____ B. WING _____	07/11/2022

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C 415	Continued From page 28 -There were three pharmacy medication reviews dated 09/27/21, 02/01/22, and 06/21/22. -There was a DNR form signed by the physician. -Hospitalization records from 10/23/21 and 04/08/22. 2. Resident #2's record review on 07/07/22 at 10:28am revealed: -Resident #2 was admitted on 05/29/20. -The following documents were not readily available for Resident #2: -current FL-2 (FL-2 was dated 07/29/21); -no medication orders were listed on the FL-2 dated 07/29/21 and no current medication orders were attached to the FL-2 dated 07/29/21; -no current care plan or statement of assessed need signed by the physician; -orders or written treatments or procedures from a physician or other licensed health professional and their implementation; -pharmacy medication reviews; -LHPS reviews; -records of hospitalizations or physician encounters; -receipt of contract for services. Resident #2's record review on 07/07/22 at 2:46pm revealed: -There was an FL-2 dated 02/16/22 complete with medication orders for Resident #2. -There was one Pharmacy Medication Review dated 06/21/22. -There was one LHPS review date 05/15/22. -There was one care plan was signed and dated 05/02/21. 3. Review of Resident #3's record on 07/07/22 at 10:28am revealed: -Resident #3 was admitted on 05/10/21. -The following documents were not readily	C 415		

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C 415	Continued From page 29	C 415		

available for Resident #3:
-Results from a two-step tuburculosis test;
-Pharmacy medication reviews;
-LHPS reviews; and
- No current care plan or statement of assessed need signed by the physician.

Review of Resident #1's eMAR dated April 2022, May 2022, June 2022, and July 2022 did not reveal additional information.

Review of Resident #3's record on 07/08/22 at 5:00pm revealed:
-There were three pharmacy medication reviews dated 07/07/21, 02/01/22, and 06/21/22.
-There was one LHPS review dated 05/15/22.

Interview with medication aide (MA) on 07/07/22 at 11:11am revealed:
-He had not had any need to access the residents' records while working in this facility.
-He could print the residents' face sheet and the residents' electronic medication administration record to be sent with the resident if needed.

Interview with another MA on 07/11/22 at 3:20pm revealed:
-The DO was responsible for organizing the resident records.
-She was not aware the residents' records had not been in the facility.

Interview on 07/07/22 at 11:45am with the DO upon returning to the facility revealed:
-My family member got into my papers and threw them away this morning when I was rushing over here.
-She had contacted the Licensed Health Professional Support (LHPS) Nurse and the pharmacy to send over all the information they

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C 415	Continued From page 30 had on file for the residents' records. -She had the residents' lab results in emails and could print those for the record reviews. Telephone interview with the Administrator on 07/07/22 at 12:56pm revealed: -The Director of Operations (DO) was responsible for ensuring the residents' records contained all the documentation regarding their care. -She was not aware that the DO had taken the residents' records home with her to work on them. -There were times they (DO and Administrator) would take records home to work on them. -The Administrator reviewed rule area which required the records to be kept in the family care home and available to DHHS and the county monitors for review. -She was not aware they could not remove the records from the facility. -It was her expectation all residents' health care documents be up to date and in the residents' record. -She expected all records have a backup by scanning and saving them electronically in the event anything happened to the paper copies.	C 415		
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 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 ensure residents	C 912		

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C 912	Continued From page 31 received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to Competency Validation for Licensed Health Professional support Tasks and Management and Other Staff. The findings are: 1. Based on observations, interviews, and record reviews, the facility failed to ensure unlicensed staff had been certified by a physician to be competency validated by a registered nurse for 1 of 1 resident who required nephrostomy flushes. (Type A1 Violation).[Refer to tag 0173, 10A NCAC 13G.0504(c) Competency Validation for Licensed Health Professional support Tasks]. 2. Based on observations, interviews, and record reviews, the Administrator failed to ensure the management and total operations, as evidenced by the failure to maintain substantial compliance with the rules and statutes governing adult care homes as related to health care and retention of resident and staff records (Type A1 Violation). [Refer to tag 0185, 10A NCAC 13G.0601(a) Management and Other Staff].	C 912		