STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045113	A. BUILDING: _____ B. WING _____	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON'S ASSISTED LIVING	602 BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual, follow-up and complaint investigations survey from 11/20/24 - 11/21/24. Henderson County Department of Social Services initiated the complaints 11/01/24 and 11/13/24.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record review the facility failed to ensure all doors and toilets were in good repair related to a resident's bedroom door unable to close and a toilet not bolted to the floor. The findings are: 1. Observation of the toilet in the bathroom of one resident's room on 11/20/24 at 1:30pm revealed: -The toilet was not bolted to the floor. -The toilet was easily pushed side to side revealing the approximately 4 inch diameter hole in the floor underneath the toilet.	D 074		

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D 074	Continued From page 1 Interview with the resident on 11/20/24 during initial tour at 8:42am revealed: -Her toilet "rocked back and forth" everytime she sat on it. -She was afraid she may fall off and get hurt. -She asked the last maintenance worker about 2 weeks prior to fix it, but he was only here for a month and never got around to it. -She asked the maintenance worker before the last mainenance worker over a month ago to fix it. -Both of the previous maintenance workers said they would get around to fixing it, but they never did. -The toilet would leak on the floor at times. Interview with the Director on 11/20/24 at 2:38pm revealed: -She was not aware of the issues with the toilet in the resident's bathroom. -She was not aware the resident told the previous two maintenance workers the toilet was not affixed to the floor. -Housekeepers were in the bathroom frequently to clean the toilet and mop the floor and she was surprised it had not been mentioned to her. -There was a maintenance log staff could write in to notify the maintenance workers of work needing to be done. -The facility was currently without a maintenance worker as of 11/19/24. Review of the maintenance log book from 01/01/24 through 11/20/24 revealed no work orders for repair of the toilet had been placed in the log book. Refer to the interview with the previous maintenance worker on 11/20/24 at 2:06pm.	D 074		

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D 074	Continued From page 2 Refer to the interview with the Administrator on 11/21/24 at 12:30pm. 2. Observation of a resident's door on 11/20/24 at 4:09pm revealed: -The door was not centered in the doorway. -The door was not able to be shut and there was a gap between the door and doorframe that was approximately 3 inches. Interview with the resident on 11/20/24 during initial tour at 8:42am revealed: -The exterior door from the hallway into her bedroom would not shut completely and the light in the hallway stayed on at night. -She was not always able to sleep because of the light being on in the hallway. -She asked the last two maintenance workers to fix it. -Both of the previous maintenance workers said they would get around to fixing the door, but they never did. Interview with a personal care aide (PCA) on 11/21/24 at 1:31am revealed: -She was aware the door to the resident's room would not shut completely. -She thought the last two maintenance workers that were employed at the facility were aware of it, but she had not reported it to them. Interview with a second PCA on 11/21/24 at 1:50pm revealed: -She had noticed the door to one of the resident rooms would not shut all the way. -She told one of the maintenance workers and the Director the door would not shut completely. -The maintenance worker and the Director told her it would be taken care of, but it never was.	D 074		

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D 074	Continued From page 3 Interview with the Director on 11/20/24 at 2:38pm revealed: -She was not aware there were issues with the exterior door from the hallway leading into a resident's room would not completely shut. -She was not aware one of the residents in the room was having difficulty sleeping at night because of the light coming into the room from the hallway since the door would not completely shut. -There was a maintenance log staff could write in to notify the maintenance workers of work needing to be done. -The facility was currently without a maintenance worker. Review of the maintenance log book from 01/01/24 through 11/20/24 revealed no work orders for repair of the door had been placed in the log book. Refer to the interview with the previous maintenance worker on 11/20/24 at 2:06pm. Refer to the interview with the Administrator on 11/21/24 at 12:30pm. _____ Interview with the previous maintenance worker on 11/20/24 at 2:06pm revealed: -If a work project was not written down in the maintenance log, he was not aware of it, unless a resident stopped him in the hall and told him something that needed to be worked on. -He checked the maintenance log every day he worked. -He had not been made aware by staff or any resident of a bedroom door that would not shut or a toilet that was not adherred to the floor that he could recall. -His last day of employment at the faciliy was	D 074		

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D 074	Continued From page 4 11/19/24. Interview with the Administrator on 11/21/24 at 12:30pm revealed: -She did not know about the issues with the door and toilet as staff did not report it to her. -The maintenance staff recently resigned but should have replaced the toilet and door. -The Director was responsible for walking through the facility daily, should have seen these issues, and ensured they were corrected. -She did not understand why these issues were not taken care of when there had been housekeeping, maintenance, and the Director in the facility daily. The facility's failure to repair or replace a resident's bedroom door and toilet caused her to have poor quality of sleep due the inability to close the door and light shining into the bedroom from the hall during the night and felt unsafe as if she would fall when she used the toilet. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/20/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 5, 2025.	D 074		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:	D 139		

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D 139	Continued From page 5 (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to obtain a criminal background check for 1 of 3 sampled staff (Staff A) upon hire. The findings are: Review of Staff A's personnel record revealed: -He was hired 01/16/23 as a maintenance worker. -There was no documentation of a consent for a criminal background check form in Staff A's personnel record. -There was no documentation of a criminal background check in Staff A's personnel record prior to 09/16/24. Review of Staff A's application for employment dated 01/29/23 revealed: -Printed on the application was "have you ever been convicted of a crime?". -There were two boxes to check yes or no to the question and both boxes were blank. -Printed on the application was "if yes, explain number of convictions, nature of offenses leading to convictions, how recently such offenses were committed, sentences imposed, types of rehabilitation" and no response was documented. Interview with the Director on 11/20/24 at 3:10pm revealed: -In January of 2023, she was in the middle of transitioning to being Director of one facility instead of two as she had been.	D 139		

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D 139	Continued From page 6	D 139		

-She requested the Executive Director for Management of the property request the criminal background check for Staff A.
-The original background check was received and reviewed, but was never placed in Staff A's personnel file.
-She did not know where the original criminal background check was.

