PRINTED: 07/01/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL061011	A. BUILDING: _____ B. WING _____	R 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MITCHELL HOUSE	13681 HWY 226 SOUTH SPRUCE PINE, NC 28777

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D 000	Initial Comments The Adult Care Licensure Section conducted and annual and follow up survey and a complaint investigation from 06/18/24 through 06/20/24.	D 000	Response to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared soley as a matter of compliance with state law.	
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews the facilty failed to clean Special Care Unit (SCU) bedrooms and bathrooms and maintain a supply of paper products in resident bathrooms. The findings are: Observations of resident room 201 during the initial tour on 06/18/24 at 9:17am revealed the toilet in the bathroom had dried brown colored substances in multiple places. Interview with a resident on 6/18/24 at 9:17am revealed the housekeeper came every other day to clean her bathroom. Observations of resident room 403 during the initial tour on 06/18/24 at 9:32am revealed: -There were two dirty briefs on the floor. -There was a plate containing eggs on a bedside table and spilled spaghetti noodles and meat beside the plate.	D 079	10C NCAC 13F .0306 (a)(5) Executive Director or his/her designee will ensure all resident bathrooms have adequate supply of paper products to include paper towels and toilet paper. Weekly inventory of paper products will be completed by Executive Director or his/her designee to ensure adequate supply of all products. Executive Director and his/her designee will conduct spot checks of a select rotation of rooms weekly for 90 days.	7/10/24 7/10/24 7/19/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Meagan Burrows

TITLE: Executive Director

(X6) DATE: 7/23/24

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D 079	Continued From page 1 -There was spilled spaghetti noodles, a small piece of bread and a small piece of meat on the floor, below the table. -The toilet bowl had multiple dark streaks lining the inside of the toilet bowl and the seat had a dried brown colored substance on it. -There were no paper towels in the bathroom. Interview with the dietary manager on 06/18/24 at 10:10am revealed a spaghetti and meat meal was served at lunch on Monday, 06/17/24. Observations of resident room 408 during the initial tour on 06/18/24 at 9:42am revealed: -There were two wet blue pads on the floor in the bathroom, with four footprints on them. -Thre was a dirty brief, a shirt and two pairs of pants on the shower bench. Observations of resident's bathrooms on 06/19/24 at 11:01am revealed: -Rooms 405, 417 and 424 did not have any toilet paper available. -Rooms 401, 403, 404, 405, 408, 417 and 419 did not have any paper towels available. Observation of room 403 on 06/19/24 at 11:03am and 1:14pm revealed: -The bedside table and floor still had the same spilled spaghetti, bread and meat around it. -There was one dirty brief on the floor. Interview with a resident on 06/19/24 at 3:26pm revealed: -He had to request toilet paper and paper towels regularly from staff because it was not routinely stocked in his bathroom. -Staff rarely helped him make his bed in the morning and he was unable to do it due to his visual limitations.	D 079		

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D 079	Continued From page 2 Telephone interview with a family member on 06/19/24 at 10:29am revealed: -She was at the facility every other day visiting a family member. -It was common that toilet paper and paper towels were not available in her family member's bathroom. -When she asked the Administrator about paper supplies she was told the corporation was responsible for providing them and it was out of her control. -When she was walking with her family member around the facility it was typical for her to observe dirty briefs scattered on the floor in resident rooms. -The resident rooms and bathrooms did not stay clean because the facility employed only one housekeeper for the building and it was not possible for one person to do all the necessary cleaning. Interview with a housekeeper on 06/19/24 at 11:08am revealed: -She was responsible for cleaning the entire facility. -She was responsible for stocking paper supplies in resident bathrooms, but it was not always available for her to distribute. -She did not clean the SCU on 06/18/24 because she cleaned the assisted living side. -The SCU was always dirtier than the assisted living side and required more time to clean. -She did not always finish cleaning one side of the building before she had to go to the other side. Interview with a personal care aide (PCA) on 06/19/24 at 3:06pm revealed: -In addition to caring for residents, PCAs were	D 079		

