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
	FCL-096056	A. BUILDING: _____ B. WING _____	R 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LATTER DAYS LTC	928 OLD SMITH CHAPEL ROAD MOUNT OLIVE, NC 28365

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{C 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 12/23/24.	{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}	10 NCAC 13G .0206 Capacity 2 of 5 residents were none ambulatory, unable to evacuate the facility independently. Rule Correction: The 2 non-ambulatory residents were given discharge notices on 10/13/24. One resident was discharged on 1/3/24 and the second resident was discharged on 1/7/24 to a higher level of care. Systematic Changes: All staff have had an Inservice on the definition of " ambulatory." The Administrator and/or DON will review residents and care plans once a month or when there is a significant change in status for the residents. If then the resident is no longer ambulatory, both the family and DSS will be notified, and a 30-day d/c notice will be issued for higher level of care. Monitoring: Using a facility created audit tool the Administrator and/or DON will complete monthly audits to ensure all residents that remain in the facility are ambulatory. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.	1/7/24

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{C 007}	Continued From page 1 the building. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) when the ambulatory status for 2 of 5 residents differed from the evacuation capability listed on the license as evidenced by residents requiring hands on guidance and verbal prompting to ambulate and to evacuate the facility. The findings are: Review of the facility's current license effective 01/01/24 through 12/31/24 revealed the facility was licensed for 6 ambulatory residents. (The North Carolina Building Code defines ambulatory residents in Family Care Homes as residents able to respond and evacuate the facility without physical or verbal assistance). Observations of the facility on 12/23/24 at 8:00am revealed: -The facility had a census of 5 residents. -There were three exit doors, one located on the front of the facility, one located on the side of the facility, and one located on the back of the facility that led to a small porch area with an attached ramp. Observation of a resident on 12/23/24 at 8:36am	{C 007}	C007 answered on page 1	

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{C 007}	Continued From page 2 revealed: -She was lying in a hospital bed. -There was a wheelchair in the corner across the room. Interview with the resident on 12/23/24 at 8:36am revealed: -She stayed in bed and watched TV during the day. -She did not get out of bed because her hip was broken. -She did not think she could stand to transfer into a wheelchair if she needed to. Observation of the medication aide (MA) on 12/23/24 at 9:00am revealed: -The MA instructed a second resident to stand from the dining room table. -The resident did not follow the instructions to stand. -The MA took her right hand in his hand, grasped her right elbow with his left and assisted the resident to stand and guided her down the hall. Interview with the MA on 12/23/24 at 8:57am revealed: -The resident in the bed fell and broke her hip recently, was on hospice services required total care. -The second resident was also on hospice and required physical assistance and guidance with ambulation and following directions. Telephone interview with the Registered Nurse (RN) for the hospice agency service on 12/23/24 at 3:02pm revealed: -The first resident fell on 11/23/24 and sustained a fracture to her hip and not was bedbound. -This resident was unable to exit the facility on her own in the event of an emergency.	{C 007}	C007 answered on page 1	

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{C 007}	Continued From page 3 -The second resident required staff to guide her by the arm, even for meals, and did not have the mental capacity to exit the facility in the event of an emergency. Interview with the Administrator on 12/23/24 at 9:19am and 11:07am revealed: -She was aware ambulatory meant that a resident could get out of facility by themselves in the event of an emergency. -She had not notified the Division of Health Services Regulation (DHSR) of residents' ambulatory status but had requested information regarding capacity change. -She received but she had not completed the application. -She did not think changing the capacity was possible until construction changes were made to the facility that included a sprinkler system and a fire system with pull stations. -The two residents that were unable to evacuate independently had previously been given a discharge notice but she thought having 2 staff on duty at all times was sufficient since there was 1 staff for each resident that required assistance, so they were not discharged. [Refer to Tag C 022 10A NCAC 13G .0302 (b) Design And Construction].	{C 007}	C007 answered on page 1	
C 015	10A NCAC 13G .0214 Suspension of Admissions 10A NCAC 13G .0214 Suspension of Admissions (a) Either the Secretary or his designee shall notify the domiciliary home by certified mail of the decision to suspend admissions. Such notice will include: (1) the period of the suspension, (2) factual allegations,	C 015	10A NCAC 13G .0214 Suspension of Admissions 1 resident was admitted after suspension of ad missions was issued. Rule Correction: No residents moving forward will be admitted until suspension is lifted.	1/3/24