Telephone interview with the Executive Director (ED) for Property Management on 11/21/24 at 9:28am and 11:25am revealed:
-He knew Staff A personally and had recommended him for the position as a maintenance worker in the facility.
-He thought there was some miscommunication about which of the two facilities Staff A would be working at.
-The criminal background check for Staff A was completed and delivered to his office.
-Because of the nature of the information in the background check, the Directors of both facilities, himself, and Staff A discussed it.
-Staff A explained the incident occurred when he was a teenager and it happened a long time ago.
-The Directors of both facilities and the ED for Property Management chose to hire him but told him they would be observing his work.
-He was unsure how the original criminal background check did not make it into Staff A's personnel file.
-He took responsibility that the original background check for Staff A was not in his personnel file.

Telephone interview with the Administrator on 11/21/24 at 12:12pm revealed:
-At the time Staff A was hired, there was a Director over two facilities.
-The Director requested the ED for Property

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D 139	Continued From page 7 Management handle the criminal background check for Staff A. -She was aware of the charges on the original criminal background check against Staff A, but they were over 10 years old. -The Director for the primary facility Staff A was working at completed an audit in September of 2024. -The Director discovered Staff A did not have a criminal background check in his personnel file, so she ran a new one. -The Director was responsible for getting the consent for a criminal background check completed. -The Director was responsible for ensuring the criminal background check was placed in the personnel file for the employee. _____ The failure of the facility to obtain a consent for a criminal background check within 5 business days of hire was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/21/24 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 5, 2025.	D 139		
D 315	10A NCAC 13F .0905 (a & b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other,	D 315		

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D 315	Continued From page 8	D 315		

their families, and the community.
(b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.

This Rule is not met as evidenced by:
Based on observations, interviews, and record review, the facility failed to ensure an activities program that promoted active involvement of the residents.

The findings are:

Interviews with 5 residents during the initial tour on 11/20/24 from 8:36am to 9:30am revealed:
-The facility did not offer any activities and he would do a word search activity to keep busy.
-The facility rarely offered activities and those were "geared toward people with dementia".
-Sometimes the facility offered an activity like checkers but not every day.
-There were rarely activities so she would just watch television.

Review of the facility's November 2024 activity calendar for 11/20/24 revealed 7:30am - 9:30am play music.

Observation of the facility on 11/20/24 from 8:30am - 9:30am revealed no music was playing.

Interview with a personal care aide (PCA) on 11/20/24 at 3:00pm revealed:
-The floor staff was responsible for ensuring activities with the residents were conducted.
-The facility had corn hole, checkers, and bingo.

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D 315	Continued From page 9 -The residents really like to play bingo but there were some parts missing. -She worked daily and conducted the activities but some days she was too busy to do it. Interview with the Director on 11/20/24 at 3:15pm revealed: -Activities were to be offered daily. -There was an activity calendar at the front desk for staff to use that listed the planned activity and staff were to list the residents that attended. -She did not know that staff were not conducting activities daily. Interview with the Administrator on 11/21/24 at 12:30pm revealed: -She did not know that activities were not offered daily. -The Director was responsible for ensuring activities were conducted by the staff.	D 315		
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on interviews and record reviews, the facility failed to complete a Health Care Personnel Registry (HCPR) report within 24 hours related to a staff member (Staff A) with allegations of sexual abuse with a female resident	D 438		

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D 438	Continued From page 10	D 438		

an inappropriate sexual requests of a second female resident.

The findings are:

Review of Staff A's application for employment dated 01/29/23 revealed he was hired as a maintenance worker.

Interview with the Director on 11/20/24 at 3:10pm and 3:43pm revealed:
-She had received notification from a representative from the local county representative that there were allegations of sexual abuse between Staff A and a female resident on 11/01/24.
-There were additional allegations that Staff A had asked a female resident with dementia to shake her breasts at him.
-She asked the facility staff if they were aware of any sexual relations between Staff A and any of the residents.
-The facility staff reported no one was aware of any sexual relations between Staff A and any of the residents.
-She did not interview the residents.
-She thought she needed to wait until the investigation was completed by local agencies before reporting it to HCPR.
-She did not make an HCPR report within 24 hours of notification of allegations of resident sexual abuse by Staff A.
-She had not made a HCPR report at all.

Interview with the Administrator on 11/21/24 at 12:12pm revealed:
-She had been made aware of the allegations against Staff A by the Director.
-They were told a local agency would get back with them after the investigation was completed.

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D 438	Continued From page 11 -The Director was responsible to make the HCPR report. -Her Director had not made an HCPR report within 24 hours of notification of allegations of sexual abuse of female residents by Staff A. _____ The facility failed to report allegations of sexual abuse by a staff member to the HCPR. Staff A was alleged to have been sexually abusing a female resident and alleged to have asked a female resident to shake her breasts for him. The facility failed to notify HCPR after becoming aware of the allegations on 11/01/24 by the county Department of Social Services. The failure of the facility to report allegtions of sexual abuse by a maintenance staff placed the residents at substantial risk for serious abuse and physical harm and constitutes a Type A2 Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 11/20/24 for this violation. THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED DECEMBER 21, 2024.	D 438		