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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 03/01/23.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure walls, floor coverings, and bathtub were kept clean and in good repair for residents' bathroom. The findings are: Observations of the residents' common bathroom on 03/01/23 at 10:22am revealed: -There was a build-up of dark brown and black substance on the edges of the flooring and a heavy build-up of black substance on the front corner of the base of the bathtub. -There were black spotted stains over the ceiling of the bathroom. -There were black stains noted on the signage posted on the wall of the bathroom. -There was an open area where the overflow plug should be in the bathtub. -The bathtub was missing the stopper/screen for the waste water drain leaving an opening into the drain. Interview with a resident on 03/01/23 at 10:15am revealed:	C 074		

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C 074	Continued From page 1 -He had been living at the facility for a few months. -They (residents) usually cleaned the bathroom. -He did not know how long the bathroom ceiling, floor and tub had been in disrepair. Interview with the Administrator on 03/01/23 at 10:30am revealed: -The Administrator called the maintenance director on her cell phone. -She said the maintenance director was "supposed to be here last Friday to fix all this". -The maintenance director replied, "What all was I supposed to fix". -The Administrator replied, "you were supposed to come walk around with me to let me show you everything that needs to be done." -The Maintenance Director replied, "I cannot come today but I will come tomorrow". -She had planned to have the Maintenance Director "fix all this".	C 074		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, interviews and record	C 105		

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reviews, the facility failed to ensure hot water accessible to residents was maintained at a temperature between 100 to 116 degrees Fahrenheit (°F) at 3 fixtures, 2 sinks and 1 bathtub.

The findings are:

Observation of the facility on 02/28/23 at 10:00am revealed there was only one common bathroom with one sink and one bathtub and the one sink in the kitchen that residents were able to access for a total of 3 water fixtures for the facility.

Observation of Resident #3 on 03/01/23 at 10:15am revealed he used a cane in his right hand for ambulation as his left hand had limited mobility and was contracted.

Review of Resident #3's current FL-2 dated 02/08/23 revealed diagnoses included hyperlipidemia, history of cerebral vascular accident, left spastic hemiparesis, coronary artery disease, hypertension, and excessive ear wax.

Review of signage taped to the left-hand side of the mirror in the residents' common bathroom on 03/01/23 at 10:21am revealed:
-There was a "Water Temperature Requirement" sign posted on the mirror to the left-hand side of the handwashing sink in the residents' common bathroom.
-The signage was from the prior family care homeowner from 2012 prior to the change of ownership to the current owner.
-The sign documented "the state of North Carolina requires all group homes to maintain the water temperature between 110 - 116 degrees".

Observations on 03/01/23 from 10:20am to

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10:25am revealed:
-At 10:20am, the hot water temperature in the kitchen sink was 140.4°F.
-At 10:22am, the hot water temperature in the tub in the resident common bathroom was 137.4°F.
-There was visible steam coming from the running hot water in the tub.
-At 10:25am, the hot water temperature in the hand washing sink in the resident common bathroom was 132.5°F.

Interview with the Administrator on 03/01/23 at 10:30am revealed:
-The Administrator was informed of the hot water temperatures.
-She was not aware that the water temperatures were too hot.
-The staff checked hot water temperatures of random fixtures throughout the facility every week and documented it.
-The Administrator instructed all residents to use caution with the hot water and signs were placed at the kitchen sink and in the bathroom warning of the hot water being used with caution.

Telephone interview with the Administrator and the Maintenance Director on 03/01/23 at 10:30am revealed:
-The Administrator called the maintenance director on her cell phone.
-She said the maintenance director was "supposed to be here last Friday to fix all this".
-The maintenance director replied, "What all was I supposed to fix".
-The Administrator replied, "you were supposed to come walk around with me to let me show you everything that needs to be done."
-The Maintenance Director replied, "I cannot come today but I will come tomorrow" and then proceeded to give the Administrator instructions

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on how to decrease the setting on the water heater to decrease the water temperatures.

Observation on 03/01/23 at 10:32am revealed:
-The water heater setting was set to "hot".
-The Administrator turned the temperature setting down to "the normal setting".
-The Administrator instructed the staff to check the water heater setting daily to prevent residents from adjusting the settings to high until the maintenance director could place a "lock" over the controls.