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D 079	Continued From page 3 responsible for tidying up rooms as needed. -If a resident ate in their room, staff were responsible for cleaning up the meal dishes and the bedside table. -If a resident disposed of a dirty brief on the floor, rather than placing it in the trash can, any staff that saw it should pick it up and properly dispose of it. -She did not know why she failed to notice the dirty briefs and spaghetti on the table in room 403 when she was working this week. Interview with the Special Care Coordinator (SCC) on 06/19/24 at 1:15pm revealed: -She was not sure but she thought the housekeeper came to the SCU for at least a few hours each day. -The housekeeper was responsible for cleaning bathrooms and stocking paper supplies in resident rooms. -She was aware that residents had to request paper supplies at times. -She thought the Administrator was responsible for ordering and ensuring there were enough paper supplies. -If a resident ate in their room, the PCA was responsible for cleaning up after them and taking the dishes back to the dining room. -PCAs should do general tidying up in resident rooms as needed. Interview with the Administrator on 06/19/24 at 1:37pm revealed: -An inventory of paper products on hand was provided to the corporate office every two weeks and paper products were shipped to the facility every six weeks. -If the facility was short on paper products between corporate deliveries they could purchase it at a local store.	D 079		

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D 079	Continued From page 4 -The facility employed one housekeeper and she was responsible for cleaning resident bathrooms and she should know where the extra paper products were kept in order to replenish them in resident bathrooms. -The housekeeper split her time between the assisted living side of the facility and the SCU. -All staff were expected to do general clean up in a resident's room if they saw something like a brief on the floor or spilled meals.	D 079		
D 161	10A NCAC 13F .0504(a & b) Competency Eval & Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Evaluation and Validation For Licensed Health Professional Support Tasks (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident.	D 161	10A NCAC 13F. 0504 (a&b) Executive Director and his/her designee will audit all employee files to ensure all required have appropriate LHPS documented training completed by Clinical Nurse Consultant, RN. Clinical Nurse Consultant, RN will validate all staff on LHPS tasks that have incomplete documentation. Community Business Office Coordinator and/or Executive Director will audit no less than 5 employee files monthly including new hires for 60 days than quarterly thereafter. Executive Director, Business Office Coordinator and Care Coordinators were in-serviced on the importance of staff competency check-offs for all employees upon hire. In-service conducted by Clinical Nurse Consultant, RN.	7/30/24 7/23/24 7/30/24 7/23/24

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D 161	Continued From page 5 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and C) were competency validated for Licensed Health Professional Support (LHPS) tasks by return demonstration for assistance with ambulation and transferring. The findings are: 1. Review of Staff A's, [Business Office Manager (BOM)], personnel record revealed: -Staff A was hired on 09/30/19. -There was documentation Staff A was a certified nursing assistant (CNA). -There was no documentation Staff A completed a LHPS competency validation. Interview with Staff A on 06/19/24 at 3:26pm revealed: -She worked as a personal care aide (PCA) at the facility when needed. -She worked 23 shifts as a PCA in May 2024. -She assisted residents with ambulation and transferred residents from the bed to the wheelchair. -She was not competency validated on these tasks and did not know she should have been. Interview with the Resident Care Coordinator (RCC) on 06/20/24 at 8:21am revealed: -Staff A worked as a PCA when needed. -Staff A assisted residents with ambulation and transfers. -She did not know Staff A was not competency validated for the tasks. Refer to the interview with the Registered Nurse (RN) on 04/19/24 at 4:05pm.	D 161		