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C 015	Continued From page 4 (3) citation of statutes and rules alleged to be violated, (4) notice of the facility's right to contested case hearing or the suspension. (b) The suspension will be effective when the notice is served or on the date specified in the notice of suspension, whichever is later. The suspension will remain effective for the period specified in the notice or until the facility demonstrates to the Secretary or his designee that conditions are no longer detrimental to the health and safety of the residents. (c) The home shall not admit new residents during the effective date of the suspension. (d) Any action taken by the Division of Facility Services to revoke a home's license or to reduce the license to a provisional license shall be accompanied by a recommendation to the Secretary or his designee to suspend new admissions. A suspension may be ordered without the license being affected. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to adhere to rules and regulations related to admitting a resident (#5) to the facility after a notice of Suspension of Admissions was served. The findings are: Review of the facility's current license effective 01/01/24 through 12/31/24 revealed the facility was licensed for 6 ambulatory residents. (The North Carolina Building Code defines ambulatory residents in Family Care Homes as residents able to respond and evacuate the facility without physical or verbal assistance).	C 015	Continued from Page 4 10A NCAC 13G .0214 Suspension of Admissions Systematic Changes Admissions will be stopped even when an appeal is filed. Admissions will only resume when suspen sion is lifted as the result of a successful appeal or POC is fulfilled. Monitoring: Administrator will ensure no admissions are completed until suspension is lifted.	

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C 015	Continued From page 5 Review of a letter from the the Division of Health Service Regulation (DHSR), Adult Care Licensure Section dated 10/11/24 revealed: -There was an annual survey conducted at the facility on 10/10/24 at which time a violation was identified in 10A NCAC 13G .0302 Design and Construction. -The conditions of the home were found to be detrimental to the health, safety and welfare of the residents. -Admissions to the home were to be suspended immediately. Observations of the facility on 12/23/24 at 8:00am revealed the facility had a census of 5 residents. Observation of a fire drill conducted on 12/23/24 from 10:00am to 10:06am revealed 3 of 5 residents were able to evacuate independently with one resident that required 1-2 people to verbally direct and physically assist her to evacuate and a second resident that remained in bed and was unable to evacuate. Review of Resident #5's current FL-2 dated 10/04/24 revealed: -Diagnoses included Alzheimer's disease with behavioral disturbance. -She was ambulatory, constantly disoriented and had wandering behaviors. Review of Resident #5's Resident Register on 12/23/24 revealed she was admitted to the facility from her own residence on 11/18/24. Interview with the Administrator on 12/23/24 at 12:28pm revealed: -She admitted a resident to the facility after receiving the notice for the Suspension of Admissions in October 2024.	C 015	C015 Answered on pages 4 and 5.	

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C 015	Continued From page 6 -She thought she could continue to admit residents to the facility while an appeal was in place. [Refer to Tag C 022 10A NCAC 13G .0302 (b) Design And Construction].	C 015	C015 Answered on pages 4 and 5.	
{C 022}	10A NCAC 13G .0302 (b) Design And Construction 10A NCAC 13G .0302 Design And Construction (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews, the facility failed to ensure the building was equipped and maintained for 2 of 5 residents (#1, #3) , one who was bed bound due to a broken hip (#1) and one who required verbal direction and hands-on guidance for ambulation (#3). The findings are: Observation of the facility's current license on 12/23/24 revealed:	{C 022}	10A NCAC .0302 (b) Design and Construction Residents #1 and #3 were none ambulatory, unable to evacuate the facility independently. Rule Correction: The 2 non-ambulatory residents were given discharge notices on 10/13/24. One resident was discharged on 1/3/24 and the second resident was discharged on 1/7/24 to a higher level of care. Discharge of these tw0 residents corrects the need of a sprinkler system currently. Systematic Changes: All staff have had an Inservice on the definition of " ambulatory." The Administrator and/or DON will review residents and care plans once a month or when there is a significant change in status for the residents. Until a sprinkler system and change of licensure is completed in the future; if a resident is no longer ambulatory, both the family and DSS will be notified, and a 30-day d/c notice will be issued for higher level of care. Monitoring: Using a facility created audit tool the Administrator and/or DON will complete monthly audits to ensure all residents that remain in the facility are ambulatory. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.	1/7/24