Review of the facility's "Water Temperature Check" sheet for 2022-2023 on 03/01/23 revealed:
-There were 4 temperatures documented for the 3 fixtures in the facility for November 2022 ranging 110 -115°F.
-There were 5 temperatures documented for the 3 fixtures in the facility December 2022 ranging 108-115°F.
-There were 4 temperatures documented for the 3 fixtures in the facility for January 2023 ranging 100-112°F.
-There were 4 temperatures documented for the 3 fixtures in the facility for February 2023 ranging 105 - 115°F.

Attempted interview with Resident #3 on 03/01/23 at 12:55pm was unsuccessful as he was not in the facility at present.

Observations on 03/01/23 from 1:05pm -1:15pm revealed:
-At 1:05pm, the hot water temperature in the bathtub in the residents' common bathroom was 137°F.
-There was visible steam coming from the running hot water in the tub.

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-At 1:10pm, the hot water temperature in the hand washing sink in the resident common bathroom was 132.2°F.
-At 1:15pm, the hot water temperature in the kitchen sink was 133.7°F on the surveyor's thermometer and 134°F on the facility's thermometer.
-The staff and the Administrator were both present during this observation of the kitchen sink water temperature.

A second interview with the Administrator on 03/01/23 at 1:18pm revealed:
-The staff had just told her that there were two residents who would adjust the water heater setting to make the water hotter than the normal setting.
-The residents were all able to adjust their shower water temperatures without assistance.
-There were no residents with dementia.
-The Administrator instructed the staff to check the water heater setting daily to prevent residents from adjusting the settings to high until the maintenance director could place a "lock" over the controls.

Observations on 03/01/23 from 2:50pm -3:00pm revealed:
-At 2:50pm, the hot water temperature in the tub in the resident common bathroom was 113.8°F.
-At 2:55pm, the hot water temperature in the hand washing sink in the resident common bathroom was 113.0°F.
-At 3:00pm, the hot water temperature in the kitchen sink was 115.0°F.
-These hot water temperatures revealed the water complied with the rules and regulations of 100°F to 116°F prior to the survey exit from the facility.

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C 105	Continued From page 6 The facility failed to ensure hot water accessible to residents was maintained at a temperature between 100°F to 116°F as evidenced by 3 hot water fixtures with temperatures ranging from 132.2°F to 140.4°F placing residents at risk for a third degree burn to occur in 5 seconds with water at 140°F and at 133°F in 15 seconds of exposure based on the American Burn Association SCALD INJURY PREVENTION document dated 2017 demonstrates substantial risk of serious harm and injury of the residents and constitutes a Type A2 Violation. ______________________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/01/23 for this violation. THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 31, 2023.	C 105		
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 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,	C 231		

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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 record reviews and interviews, the facility failed to ensure 3 of 3 sampled residents (#1,#2, #3) had an assessment and care plan updated annually.

The findings are:

1.Review of Resident #1's current FL-2 dated 06/08/22 revealed diagnoses included atrial fibrillation, chronic obstructive pulmonary disease, hypertension hyperlipidemia, hyponatremia, neurocognitive disorder, Schizoid effective disorder.

Review of Resident #1's record revealed there was a care plan dated 08/01/22 that was signed by Resident #1's Primary Care Provider (PCP).

Interview with Resident #1 on 03/01/23 at 2:55pm revealed:
-He was not sure when he saw his doctor last.
-He sees one of his doctors through video.

Refer to interview with the Administrator on 03/01/23 at 1:00pm.

2. Review of Resident #2's current FL-2 dated 02/08/23 revealed diagnoses included hypertension, hyperlipidemia, Schizophrenia,

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vitamin D deficiency, and right shoulder pain.

Review of Resident #2's record revealed there was a care plan dated 02/08/22 that was signed by Resident #2's Primary Care Provider (PCP).

Attempted interview with Resident #2 on 03/01/23 at 1:00pm was unsuccessful as he was asleep.

Refer to interview with the Administrator on 03/01/23 at 1:00pm.
3. Review of Resident #3's current FL-2 dated 02/08/23 revealed diagnoses included hyperlipidemia, history of cerebral vascular accident, left spastic hemiparesis, coronary artery disease, hypertension, and excessive ear wax.

Review of Resident #3's record revealed there was a care plan dated 02/01/22 that was signed by Resident #3's Primary Care Provider (PCP).

Attempted interview with Resident #3 on 03/01/23 at 12:55pm was unsuccessful as he was not in the facility at present.

Interview with the Administrator on 03/01/23 at 12:45pm revealed she had difficulty getting the clinic to answer the phone to get any progress notes or care plans.