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D 161	Continued From page 6 Refer to the interview with the Administrator on 04/20/24 at 8:30am. 2. Review of Staff C's, (PCA), personnel record revealed: -Staff C was hired on 06/22/23. -There was documentation that Staff C was a certified nursing assistant (CNA). -There was no documentation Staff C completed a LHPS competency validation. Interview with the Resident Care Coordinator (RCC) on 06/20/24 at 8:21am revealed: -Staff C assisted residents with ambulation and transfers. -She did not know Staff C was not competency validated for the tasks. -The Registered Nurse (RN) was responsible for ensuring the staff was competency validated. Attempted telephone interview with Staff C on 04/19/24 at 4:09pm was unsuccessful. Refer to the interview with the RN on 04/19/24 at 4:05pm. Refer to the interview with the Administrator on 04/20/24 at 8:30am. Interview with the RN on 04/19/24 at 4:05pm revealed: -She was responsible for ensuring staff were competency validated for tasks. -The Administrator would inform her of newly hired staff, and she would schedule a time to "check them off". -She did not know the BOM also worked as a PCA. -She did not know Staff C was not competency validated.	D 161		

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D 161	Continued From page 7 -She did not know if there was a process to audit personnel records for required training and documentation. Interview with the Administrator on 04/20/24 at 8:30am revealed: -She knew staff were to be competency validated. -She was responsible for ensuring it was completed. -She was responsible for auditing personnel records and her goal was yearly. -It was an oversight that the staff were not competency validated.	D 161		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 7 sampled residents (Resident #5) related to a topical skin cream. The findings are: Review of the facility's Medication Administration of a New Order policy dated September 2021 revealed:	D 358	10A NCAC 13F .1004(a) Executive Director, Care Coordinators and/or his/her designee to complete medication cart audits to ensure all prescribed medications are available for use. Clinical Nurse Consultant, RN to in-service all medication aide staff, to include Executive Director and Care Coordinators on resupply of medication within an appropriate time frame to ensure no lapse in administration. Executive Director, Care Coordinator and/or his/her designee will conduct weekly medication cart audits.	7/19/202 7/23/24 7/29/24

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D 358	Continued From page 8 -All medication orders not categorized as stat or an antibiotic shall be considered routine and if ordered prior to 5:00pm shall be started with the next regularly scheduled dose following the next regular pharmacy delivery. -Orders received after 5:00pm shall be started no later than the regularly scheduled dose following the regular pharmacy delivery of the next business day. Review of Resident #5's current FL2 dated 12/26/23 revealed diagnoses included hypertension, chronic obstructive pulmonary disease, and candidiasis. Review of Resident #5's Primary Care Provider (PCP) order dated 01/16/24 revealed triamcinolone acetonide 0.1% cream (a corticosteroid cream prescribed to relieve skin inflammation, itching, dryness, and redness) apply topically to sacrum and bilateral lower extremities twice daily. Review of Resident #5's PCP order dated 02/20/24 revealed triamcinolone acetonide 0.1% cream apply topically to sacrum and bilateral lower extremities twice daily. Review of Resident #5's PCP subsequent order dated 03/26/24 revealed please add scheduled triamcinolone acetonide 0.1% cream to be applied to abdominal folds. Review of Resident #5's PCP order dated 06/02/24 revealed hold triamcinolone acetonide 0.1% cream waiting on pharmacy. Review of Resident #5's May 2024 electronic Medication Administration Record (eMAR) revealed:	D 358		

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D 358	Continued From page 9 -There was an entry for triamcinolone acetonide 0.1% cream apply topically to abdominal folds, sacrum, and bilateral lower extremities twice daily scheduled at 8:00am and 8:00pm. -The triamcinolone acetonide 0.1% cream was documented as administered as ordered from 05/01/24-05/31/24. Review of Resident #5's June 2024 eMAR revealed: -There was an entry for triamcinolone acetonide 0.1% cream apply topically to abdominal folds, sacrum, and bilateral lower extremities twice daily scheduled at 8:00am and 8:00pm. -The triamcinolone acetonide 0.1% cream was documented as administered on 20 occurrences out of 36 opportunities. -On 06/05/24 and 06/06/24 at 8:00pm, on 06/07/24-06/09/24 at 8:00am, 06/10/24-06/13/24 at 8:00pm, on 06/17/24 at 8:00pm, and on 06/18/24 at 8:00am and 8:00pm, the triamcinolone acetonide was documented as not administered and on hold awaiting delivery from the pharmacy. Interview with Resident #5 on 06/18/24 at 9:20am revealed: -The facility staff had been trying for "weeks" to get a cream from the pharmacy ordered by her PCP to treat a bad itchy rash on her sacrum, under her breasts, and on her lower legs. -The staff "called and called" the pharmacy, but the cream still had not been delivered. Observation of Resident #5's skin with the Resident Care Coordinator (RCC) on 06/20/24 at 9:30am revealed: -There was a small 1 inch by 1 inch area of dry flaky skin under Resident #5's left breast. -The skin on Resident #5's abdomen was dry and	D 358		