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{C 022}	Continued From page 7 -The effective date was 01/01/24 to 12/31/24. -The facility was licensed for 6 ambulatory residents (The North Carolina Building Code defines ambulatory residents in Family Care Homes as residents able to respond and evacuate the facility without physical or verbal assistance). Observations of the facility on 12/23/24 at 8:00am revealed: -There was no sprinkler system installed in the facility. -There were three entrance/exit doors, one located on the front of the facility, one located on the side of the facility, and one located on the back of the facility that lead to a small porch area with an attached ramp. 1. Review of Resident #1's current FL-2 dated 08/28/24 revealed diagnoses included hypertensive heart disease without heart failure, osteoarthritis, vitamin D deficiency, rash and other non-specific skin eruption, hypothyroidism, insomnia, and history of other diseases of the respiratory system. Record review of Resident #1's hospice comprehensive assessment and plan of care dated 12/18/24 revealed: -The hospice start of care date was 11/16/23. -Resident #1 experienced a fall resulting in a displaced fracture to the right hip that resulted in her becoming bedbound. -Resident #1 was dependent on staff for all activities of daily living except feeding. Observation of Resident #1 on 12/23/24 at 8:36am revealed: -She was lying in a hospital bed. -There was a wheelchair in the corner across the	{C 022}	C022 Answered on Page 7	

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{C 022}	Continued From page 8 room. Interview with Resident #1 on 12/23/24 at 8:36am revealed: -She stayed in bed and watched TV during the day. -She did not get out of bed because her hip was broken. -She did not think she could stand to transfer into a wheelchair if she needed to. Interview with the medication aide (MA) on 12/23/24 at 8:57am revealed: -Resident #1 was unable to stand because she fell and broke her hip recently, was on hospice services and required total care from staff. -Resident #1's doctor did not recommend surgery due to the resident's age. Observation of a fire drill conducted on 12/23/24 from 10:00am to 10:06am revealed Resident #1 remained in bed throughout the fire drill. Telephone interview with the Registered Nurse (RN) for the hospice agency service on 12/23/24 at 3:02pm revealed: -Resident #1 fell on 11/23/24 and sustained a fracture to her hip. -Resident #1 was essentially bedbound. -Resident #1 was unable to exit the facility on her own in the event of an emergency. Attempted telephone interview with the Primary Care Provider (PCP) for Resident #1 on 12/23/24 at 1:06pm was unsuccessful. 2. Review of the current FL-2 for Resident #3 dated 04/27/24 revealed: -Diagnoses included Alzheimer's disease and chronic hypotension	{C 022}	C022 Answered on Page 7	

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{C 022}	Continued From page 9 -Resident #3's ambulatory status was listed as ambulatory. -The resident required total care assistance and was constantly disoriented. Interview with the medication aide (MA) on 12/23/24 at 8:57am revealed Resident #3 was on hospice and required physical assistance and guidance with ambulation. Based on observation and interviews, it was determined that Resident #3 on 12/23/24. Observation of Resident #3 on 12/23/24 at 9:00am revealed: -The MA instructed Resident #3 to stand from the dining room table. -The resident did not follow the instructions to stand. -The MA assisted Resident #3 to stand from the dining room and guided her down the hallway while holding onto her. -Resident #3 walked with a slow shuffling unsteady gait while holding onto the MA. Interview with the Administrator on 12/23/24 at 10:27am revealed Resident #3 could walk but sometimes required assistance with ambulation. Observation of a fire drill conducted on 12/23/24 from 10:00am to 10:06am revealed: -Resident #3 was seated in the television room just inside the front entrance. -The MA approached Resident #3 and instructed the resident of the need to get out of the facility. -Resident #3 remained seated as the MA assisted the resident to a standing position while continuing to hold onto Resident #3. -The MA led Resident #3 to the front door, but Resident #3 planted her feet and refused to exit	{C 022}	C022 Answered on Page 7	

