Division of	of Health Service Re	gulation				
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL051041	B. WING		R 10/26/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		145 DAIR)	ROAD	,		
CLAYTON	N HOUSE	CLAYTON	, NC 27520		399	
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{D 000}	Initial Comments		{D 000}			
		ensure Section conducted a om 10/25/22 to 10/26/22.				
{D 270}	10A NCAC 13F .09 Supervision	01(b) Personal Care and	{D 270}			
	Supervision (b) Staff shall prov	01 Personal Care and ide supervision of residents in ach resident's assessed needs, ent symptoms.				
	FOLLOW- UP TO Non-compliance co severity resulting in substantial risk that	et as evidenced by: TYPE B VIOLATION Intinues with increased residents placed at t death or serious physical ect or exploitation will occur.				
	THIS IS A TYPE AZ	2 VIOLATION				
	failed to provide su as a Special Care front door was mal sampled residents	ions and interviews, the facility pervision for a facility licensed Unit during a time when the functioning resulting in 1 of 5 (#5) with a diagnosis of dering behaviors eloping from staff knowledge.	20		·	
	The findings are:					
5	revealed the facility	ty 's current 2022 license / was licensed as a special th a 60-bed capacity.	:			
Division of 4	Review of Residen 04/19/22 revealed: ealth Service Regulation		<u> </u>			
LABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE	i

STATE FORM 6899 2GXG12 If continuation sheet 1 of 7

Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	8 181	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		HAL051041	B. WING		R 10/26/202	22
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{D 270}	Continued From pa	ge 1	{D 270}	W 51 4 ·	1 1 10 20 1	
	-Diagnoses include aphasia, and anxierathe recommended -He was ambulator behaviorsThere was no doctorientation status. Observations on 10 -The front door was doorbell at the door -The staff unlocked of the building using -There was a sound the door was opened sounding when the -The staff did not had eviceThere were 4 other facility that had the and keypad as the -The sounding devikeypad and were not be compared to the c	d dementia, expressive ty. d level of care was a SCU. y and had wandering umentation related his 0/25/22 at 8:45am revealed: s locked and there was a the front door from the inside g a keypad. ding device that sounded while ed, but immediately stopped door was closed. ave to deactivate the sounding rexit doors throughout the same type of sounding device front door. Ices were not controlled by the ot connected to a fire panel. Sident #5 on 10/25/22 at esident #5 was at the 200 hall g to push the door opened and the key pad.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: A. BUILDING: R 10/26/2022 NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE (X3) DATE SURVEY COMPLETED R 10/26/2022 STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE COMPLETED PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520	Divisio	n of Health Service Re	egulation			1 Older All I IV	ייין
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-The exit door safety checks were documented by the MA and the PCA in a binder at the nurses station. Interview with the Maintenance Director on 10/26/22 at 9:48am revealed: -On 10/14/22, at approximately 8:30am, he was alerted by staff that the front exit door was not functioning properlyHe checked the door and noted the door would		Interview with a me 10/26/22 at 9:20am -On the evening of dining room assistir the medical comple from the facility call Resident #5 was th -The staff got Resident #5 was th -The staff got Resident was assessed where the was assessed where the had last seen room approximately medical complex centre alarming device when the doors well turned off when the -She did not rememsounding on 10/14/-She was informed door was not function had to be unlocked inside of the buildin -The door was lock -It was the responsive exit doors to ensure and the personal call the personal call the MA and the PC station. Interview with the Mand the PC station. Interview with the Mand the PC station.	dication aide (MA) on revealed: 10/14/22, she was in the regresidents with supper when ex center across the street ed and informed them ere. Ident #5 from across the street, with no injuries noted, and recks every 15 minutes. Resident #5 in the dining y 20 minutes prior to the enter calling. Idented con the exit doors sound recopened, and automatically record was were closed. Independent that date that the front coning properly, and the door using the keypad on the g. Idented control to supper. Idented they were locked every hour are aides (PCA) to check the nours. It is they were documented by A in a binder at the nurses Maintenance Director on revealed: Inproximately 8:30am, he was the front exit door was not the foot the control of the contro				