Refer to interview with the Administrator on 03/01/23 at 1:00pm.

____

Interview with the Administrator on 03/01/23 at 1:00pm revealed:
-She thought all care plans were up to date for residents.
-She knew she was supposed to update residents' care plans annually.

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C 231	Continued From page 9 -She had difficulty getting the care plans signed by residents' PCP. -She was responsible for ensuring resident care plans were updated annually and the physician signed the care plans.	C 231		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (a) The facility 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: (1) applying and removing ace bandages, TED hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy. For the purpose of this Rule, "well-established colostomy or ileostomy" means having a healed surgical site without sutures or	C 252		

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drainage;
(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;
(11) inhalation medication by machine;
(12) forcing and restricting fluids;
(13) maintaining accurate intake and output data;
(14) medication administration through a well-established gastrostomy feeding tube. For the purpose of this Rule, "well-established gastrostomy feeding tube" means having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established;
(15) medication administration through subcutaneous injection in accordance with Rule .1004(q) except for anticoagulant medications;
(16) oxygen administration and monitoring;
(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;
(18) oral suctioning;
(19) care of well-established tracheostomy, not to include endotracheal suctioning. For the purpose of this Rule, "well-established tracheostomy" means the stoma is well-healed and the airway is patent;
(20) administering and monitoring of tube feedings through a well-established gastrostomy feeding tube in accordance with Subparagraph (a)(14) of this Rule;
(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);
(22) application of prescribed heat therapy;
(23) application and removal of prosthetic devices except as used in post-operative treatment for shaping of the extremity;
(24) ambulation using assistive devices that

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requires physical assistance;
(25) range of motion exercises;
(26) any other prescribed physical or occupational therapy;
(27) transferring semi-ambulatory or non-ambulatory residents; or
(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.

This REQUIREMENT is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed on 3 of 3 sampled residents (#1, #2, #3) to include the identified tasks of inhalation medications and ambulation with a walker (#1), blood pressure monitoring (#2), and ambulation with a cane (#3).

The findings are:

1.Review of Resident #1's current FL-2 dated 06/08/22 revealed:
-Diagnoses included atrial fibrillation, chronic obstructive pulmonary disease, hypertension hyperlipidemia, hyponatremia, neurocognitive disorder, Schizoid effective disorder.
-There was an order for Albuterol 90mcg/actuation to inhale 2 puffs every 6 hours as needed for wheezing or shortness of breath.
-There was an order for Spiriva 18mcg to use one

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capsule into inhaler and inhale daily for wheezing or shortness of breath.
-There was an order for Advair Diskus one puff twice a day.

Review of Resident #1's record on 03/01/23 revealed:
-There was not a current licensed health professional support (LHPS) evaluation.
-The LHPS in Resident #1's record had no date listed on the form.

Review of Resident #1's medication administration record (MAR) on 03/01/23 revealed:
-There was an entry for Albuterol 90mcg/actuation to inhale 2 puffs every 6 hours as needed for wheezing or shortness of breath.
-There was an entry for Spiriva 18mcg to use one capsule into inhaler and inhale daily for wheezing or shortness of breath.
-There was an entry for Advair Diskus one puff twice a day.

Interview with the Medication Aide on 03/01/23 at 2:27pm revealed Resident #1 had 3 different inhalation medications.

Interview with Resident #1 on 03/01/23 at 2:55pm revealed:
-He was not sure when he saw his doctor last.
-He sees one of his doctors through video.
-He has a "couple of medicines for his breathing" that he had to inhale.

Refer to telephone interview with the Administrator and the Licensed Health Profession Support Nurse (LHPS) on 03/01/23 at 2:45pm.

2. Review of Resident #2's current FL-2 dated

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02/08/23 revealed diagnoses included hypertension, hyperlipidemia, Schizophrenia, vitamin D deficiency, and right shoulder pain.

Review of Resident #2's record on 03/01/23 revealed:
-There was not a current licensed health professional support (LHPS) evaluation.
-The LHPS in Resident #2's record had no date listed on the form.

Attempted interview with Resident #2 on 03/01/23 at 1:00pm was unsuccessful as he was asleep.

Refer to telephone interview with the Administrator and the Licensed Health Profession Support Nurse (LHPS) on 03/01/23 at 2:45pm.

3. Review of Resident #3's current FL-2 dated 02/08/23 revealed diagnoses included hyperlipidemia, history of cerebral vascular accident, left spastic hemiparesis, coronary artery disease, hypertension, and excessive ear wax.