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D 358	Continued From page 10 intact with no areas discoloration. -There was a 4 inch by 6 inch area of reddened skin of intact skin on Resident #5's sacrum. -There were multiple small scaly lesions visible on Resident #5's bilateral lower legs. Observation of Resident #5's medications on hand on 06/19/24 at 10:50am revealed there was no triamcinolone acetonide 0.1% cream available for application. Telephone interview with the facility's contracted pharmacy on 06/19/24 at 10:15am revealed they dispensed a seven day supply of triamcinolone acetonide 0.1% cream on 05/13/24 for Resident #5 which would have been enough medication to last until 05/22/24. Interview with the RCC on 06/19/24 at 2:05pm revealed: -She administered Resident #5's triamcinolone acetonide cream on 05/25/26 and 05/26/24 at 8:00am. -Resident #5 was out of the triamcinolone acetonide cream on 05/25/24 and 05/26/24, so she borrowed triamcinolone acetonide 0.1% cream from another resident's supply. -She did not call the pharmacy to inquire when Resident #5's demanded refill of triamcinolone acetonide cream would arrive. -She and the MAs were responsible to electronically request a refill of medications when they were low. -The pharmacy did not include scheduled creams, inhalers, eye drops, nose sprays, or powders in the weekly cycle fill delivery. -Medication cart audits were performed weekly on all resident's medications as multidose packs were delivered weekly. -There was not a system in place to trigger	D 358		

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D 358	Continued From page 11 following up to make sure on hold medications arrived from the pharmacy. Telephone interview with Resident #5's PCP on 06/20/24 at 9:48am revealed: -Resident #5's triamcinolone acetonide cream was ordered to treat psoriatic lesions (patches of abnormal skin that are the symptoms of psoriasis a chronic inflammatory skin disease) on the sacrum and lower extremities. -He had written a hold order for the triamcinolone cream, because the facility reported they were having a difficult time getting the cream from their pharmacy. -Resident #5 going without the triamcinolone cream from 05/22/24 until 06/19/24 would decrease the healing of the psoriatic lesions. Interview with the Administrator on 06/20/24 at 1:39pm revealed: -When the MAs noticed Resident #5's triamcinolone acetonide cream was running low, she expected them to check in overstock to see if there was more of the medication available. -She expected the MAs to reorder the triamcinolone acetonide cream from the pharmacy if there was not any available in overstock. -She expected the MAs and the RCC to not just obtain a hold order from the PCP, but to track the progress of the refill order until the medication was delivered to the facility.	D 358		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the	D 366		

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D 366	Continued From page 12 medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure a medication aide (MA) observed 1 of 1 residents (#7), take medications administered, resulting in medications being left on a table in the resident's room. The findings are: Review of the facility's Policy and Procedure for Medication Administration dated September 2021 revealed the MA would observe the resident take the medications ensuring all medications were swallowed. Review of Resident #7's current FL2 dated 05/14/24 revealed diagnoses included anemia, hypothyroidism, hypertension, gout, depression, and osteoarthritis. Review of Resident #7's physician's orders dated 05/14/24 revealed there were orders for levothyroxine (treats thyroid disease) 75mcg ½ tablet daily, paroxetine (treats depression) 20mg daily, azo bladder (treats bladder control) 300mg daily, senna (treats constipation) 8.6mg 2 tablets twice daily, energy gummies (supplement) 500mcg daily, vitamin D3 (supplement) 25mcg daily, allopurinol (treats gout) 100mg daily, magnesium oxide (supplement) 250mg daily, spironolactone (treats high blood pressure) 25mg	D 366	10 NCAC 13F. 1004(i) Community Medication Staff will ensure that medications are not pre-charted and/or left in resident to be administered at a later time. Community Executive Director, Clinical Nurse Consultant and/ or Care Coordinators will conduct, no less than weekly, medication pass observations with different medication staff for 30 days and then no less than monthly thereafter. Clinical Nurse Consultant will in-service on rule area 1004 (i) to include pre-charting and ensuring observation of resident taking medication.	7/22/24 7/22/24 7/23/24

