

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW GRACESON MANOR ADULT CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>116 GWYNN DRIVE REIDSVILLE, NC 27320</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow up survey on 12/12/24.	C 000		
C 007	10A NCAC 13G .0206 Capacity  10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (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 Health Service Regulation, 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. (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. (e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation 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 Health Service Regulation for review of any possible changes that may be required to	C 007		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 007	<p>Continued From page 1</p> <p>the building.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that the resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for 2 of 5 sampled residents who had physical and cognitive impairments which could prevent them from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/24 revealed the facility was licensed for 6 ambulatory residents.</p> <p>Observation of the facility on 12/12/24 at 8:30am revealed five residents resided in the facility.</p> <p>Review of the facility's fire rehearsal schedule revealed: -On 06/25/24 at 7:30am, five of six residents and one staff member participated in the fire drill; the response time was 2 minutes and 42 seconds. -On 07/04/24 at 8:30am, six residents and one staff member participated in the fire drill; the response time was 2 minutes and 40 seconds. -On 08/20/24 at 12:00pm, three of five residents and one staff member participated in the fire drill;</p>	C 007		

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C 007	<p>Continued From page 2</p> <p>the response time was 3 minutes.</p> <p>-On 09/20/24 at 5:30am, five residents and one staff member participated in the fire drill; the response time was 3 minutes and 20 seconds.</p> <p>-On 10/31/24 at 7:30pm, five residents and one staff member participated in the fire drill; the response time was 3 minutes and 25 seconds.</p> <p>Observation of the facility on 12/12/24 at 10:40am revealed:</p> <p>-Five residents were inside the facility.</p> <p>-Three residents were in their rooms.</p> <p>-The fire alarm sounded for 45 seconds.</p> <p>-One resident who was lying in her bed did not exit the facility.</p> <p>-One resident who was sitting in a chair in the living room did not exit the facility.</p> <p>Interview with the Administrator on 12/12/24 at 10:55am revealed:</p> <p>-All the residents were ambulatory.</p> <p>-One resident needed assistance to get up out of bed; she could not get up on her own.</p> <p>-She also had dementia and needed direction.</p> <p>Second interview with the Administrator on 12/12/24 at 2:00pm revealed:</p> <p>-A second resident had dementia and would follow all the other residents out in a fire drill.</p> <p>-She had not notified DHSR or anyone in the construction section because he did not know he needed to.</p> <p>Refer to Tag C0022 10A NCAC 13G .0302(b) Design and Construction.</p>	C 007		
C 021	10A NCAC 13G .0302 (a) Design And Construction	C 021		

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C 021	<p>Continued From page 3</p> <p>10A NCAC 13G .0302 Design And Construction</p> <p>(a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 2 of 3 sampled residents (#3, #4) who had physical and cognitive impairments which could prevent them from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's fire rehearsal schedule</p>	C 021		

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C 021	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-On 06/25/24 at 7:30am, five of six residents and one staff member participated in the fire drill; the response time was 2 minutes and 42 seconds.</li> <li>-On 07/04/24 at 8:30am, six residents and one staff member participated in the fire drill; the response time was 2 minutes and 40 seconds.</li> <li>-On 08/20/24 at 12:00pm, three of five residents and one staff member participated in the fire drill; the response time was 3 minutes.</li> <li>-On 09/20/24 at 5:30am, five residents and one staff member participated in the fire drill; the response time was 3 minutes and 20 seconds.</li> <li>-On 10/31/24 at 7:30pm, five residents and one staff member participated in the fire drill; the response time was 3 minutes and 25 seconds.</li> </ul> <p>Observation of the facility on 11/12/24 between 8:15am-pm revealed:</p> <ul style="list-style-type: none"> <li>-Five residents resided in the facility.</li> <li>-All five residents were ambulatory.</li> <li>-One resident used a walker.</li> </ul> <p>Observation of the facility on 12/12/24 at 10:40am revealed:</p> <ul style="list-style-type: none"> <li>-Five residents were inside the facility.</li> <li>-Three residents were in their rooms.</li> <li>-The fire alarm sounded for 45 seconds.</li> <li>-One resident who was lying in her bed did not exit the facility.</li> <li>-One resident who was sitting in a chair in the living area did not exit the facility.</li> </ul> <p>Interview with the Administrator on 12/12/24 at 10:55am revealed:</p> <ul style="list-style-type: none"> <li>-All the residents were ambulatory.</li> <li>-One resident needed assistance to get up out of bed; she could not get up on her own.</li> <li>-She also had dementia and needed direction.</li> </ul>	C 021		

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C 021	<p>Continued From page 5</p> <p>Second interview with the Administrator on 12/12/24 at 2:00pm revealed: -A second resident had dementia and would follow all the other residents out in a fire drill. -He needed prompting to exit the facility.</p> <p>1. Review of Resident #3's current FL-2 dated 02/10/24 revealed: -Diagnoses included dementia, pacemaker, atrial fibrillation, and neuropathy. -She was constantly disoriented. -She was ambulatory with a walker. -She required personal care assistance with bathing and dressing.</p> <p>Review of Resident #3's assessment and care plan dated 07/26/24 revealed the resident required extensive assistance with transfers.</p> <p>Observation of the facility on 12/12/24 between 8:15am-2:00pm revealed Resident #1 ambulated with a walker.</p> <p>Observation of the facility on 12/12/24 at 10:40am revealed: -An audible fire alarm could be heard throughout the facility. -Resident #3 was in his room lying on her bed. -Resident #3 did not exit her room.</p> <p>Interview with Resident #3 on 12/12/24 at 10:45am revealed: -She did not hear the fire alarm sound; she had not heard the alarm in about a month. -She did not know where she was supposed to go during a fire alarm.</p> <p>Telephone interview with Resident #1's primary care provider (PCP) on 12/12/24 at 1:00pm revealed:</p>	C 021		

