

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: FCL-035-008	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 10/20/22
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NAME OF PROVIDER Alston Family Care	STREET ADDRESS, CITY, STATE, ZIP CODE 476 Leonard Road Louisbug NC 27549
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C 000	The Adult Care Licensure Section conducted a Follow-Up survey on 10/19/22-10/20/22.	C 000		
C 007	<p>10A NCAC 13G .0206 Capacity</p> <p>10A NCAC 13G .0206 Capacity</p> <p>(a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents.</p> <p>(b) The total number of residents shall not exceed the number shown on the license.</p> <p>(c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure.</p> <p>(d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations.</p> <p>(e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the building.</p>	C 007		

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C 007	<p>Continued from page 1.</p> <p>Follow-Up to Type B Violation. Based on these findings the Type B Violation was not abated.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facilities current license for 1 of 3 sampled residents (#1) who had a cognitive impairment and required prompting to exit the facility.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/22 revealed the facility was licensed for a capacity of six ambulatory residents.</p> <p>Interview with the Administrator on 10/19/22 at 8:48am revealed:</p> <ul style="list-style-type: none"> -There were five residents residing in the facility. -There were four residents in the facility at 8:48am. -One resident was at a day program, Monday through Friday from 8:30am-3:30pm. <p>Review of the facility's fire drill logs revealed:</p> <ul style="list-style-type: none"> -On 08/29/22, a fire drill was conducted at 4:00pm and four of five residents exited the facility without prompting or assistance; one resident required coaching to exit the facility. -On 09/01/22, a fire drill was conducted at 10:30am and all residents without hesitation exited the facility without prompting or assistance. -On 09/13/22, a fire drill was conducted at 8:25am and all residents without hesitation exited the facility without prompting or assistance. -On 09/20/22, a fire drill was conducted at 2:00pm and all residents exited the facility without prompting or assistance. -A second fire drill was conducted on 09/20/22 with a representative with the facility's contracted alarm company 	C 007		
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C007	<p>Continued from page 2.</p> <p>present and all residents exited the facility without prompting or assistance.</p> <p>Review of Resident #1's current FL2 dated 02/14/22 revealed: -Diagnoses included dementia, cerebrovascular disease, hypertension, and diabetes mellitus. -Resident #1 was intermittently confused.</p> <p>Review of Resident #1's current plan of care dated 01/14/22 revealed: -Resident #1 needed limited assistance with eating, dressing, toileting and transferring. -Resident #1 needed extensive assistance with bathing and he was totally dependent for dressing and grooming. -Resident #1 had a history of dementia with poor communication skills and poor balance. -Resident #1 had significant memory loss and must be directed.</p> <p>Review of Resident #1's progress noted revealed: -On 08/25/22, the Administrator spoke to Resident #1's family member/power of attorney (POA) regarding Resident #1's need for a higher level of care. -Resident #1's family member/POA was upset because they felt the resident was doing well in familiar surroundings and was receiving good care. -On 09/02/22, Resident #1's Primary Care Provider (PCP) stated because of the uncertainty of response to all fire drills, an increase in level of care for Resident #1 was warranted. -On 09/06/22, Resident #1's family member was given a copy of the resident's FL2 to take to a facility the family wanted the resident relocated to; the facility denied admission for the resident. -On 09/10/22, Resident #1's PCP and family member/POA were notified the resident had been denied admission to the requested facility and the</p>	C007		
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C007	Continued from page 3. Administrator would continue to look for other facilities. -Resident #1 had been assessed by two other named facilities and denied admission due to insurance. -On 10/01/22, the Administrator spoke with Resident #1's family member/POA about discharge home. The family member/POA said she would talk to the rest of the family, but everyone worked. -On 10/10/22, there was documentation several attempts to relocate failed, the county Department of Social Services (DSS) was aware. Call was placed to the Regional Ombudsman again. The Ombudsman was out of the office. Three messages had been left for the Ombudsman. -On 10/12/22, the Administrator spoke to the Regional Ombudsman to see if she could legally relocate Resident #1 with out of town family since the resident's family/POA had not assisted with placement after the resident had been denied admission to local facilities. -The Ombudsman suggested the Administrator call the local discharge team to assist with placement. She told the Ombudsman, DSS was already assisting with the issue. -The Ombudsman suggested she send a letter in writing to the family member/POA regarding Resident #1's increased need for higher level of care as discussed on 08/25/22. - On 10/18/22, the Administrator spoke to Resident #1's family member/POA regarding the letter and outlining the need for discharge with family until Medicaid issues were resolved, and discussed oissible discharge with family members out of town. Observation of a fire drill conducted on 10/19/22 between 10:10am-10:15am revealed: -There were three residents sitting in the living room of the facility.	C007		
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C007	<p>Continued from page 4.</p> <ul style="list-style-type: none"> -Resident #1 was in his room with a radio playing music. -The fire alarm was tested which produced a loud audible noise. -Three residents in the living room immediately exited the facility using the front door. -Resident #1 remained asleep in his bed. -Resident #1's radio was silenced, and the fire alarm was tested again. -Resident #1 remained asleep. -Resident #1 was awakened by calling his name. <p>Interview with Resident #1 on 10/19/22 at 10:15am revealed:</p> <ul style="list-style-type: none"> -He did not know what the audible noise was. -He did not know the noise was a fire alarm. -He did not know what to do when he heard the fire alarm. <p>Telephone interview with Resident #1's family member/POA on 10/19/22 at 1:32pm revealed:</p> <ul style="list-style-type: none"> -She had received notification from the Administrator Resident #1 needed to be relocated. -She had not agreed to Resident #1 moving to another state to live with another family member. -She would only agree for Resident #1 to move to another state if there was no other option. <p>Interview with the Administrator on 10/19/22 at 2:14pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 exited the facility during fire drills she had conducted since 08/25/22 as well as a fire drill that was conducted by a representative with the construction division of the Department of Health Service regulation (DHSR) in September 2022. 	C007		