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D 366	Continued From page 13 1 and ½ tablets daily, fish oil (supplement) 1200mg daily, and macrodantin (antibiotic) 50mg daily. Review of Residents #7's physician's orders dated 06/04/24 revealed there was an order for tylenol arthritis (treats pain) 650mg twice daily. Review of Resident #7's physician's orders dated 06/15/24 revealed there was an order for bactrim (antibiotic) 1 tablet twice daily for seven days. Observation during the initial tour on 06/18/24 at 9:26am revealed: -There were twelve whole medication tablets and two ½ tablets in a medication cup and two gummy tablets in a second medication cup on a table in Resident #7's room. -Resident #7 was sitting in a recliner located next to the table. -The MA was not in the room. Interview with Resident #7 on 06/18/24 at 9:28am revealed: -The MA left the medications in the room this morning (06/18/24) for her to take later because she was ill. -She needed to eat before she took the medications because the antibiotic would make her feel sick without food in her stomach. -The medications in the cups were her morning medications. Review of Resident #7's electronic Medications Administration Record (eMAR) for 06/18/24 revealed: -There was an entry for macrodantin 50mg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am.	D 366		

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D 366	Continued From page 14 -There was an entry for bactrim 1 tablet twice daily with an administration time of 8:00am and 8:00pm and documented as administered on 06/18/24 at 8:00am. -There was an entry for fish oil 1200mg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. -There was an entry for paroxetine 20mg daily with an administration time of 8:00am and 8:00pm and documented as administered on 06/18/24 at 8:00am. -There was an entry for senna 8.6mg 2 tablets twice daily with an administration time of 8:00am and 8:00pm and documented as administered on 06/18/24 at 8:00am. -There was an entry for spironolactone 25mg, 1 and ½ tablets daily, with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. -There was an entry for magnesium oxide 250mg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. -There was an entry for energy gummies 500mcg, 2 gummies, daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. -There was an entry for levothyroxine 75mcg, ½ tablet, daily with an administration time of 9:00am and documented as administered on 06/18/24 at 9:00am. -There was an entry for acetaminophen 650mg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. -There was an entry for allopurinol 100mg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am.	D 366		

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D 366	Continued From page 15 -There was an entry for azo bladder 300mg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. -There was an entry for vitamin D3 25mcg daily with an administration time of 8:00am and documented as administered on 06/18/24 at 8:00am. Observations of Resident #7's medications available for administration on 06/19/24 at 10:34am revealed: -There was multi dose medication pack labeled allopurinol 100mg daily, macrodantin 50mg daily, paroxetine 20mg daily, spironolactone 25mg 1 and ½ tablets daily. -There was one over the counter bottle labeled energy gummies 1000mcg. -There was one over the counter bottle labeled magnesium 250mg. -There was one over the counter bottle labeled azo cranberry 300mg. -There was one over the counter bottle labeled senna regular strength. -There was one over the counter bottle labeled vitamin D3 25mcg. -There was one over the counter bottle labeled tylenol 650mg. -There was one over the counter bottle labeled fish oil 1200mg. -There was one bottle labeled bactrim 1 tablet twice daily. -There was one bubble pack labeled levothyroxine 75mcg, ½ tablet daily, dispensed on 05/31/24. Interview with the MA on 06/18/24 at 9:46am revealed: -She left Resident #7's medications on her table to take when the resident felt better and then	D 366		