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C 021	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Resident #3 had advanced dementia and also had heart problems that made her weak.</li> <li>-She had seen Resident #3 get up from a chair by herself but did not know if she would be able to get out of bed unassisted during a fire drill.</li> <li>-The facility was currently looking for alternate placement for him.</li> </ul> <p>Interview with the Administrator on 12/12/24 at 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 had dementia and needed assistance with her activities of daily living.</li> <li>-The resident could ambulate with a walker but needed standby assistance for safety.</li> <li>-The resident would not be able to get out of bed unassisted.</li> <li>-Resident #3 would not be able to exit the facility unassisted during an emergency.</li> </ul> <p>2. Review of Resident #4's current FL-2 revealed there was no FL-2 available for review.</p> <p>Observation of the facility on 1/12/24 between 8:15am-2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 ambulated independently to and from the dining room to the living room.</li> <li>-Resident #2 required verbal prompting by the Administrator for direction.</li> </ul> <p>Observation of the facility on 12/12/24 at 10:40am revealed:</p> <ul style="list-style-type: none"> <li>-An audible fire alarm could be heard throughout the facility.</li> <li>-Resident #4 was sitting in the living room by the front door.</li> <li>-Resident #4 did not get up and exit the facility.</li> </ul> <p>Interview with Resident #4 on 12/12/24 at 10:45am revealed:</p> <ul style="list-style-type: none"> <li>-He heard the fire alarm sound.</li> </ul>	C 021		

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C 021	<p>Continued From page 7</p> <p>-He did not think there was any hazard. -He did not know where to go during a fire alarm.</p> <p>Telephone interview with Resident #4's primary care provider (PCP) on 12/12/24 at 1:05pm revealed: -Resident #4 had advanced dementia. -He did not think the resident would be able to exit the facility without assistance during a fire.</p> <p>Interview with the Administrator on 12/12/24 at 2:00pm revealed: -Resident #4 had dementia. -He would follow the other residents out if there was a fire. -He needed to be prompted during the fire drills. -She would practice fire drills but he could not remember what to do.</p> <p>_____</p> <p>The facility failed to ensure the facility was equipped and maintained in accordance with the facility's licensed capacity to allow 2 of 5 residents who resided in the facility and required physical assistance (#3) or verbal prompting (#4) when they responded to a fire drill. Resident #3 was unable to exit the facility promptly without physical assistance, and Resident #4 was unable to exit the facility without verbal prompting during an emergency, such as a fire drill. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131F-34 on 12/12/24.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED January 26, 2024.</p>	C 021		

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C 208	Continued From page 8	C 208		
C 208	<p>10A NCAC 13G .0702 (g) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test And Medical Examination And Immunizations (g) The results of the medical examination shall be maintained in the resident's record in accordance with Rule .1201 of this Subchapter. Discharge medication orders shall be clarified in accordance with Rule .1002(a) of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a copy of a resident's current FL-2 in the resident record for 1 of 4 sampled residents (#4).</p> <p>The findings are:</p> <p>Review of Resident #4's current FL-2 revealed there was no FL-2 available for review.</p> <p>Interview with the Administrator on 12/12/24 at 2:30pm revealed: -Resident #4 was admitted to the facility in April 2024. -She knew the two diagnoses on Resident #4's FL-2 were dementia and hypertension. -She did not know where Resident #4's FL-2 was. -She was the only one that worked in the facility and there was a lot to keep up with. -She was responsible for ensuring current FL-2's were kept in the residents' charts.</p>	C 208		

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C 231	Continued From page 9	C 231		
C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>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, 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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#1) had an assessment and care plan updated annually.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 07/01/24 revealed: -Diagnoses included schizophrenia, diabetes</p>	C 231		

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C 231	<p>Continued From page 10</p> <p>mellitus, asthma, hypertension, hypothyroidism, Parkinson's, and tardive dyskinesia.</p> <p>Review of Resident #1's Resident Register revealed the date of admission to the facility was 02/12/08.</p> <p>Review of Resident #1's care plan dated 09/14/23 revealed: -Resident #1 required extensive assistance with toileting, dressing, and grooming. -Resident #1 required total assistance for bathing. -There was no current care plan available for review.</p> <p>Interview with Resident #1 on 12/14/24 at 3:25pm revealed: -He needed assistance with activities of daily living. -He needed help with toileting because he had accidents. -He needed help with his bath to reach his back and feet.</p> <p>Interview with the Administrator on 12/12/24 at 8:50am revealed: -Resident #1 had incontinence and needed help with cleaning. -He needed help with bathing. -He walked with a walker. -She had not had Resident #1's care plan updated. -She was responsible for ensuring care plans were updated annually. -She usually had the care plan updated when the FL-2 was updated.</p>	C 231		