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C007	Continued from page 5. -Resident #1 may have followed the other residents exiting the facility, but she recalled one time the resident was sitting at the table alone and he exited when the fire alarm went off without being told to do so. -She had been trying, since 08/25/22, to relocate Resident #1 to another facility. -There were several facilities that had accepted Resident #1 to relocate to their facility until they discovered the resident had not been approved for special assistance Medicaid to offset costs. -She had coordinated transporting Resident #1's POA to the DSS office to initiate the application for special assistance Medicaid. -She had found out last week Resident #1's most recent application for special assistance Medicaid had been denied (she did not recall the date). -She reached out to the special assistance Medicaid eligibility worker who reported Resident #1's POA had not provided documents requested and therefore the case was closed. -She had tried multiple times since Resident #1 moved into the facility to get the resident approved for special assistance Medicaid and had been unsuccessful. -After finding out last week Resident #1's Medicaid was denied, she reached out to Resident #1's family member who lived in another state, and she agreed Resident #1 could move in with her. -The family member wanted to pick Resident #1 up on Tuesday, 10/18/22, but Resident #1's POA had not given consent for the resident to move out of the area. -She had worked with the Adult Home Specialist (AHS) and the Ombudsman to try to relocate Resident #1. -Because Resident #1 did not have Medicaid, the only option it seemed would be for the resident to move in with family.	C007		
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C007	<p>Continued from page 6.</p> <ul style="list-style-type: none"> -Resident #1's POA would not be able to allow the resident to stay with her because of her own living situation. -She really did not know what else to do, but she was trying to get Resident #1 relocated. -Her goal was to keep Resident #1 safe until he was relocated. -She was continuing to practice fire drills with Resident #1 and all the other residents too. -She had placed a wheelchair and a rolling walker in Resident #1's room, so in the event there was a fire, the resident could be assisted out of the facility quickly. -Resident #1 was ambulatory but if he was rushed he might get resistant and using a wheelchair would be quicker and safer to get him out of the facility. -She had utilized additional staff to provide an additional staff person on site 24-7 to ensure if there was an emergency, Resident #1 would have 1:1 assistance to exit the facility; this started on 08/25/22. -She lived in the facility, and her room was equipped with the call system and she could hear the fire alarm if it was activated. -The additional staff person was awake on 3rd shift. -She wanted Resident #1 to be safe "here" and she wanted Resident #1 to be relocated to a safe environment too. <p>Interview with a staff member on 10/19/22 at 2:48pm revealed:</p> <ul style="list-style-type: none"> -She was at the facility to assist with providing around the clock care for Resident #1. -She was awake on 3rd shift and made rounds to check on all the residents every 2-2.5 hours. -She had observed two staff in the facility every time she was working. -She was told Resident #1 had to have round the clock care. 	C007		
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C007	Continued from page 7. Second telephone interview with Resident #1's family member/POA on 10/19/22 at 6:03pm revealed she was working with Resident #1's family members to work it out for Resident #1 to spend the day with her and the resident would rotate nights with different family members until other arrangements could be made. Telephone interview with the AHS with the local DSS on 10/20/22 at 2:28pm revealed: -She had been assisting the Administrator in placement for Resident #1. -She had faxed Resident #1's current FL-2 to at least 10 facilities. -She faxed additional information as requested to multiple facilities. -She had met two Administrators at the facility to assess Resident #1 for admission. -Resident #1 had been accepted for transfer to two different facilities, but later both facilities notified her Resident #1 did not have enough money to pay for placement at their facility. -She was not aware until one day last week that Resident #1 did not have special assistance Medicaid to offset the cost of placement. -Since then she met with the Medicaid Supervisor for Long Term Care (LTC) and a Medicaid worker. -She was told Resident #1's family member/POA had not completed the requests for information for Medicaid because she and Resident #1 were legally separated and she did not want to be involved. -If Resident #1's family member/POA did not want to be involved, guardianship would need to be initiated for Resident #1.	C007		
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C007	Continued from page 8. Telephone interview with Resident #1's family member/POA on 10/20/22 at 2:58pm revealed: -Resident #1 would be moved out of the facility on Saturday, 10/22/22. -She had contacted the local DSS today, 10/20/22, to work on obtaining special assistance Medicaid for Resident #1. Attempted telephone interview with Resident #1's out of town family member on 10/18/22 at 12:46pm was unsuccessful. Attempted telephone interview with Resident #1's PCP on 10/18/22 at 3:11pm was unsuccessful. Attempted telephone interview with the Regional Ombudsman on 10/20/22 at 2:26pm was unsuccessful. The facility failed to ensure a resident with a history of memory loss and cognitive changes was able to evacuate the facility in an emergency without physical prompting by staff. This failure was detrimental to the health and safety of the resident and constitutes an Unabated B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/19/22. CORRECTION DATE FOR THE UNABATED TYPE B VIOLATIONS SHALL NOT EXCEED NOVEMBER 19, 2022.	C007		
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