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D 366	Continued From page 16 documented she administered the medications. -She knew she should not have done so but the resident wanted to take the medications after she ate. -She was trained to always observe the resident take the medications and then document the administration. Interview with the Resident Care Coordinator (RCC) on 06/18/24 at 9:58am revealed: -The MAs were trained to observe resident take their medications and then document the administration. -The MAs should never leave medications in residents' rooms. -She did not know why the MA left the medications in Resident #7's room. Interview with the Administrator on 06/19/24 at 11:13am revealed: -The MAs should bring medications to the resident and watch the resident take the medications and then document the administration. -All MAs were trained to observe the residents take the medications. -She did not know why the MA left the medications in Resident #7's room	D 366		
D 465	10A NCAC 13F .1308(a) Special Care Unit Staff 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each	D 465	10A NCAC 13F. 1308(a) Executive Director and Care Coordinators will review staffing schedule daily during morning stand up to ensure adequate staff are scheduled in accordance to the rule area. Executive Director and/or designee will continue to interview and hire staff as needed to be in compliance.	7/30/24 7/30/24

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D 465	Continued From page 17 additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure required staffing hours were met on all three shifts in the Special Care Unit (SCU) for 33 out of 42 shifts. The findings are: Review of the facility's current license by the Division of Health Service Regulation effective 01/01/24 revealed the facility had a SCU with a capacity of 48 residents. Review of the facility's census from 06/04/24 to 06/17/24 revealed there was a census of 38 to 40 residents. Review of the staff time records from 06/04/24 to 06/17/24 revealed: -On 06/04/24, the census was 40 requiring 40 staff hours on first shift and a total of 29.5 hours were provided leaving a shortage of 10.5 staff hours. -On 06/04/24, the census was 40 requiring 40 staff hours on second shift and a total of 27 hours were provided leaving a shortage of 13 staff hours. -On 06/04/24, the census was 40 requiring 32 staff hours on third shift and a total of 24 hours were provided leaving a shortage of 8 staff hours. -On 06/05/24, the census was 40 requiring 40 staff hours on first shift and a total of 24 hours were provided leaving a shortage of 16 staff hours.	D 465	Area Director of Operations will review daily labor hours no less than weekly with community management for 30 days. Regional Vice President of Operations will conduct in-service with Executive Director and Care Coordinators on required Special Care Unit Regulations.	7/30/24 7/30/24

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D 465	Continued From page 18 -On 06/05/24, the census was 40 requiring 40 staff hours on second shift and a total of 21 hours were provided leaving a shortage of 19 staff hours. -On 06/06/24, the census was 39 requiring 39 staff hours on second shift and a total of 21.5 hours were provided leaving a shortage of 17.5 staff hours. -On 06/06/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 16 hours were provided leaving a shortage of 15.6 staff hours. -On 06/07/24, the census was 39 requiring 39 staff hours on second shift and a total of 35 hours were provided leaving a shortage of 4 staff hours. -On 06/07/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 27 hours were provided leaving a shortage of 4.6 staff hours. -On 06/08/24, the census was 39 requiring 39 staff hours on second shift and a total of 36 hours were provided leaving a shortage of 3 staff hours. -On 06/08/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 27 hours were provided leaving a shortage of 4.6 staff hours. -On 06/09/24, the census was 39 requiring 39 staff hours on first shift and a total of 24 hours were provided leaving a shortage of 15 staff hours. -On 06/09/24, the census was 39 requiring 39 staff hours on second shift and a total of 26.5 hours were provided leaving a shortage of 12.5 staff hours. -On 06/09/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 26.5 hours were provided leaving a shortage of 5.1 staff hours. -On 06/10/24, the census was 39 requiring 39 staff hours on first shift and a total of 38 hours	D 465		