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Division of Health Service Regulation (X3) DATE SURVE STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ R B. WING HAL051041 10/26/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 DAIRY ROAD **CLAYTON HOUSE** CLAYTON, NC 27520 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY** {D 270} Continued From page 3 {D 270} building but would unlock if the keypad was used on the inside of the building. -He removed the keypad on the outside of the building, tested it, but could not figure out what the problem was. -He placed a note on the outside of the building notifying the staff to use the doorbell and wait to be let inside of the facility. -He checked the door about 15 - 20 times throughout the day and there were times that the door was able to be pushed opened without having to use the keypad. -He reset the keypad several times by putting the code in continuously, and the door would eventually lock. -He notified his corporate point of contact and informed them of the door issue and was informed someone would be out to the facility on Monday, 10/17/22, to check the doors. -He did not receive any guidance related to ensuring the doors were locked until the contracted company was able to come check the doors. -There was no staff that sat at the door while the door was not functioning properly. -He checked the exit doors before leaving for the day at approximately 3:00pm on 10/14/22, and the front door was still locked. -He received a call from the facility on 10/14/22 at 1 approximately 6:00pm - 6:30pm and was informed that Resident #5 got out of the facility. -He returned to the facility, reset the keypad on the front door, and was able to get the front door to lock. -He came to the facility on that 10/15/22 and 10/16/22 to check the exit doors and noted them to be locked. -On 10/17/22, a contractor came to out to the facility and replaced the keypad on the outside of the front door and the staff were able to unlock

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y
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	the front door using	the outside keypad.	20			
		lesident Care Director (RCD)	i.			
		Opm revealed it was the	i i			
		MA and the PCA to check the				
		ensure they were locked and	×			
		ks in a binder at the nurse 's				
8	station.		5			
		1.1.1.1.1.1.1.10.100.100.1				
		dministrator on 10/26/22 at				
	8:45am revealed:	40/44/00 D 11 1/75 L 1	8			
		10/14/22, Resident #5 eloped				
3		I walked across the street to a				
	medical complex.		:			
		ating supper and after he				
	finished, he left from					
		lex called the facility and				
		Resident #5 was across the				
	street.					
		ross the street and brought	i .			
		o the facility and he was	1			
		ecks every 15 minutes.	;			
	-There were no inju		ì			
		date, she and the Maintenance	!			
		aware by staff that the front	1			
	door was not worki					
		ng to enter the front door using				
		door would not unlock.				
		Director worked on the doors,	!			
		istrator and staff that the	*			
		ide of the door was inoperable				
		he building had to let staff and				
	visitors in.					
		ing the doorbell outside to alert				
	the staff inside for					
		Director and staff checked the				· ·
		y 30 minutes that date to	8			
	ensure that the doc		TV			
		unlocked during the 30	1			
	minutes checks the	ev completed throughout the	8	1		

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation (X3) DATE SURVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING HAL051041 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD **CLAYTON HOUSE** CLAYTON, NC 27520 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {D 270} Continued From page 5 {D 270} -It was the expectation that a staff member should be on the halls to monitor residents as they exited the dining room. A third interview with the Administrator on 10/26/22 at 2:44pm revealed resident #5 could have fallen or gotten hit by a car when he eloped from the facility on 10/14/22. The facility failed to provide supervision of all residents residing in a licensed Special Care Unit when the front entrance door which all residents had access was malfunctioning. This resulted in Resident #5 eloping from the facility without staff ' s knowledge, traveling across the street and to another medical facility where she was found by a ! medical office staff. This failure resulted in substantial risk for harm and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/26/22 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED November 25, 2022. {D912} G.S. 131D-21(2) Declaration of Residents' Rights | {D912} 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.

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Division of Health	Service Re	egulation				
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AND PLAN OF CORRE	CHON	IDENTIFICATION NOMBER.	A. BUILDING:		Was first Analist reserved and Filmed British to the	
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{D912} Continu	ed From pa	nge 6	{D912}			
This Ru Based of reviews were fro neglect relevan regulati Superv The fine 1. Base facility to license when the in 1 of to of demonstrates	alle is not monon observation, the facility ee from mer, and exploit federal and ons related ision. Idings are: Id on observation observation observation observation observation observation observation and water facility with 10 10A NCAC	et as evidenced by: ions, interviews and record failed to ensure residents intal and physical abuse, tation and in compliance with d state laws and rules and to Personal Care and vations and interviews, the vide supervision for a facility ial Care Unit during a time r was malfunctioning resulting esidents (#5) with a diagnosis andering behaviors eloping hout staff knowledge.[Refer to C 13F. 0901(b) Personal Care type A2 Violation)]				