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{C 022}	Continued From page 10 onto the porch. -Another resident assisted the MA with getting Resident #3 onto the porch and down the porch steps. -Resident #3 required the physical assistance of 1-2 persons to evacuate the facility to the designated safe area. -The other resident continued to hold onto Resident #3 along with the MA until the fire drill was cleared and the resident returned inside the facility. Telephone interview with the Registered Nurse (RN) for the hospice agency service on 12/23/24 at 3:02pm revealed Resident #3 required staff to guide her by the arm, even for meals, and did not have the mental capacity to exit the facility in the event of an emergency. Attempted telephone interview with the Primary Care Provider (PCP) for Resident #3 on 12/23/24 at 1:06pm was unsuccessful. _____ The facility failed to ensure the building was equipped and maintained in a manner that would safely provide services to 2 of 5 residents who needed physical assistance with ambulation to evacuate in the event of an emergency, such as a fire. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 12/23/24 for this violation.	{C 022}	C022 Answered on Page 7	
C 232	10A NCAC 13G .0801 (c) Resident Assessment 10A NCAC 13G .0801Residents Assessment	C 232	C232 Answered on Page 12	

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C 232	Continued From page 11 (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily living; (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects; (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher; (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being over a period of time such as initial diagnosis of Alzheimer's disease or diabetes; (J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed; (K) new onset of impaired decision-making; (L) continence to incontinence or indwelling catheter; or	C 232	10A NCAC 13G .0801 (c) Resident Assessment Resident #1 did not have an assessment done within 24 hours of a significant change. Rule Correction: Significant change assessment was completed by hospice RN on the DMA 3050 form, 12/27/24. Systematic Change: DON will complete assessments within 24 hours of admission or significant change of a resident. Monitoring: Using a facility created audit tool the Administrator and/or DON will complete monthly audits to ensure all residents have assessments every 90 days and in the event of a significant change. The Administrator or Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.	12/27/24

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C 232	Continued From page 12 (M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an assessment was completed for a resident within 10 days of a significant change (#1) following a fall in which she broke her hip which left her bedbound. The findings are: Review of Resident #1's current FL-2 dated 08/28/24 revealed diagnoses included hypertensive heart disease without heart failure, osteoarthritis, vitamin D deficiency, rash and other non-specific skin eruption, hypothyroidism, insomnia, and history of other diseases of the respiratory system. Review of Resident #1's current Assessment and Care Plan dated 10/10/24 revealed: -She required the use of a wheelchair because she was non-ambulatory. -She required extensive assistance from staff for eating and toileting. -She was totally dependant on staff for ambulation, bathing, dressing, grooming and transferring. Review of Resident #1's hospice comprehensive assessment and plan of care dated 12/18/24 revealed: -The hospice start of care date was 11/16/23. -Resident #1 experienced a fall resulting in a displaced fracture to the right hip that resulted in her becoming bedbound.	C 232	C232 was answered on Page 12	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-096056	A. BUILDING: _____ B. WING _____	R 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 232	Continued From page 13 -Resident #1 was dependent on staff for all activities of daily living except feeding. Observation of Resident #1 on 12/23/24 at 8:36am revealed: -She was lying in a hospital bed. -There was a wheelchair in the corner across the room. Interview with the Resident #1 on 12/23/24 at 8:36am revealed: -She stayed in bed and watched TV during the day. -She did not get out of bed because her hip was broken. -She did not think she could stand to transfer into a wheelchair if she needed to. Interview with a family member of Resident #1 on 12/23/24 at 2:44pm revealed Resident #1 was able to stand and transfer to her wheelchair with staff assistance before she fell an broke her hip but was no longer able to bear her own weight. Interview with the medication aide (MA) on 12/23/24 at 8:57am revealed: - Resident #1 was unable to stand because she fell and broke her hip recently, was on hospice services and required total care from staff. -Resident #1 could stand and pivot prior to the fall. Telephone interview with the Registered Nurse (RN) for the hospice agency service on 12/23/24 at 3:02pm revealed: -Resident #1 fell on 11/23/24 and sustained a fracture to her hip. -Resident #1 could stand and assist with transfers prior to the fall but was now essentially bedbound.	C 232	C232 was answered on Page 12	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 232	Continued From page 14 Attempted telephone interview with the Primary Care Provider (PCP) for Resident #1 on 12/23/24 at 1:06pm was unsuccessful. Interview with the Administrator on 12/23/24 at 12:28pm and 2:41pm revealed: -Resident #1 used a wheelchair and could stand and pivot prior to her fall. -Resident #1 broke her hip when she fell and was now bedbound. -The facility had not updated the care plan for Resident #1 following her fall. -Resident #1 was on hospice care, and updated their care plan and she thought that was sufficient.	C 232	C232 was answered on Page 12	