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D 465	Continued From page 19 were provided leaving a shortage of 1 staff hour. -On 06/10/24, the census was 39 requiring 39 staff hours on second shift and a total of 32 hours were provided leaving a shortage of 7 staff hours. -On 06/10/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 25 hours were provided leaving a shortage of 6.6 staff hours. -On 06/11/24, the census was 39 requiring 39 staff hours on first shift and a total of 30 hours were provided leaving a shortage of 9 staff hours. -On 06/11/24, the census was 39 requiring 39 staff hours on second shift and a total of 24 hours were provided leaving a shortage of 15 staff hours. -On 06/11/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 21 hours were provided leaving a shortage of 10.6 staff hours. -On 06/12/24, the census was 39 requiring 39 staff hours on second shift and a total of 29 hours were provided leaving a shortage of 10 staff hours. -On 06/12/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 26 hours were provided leaving a shortage of 5.6 staff hours. -On 06/13/24, the census was 39 requiring 39 staff hours on second shift and a total of 28.5 hours were provided leaving a shortage of 10.5 staff hours. -On 06/13/24, the census was 39 requiring 31.6 staff hours on third shift and a total of 24.5 hours were provided leaving a shortage of 7.1 staff hours. -On 06/14/24, the census was 38 requiring 38 staff hours on second shift and a total of 24 hours were provided leaving a shortage of 14 staff hours. -On 06/14/24, the census was 38 requiring 30.4	D 465		

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D 465	Continued From page 20 staff hours on third shift and a total of 18 hours were provided leaving a shortage of 12.4 staff hours. -On 06/15/24, the census was 38 requiring 38 staff hours on first shift and a total of 31.5 hours were provided leaving a shortage of 6.5 staff hours. -On 06/15/24, the census was 38 requiring 38 staff hours on second shift and a total of 24 hours were provided leaving a shortage of 14 staff hours. -On 06/15/24, the census was 38 requiring 30.4 staff hours on third shift and a total of 24 hours were provided leaving a shortage of 6.4 staff hours. -On 06/16/24, the census was 38 requiring 38 staff hours on second shift and a total of 20 hours were provided leaving a shortage of 18 staff hours. -On 06/16/24, the census was 38 requiring 30.4 staff hours on third shift and a total of 24 hours were provided leaving a shortage of 6.4 staff hours. -On 06/17/24, the census was 38 requiring 38 staff hours on second shift and a total of 26.5 hours were provided leaving a shortage of 11.5 staff hours. -On 06/17/24, the census was 38 requiring 30.4 staff hours on third shift and a total of 19 hours were provided leaving a shortage of 11.4 staff hours. Telephone interview with a family member on 06/19/24 at 10:29am revealed: -She came to the facility every other day, usually late morning, to visit her family member. -It was typical for two personal care aides (PCA) and one medication aide (MA) to be working when she visited her family member.	D 465		

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D 465	Continued From page 21 Interview with the Special Care Coordinator (SCC) on 06/19/24 at 1:15pm revealed: -The administrator was responsible for scheduling staff. -The facility had been short staffed recently. -Current staffing consisted of two PCAs and one MA but the goal was four PCAs and two MAs. -Occasionally at night, there was only one MA and one PCA scheduled to work. Interview with the Administrator on 06/19/24 at 1:37pm revealed: -They were short staffed and doing the best they could. -She worked as direct care staff at night, occasionally for the past few weeks. Interview with a PCA on 06/19/24 at 3:06pm revealed: -She worked both day shift and night shift in the SCU. -There were usually two PCAs and one MA that worked at night in the SCU. -Due to being short staffed, staff rarely had time to complete all their duties. -She felt stressed because she was not able to provide the care she knew SCU residents needed because she did not have enough other staff to help her. Interview with the Administrator on 06/20/24 at 1:39pm revealed: -There were seven employees who had left employment in a short period of time. -There had been some shifts which had been short staffed since those employees left. -She worked on the assisted living side on 06/07/24, 06/08/24, 06/09/24, and 06/16/24 from 7:00pm to 7:00am to free up another staff to work in the SCU.	D 465		

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D 465	Continued From page 22 -They were interviewing candidates for the available job openings. -They hired several new employees. _____ The facility failed to provide required staffing hours between 06/04/24 and 06/17/24 which increased the risks of the residents needs for supervision would not be met, and staff may not be able to effectively evacuate the SCU in an emergency. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/20/24 for this violation. _____ CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 4, 2024.	D 465		