Observation of Resident #3 on 03/01/23 at 10:15am revealed he used a cane in his right hand for ambulation as his left hand had limited mobility and was contracted.

Review of Resident #3's record on 03/01/23 revealed:
-There was not a current licensed health professional support (LHPS) evaluation.
-The LHPS in Resident #3's record had no date listed on the form.

Attempted interview with Resident #3 on 03/01/23 at 12:55pm was unsuccessful as he was not in the facility at present.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092206	A. BUILDING: ______ B. WING ______	03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELTY HEALTHCARE SERVICES	1101 LOXLEY PLACE RALEIGH, NC 27610

(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 252	Continued From page 14 Telephone interview with the Administrator and the LHPS nurse on 03/01/23 at 2:45pm revealed: -She was a Registered Nurse who came to the facility to complete LHPS evaluations. -She was scheduled to come in December 2022, but she was unable to come as she had been on vacation at that time. -She was not sure why she had not dated the previous LHPS' that were in the residents' records.	C 252		
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 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	C 415		

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C 415	Continued From page 15	C 415		

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 interviews and record reviews the facility failed to maintain resident records in an orderly manner and readily available for review for 3 of 3 sampled residents (#1, #2, #3) where there were no visit notes or visit summaries from mental health providers.

The findings are:

1.Review of Resident #1's current FL-2 dated 06/08/22 revealed diagnoses included atrial fibrillation, chronic obstructive pulmonary disease, hypertension hyperlipidemia, hyponatremia, neurocognitive disorder, Schizoid effective disorder.

Review of Resident #1's Resident Register revealed he was admitted 06/10/22 from a local hospital.

Review of Resident #1's record on 03/01/23

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C 415	Continued From page 16	C 415		

revealed:
-There was no documented health care or follow up for medical treatment for Resident #1.
-There were no documented health care progress notes from the PCP or Psychiatrist for Resident #1.
-There was no documented psychiatric or psychological evaluation for Resident #1.

Interview with Resident #1 on 03/01/23 at 2:55pm revealed:
-He was not sure when he saw his doctor last.
-He sees one of his doctors through video.

Attempted telephone interview with Resident #1's PCP on 03/01/23 at 3:00pm was not successful.

Refer to interview with the Administrator on 03/01/23 at 1:00pm.

2. Review of Resident #2's current FL-2 dated 02/08/23 revealed diagnoses included hypertension, hyperlipidemia, Schizophrenia, vitamin D deficiency, and right shoulder pain.

Review of Resident #2's Resident Register revealed he was admitted 04/(NO DATE)/15 from another facility.

Review of Resident #2's record on 03/01/23 revealed:
-There was no documented health care or follow up for medical treatment for Resident #2.
-There were no documented health care progress notes from the PCP or Psychiatrist for Resident #2.
-There was no documented psychiatric or psychological evaluation for Resident #2.

Attempted interview with Resident #2 on 03/01/23

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C 415	Continued From page 17	C 415		

at 1:00pm was unsuccessful as he was asleep.

Attempted telephone interview with Resident #1's PCP on 03/01/23 at 3:00pm was not successful.

Refer to interview with the Administrator on 03/01/23 at 1:00pm.

3. Review of Resident #3's current FL-2 dated 02/08/23 revealed diagnoses included hyperlipidemia, history of cerebral vascular accident, left spastic hemiparesis, coronary artery disease, hypertension, and excessive ear wax.

Review of Resident #2's Resident Register revealed he was admitted 11/30/20 from a local hospital.

Review of Resident #3's record on 03/01/23 revealed:
-There was no documented health care or follow up for medical treatment for Resident #3.
-There were no documented health care progress notes from the PCP or Psychiatrist for Resident #3.
-There was no documented psychiatric or psychological evaluation for Resident #3.

Attempted interview with Resident #3 on 03/01/23 at 12:55pm was unsuccessful as he was not in the facility at present.

Attempted telephone interview with Resident #3's PCP on 03/01/23 at 3:00pm was not successful.

Refer to interview with the Administrator on 03/01/23 at 1:00pm.

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Interview with the Administrator on 03/01/23 at

Division of Health Service Regulation

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C 415	Continued From page 18 1:00pm revealed: -The residents were seen in video conferences by the mental health provider. -She had never received any progress notes from the mental health provider. -The prescriptions were sent straight to the pharmacy by the mental health provider.	C 415		