

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE ESTATES HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4120 HOLT SCHOOL ROAD DURHAM, NC 27704</b>		
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual and follow up survey on August 5, 2025.	C 000		
C 007	10A NCAC 13G .0206 Capacity  10A NCAC 13G .0206 Capacity  (a) Pursuant to G.S. 131D-2.1(9), family care homes shall have a capacity of two to six residents. For the purposes of this Rule, "capacity" means the maximum number of residents permitted to live in a licensed family care home in accordance with the North Carolina Building Code and the evacuation capability of each resident. (b) The total number of residents shall not exceed the number shown on the license. The license shall indicate the facility's capacity for ambulatory and non-ambulatory individuals permitted to live in the facility. For the purposes of this Rule, "ambulatory" means the individual is able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. "Non-ambulatory" means the individual is not able to respond and evacuate from the facility without verbal or physical assistance from others in the event of an emergency. (c) A request for an increase in capacity by adding rooms, remodeling, or without building modifications shall be made to the county department of social services and submitted to the Division of Health Service Regulation Construction Section and shall include two copies of blueprints or floor plans. One plan shall show the existing building with the current use of rooms, and the second plan showing the addition, remodeling, or change in use of spaces, and showing the use of every room. If new	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>construction, the second plan shall show how the addition will be tied into the existing building and all proposed changes in the structure.</p> <p>(d) When licensed facilities increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire facility shall meet all current fire safety regulations required by city ordinances or county building inspectors.</p> <p>(e) The licensee or the licensee's designee shall notify the Division of Health Service Regulation Adult Care Licensure Section if the evacuation capabilities of the residents changes and the facility no longer complies with the facility's licensed capacity as listed on the facility's license, or of the addition of any non-resident who will be living within the facility.</p> <p>(f) If there is a temporary change in the capacity of the facility due to a resident's short term illness or condition that renders the resident temporarily non-ambulatory, such as end of life condition, the licensee or the licensee's designee shall immediately notify the Division of Health Service Regulation Construction Section upon the knowledge of the change in the resident's ambulatory status.</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</p>	C 007		

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C 007	<p>Continued From page 2</p> <p>resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for 1 of 3 sampled residents who had cognitive impairments which could prevent the resident from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/25 revealed the facility was licensed for 6 ambulatory residents.</p> <p>Observation of the facility on 08/05/25 at 8:30am revealed five residents resided in the facility.</p> <p>Review of the facility's fire rehearsal schedule revealed:</p> <ul style="list-style-type: none"> <li>-On 01/23/25, five residents and one staff member participated in the fire drill; the response was 7 minutes.</li> <li>-On 03/23/25, five residents and one staff member participated in the fire drill; the response was 7 minutes.</li> <li>-On 07/01/25, five residents and one staff member participated in the fire drill; the response was 7 minutes.</li> </ul> <p>Observation of a fire drill on 08/05/25 at 10:55am revealed:</p> <ul style="list-style-type: none"> <li>-Five residents were inside the facility.</li> <li>-One resident was in his room.</li> <li>-The fire alarm sounded for 25 seconds.</li> <li>-One resident who was sitting on the couch in the living room did not exit the facility.</li> </ul> <p>Interview with the Administrator on 08/05/25 at 11:10am revealed:</p> <ul style="list-style-type: none"> <li>-All the residents were ambulatory.</li> <li>-One resident had dementia and needed</li> </ul>	C 007		

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C 007	Continued From page 3  prompting sometimes. -She had not notified DHHS or anyone in the construction section because she did not know she needed to.  [Refer to 10A NCAC 13G .0302(b) Design and Construction.]	C 007		
C 021	10A NCAC 13G .0302 (a) Design And Construction  10A NCAC 13G .0302 Design And Construction  (a) A building licensed for the first time as a family care home, or a licensed family care home relicensed after the license is terminated for more than 60 days, shall meet the requirements of the North Carolina State Building Code: Residential Code in effect at the time of licensure or relicensure. Additionally, facilities requesting licensure or relicensure for four to six residents shall meet the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section in effect at the time of licensure or relicensure. The North Carolina State Building Codes, which are hereby incorporated by reference, including all subsequent amendments and editions, may be purchased from the International Code Council online at <a href="https://shop.iccsafe.org/">https://shop.iccsafe.org/</a> at a cost of eight hundred fifty-eight dollars (\$858.00) or accessed electronically free of charge at <a href="https://codes.iccsafe.org/codes/north-carolina">https://codes.iccsafe.org/codes/north-carolina</a> .	C 021		

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C 021	<p>Continued From page 4</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 1 of 4 sampled residents (#4) who had cognitive impairments which could prevent the resident from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's fire rehearsal schedule revealed: -On 01/23/25, five residents and one staff member participated in the fire drill; the response was 7 minutes. -On 03/23/25, five residents and one staff member participated in the fire drill; the response was 7 minutes. -On 07/01/25, five residents and one staff member participated in the fire drill; the response was 7 minutes.</p> <p>Observation of the facility on 08/05/25 between 8:15am and 6:00pm revealed five residents resided in the facility.</p> <p>Review of Resident #4's current FL2 dated 05/29/25 revealed: -Diagnoses included major neurocognitive disorder. -She was intermittently disoriented. -She was ambulatory. -She required personal care assistance with bathing, feeding, and dressing.</p>	C 021		

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C 021	<p>Continued From page 5</p> <p>Review of Resident #4's Resident Register revealed she was admitted to the facility on 03/11/21.</p> <p>Review of Resident #4's assessment and care plan dated 05/29/25 revealed the resident was dependent on staff for all activities of daily living.</p> <p>Observation of the facility on 08/05/25 at 10:55am revealed:</p> <ul style="list-style-type: none"> <li>-Five residents were inside the facility.</li> <li>-One resident was in his room.</li> <li>-An audible fire alarm could be heard throughout the facility.</li> <li>-The fire alarm sounded for 25 seconds.</li> <li>-Resident #4 was sitting on the couch in the living room.</li> <li>-Resident #4 did not get up from the couch and exit the facility</li> </ul> <p>Observations of the facility on 08/05/25 between 10:55am and 6:00pm revealed Resident #4 ambulated independently.</p> <p>Interview with the Administrator on 08/05/25 at 1:48pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #4 had dementia and sometimes would get up and exit during the fire drills and sometimes she would need verbal prompting.</li> <li>-The facility and Resident #4's guardian were working on placement for Resident #4 in a memory care facility.</li> </ul> <p>Attempted telephone interview with Resident #4's primary care provider (PCP) on 08/05/25 at 12:11pm and 4:58pm was unsuccessful.</p> <p>Based on observations, interviews, and record review, Resident #4 was not interviewable.</p>	C 021		

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C 021	Continued From page 6  The facility failed to ensure the facility was equipped and maintained in accordance with the facility's licensed capacity to allow a resident, who resided in the facility and required verbal prompting when she responded to a fire drill (#4). 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.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/05/25.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED September 19, 2025.	C 021		
C 069	10A NCAC 13G .0312 (g) Outside Entrance And Exits  10A NCAC 13G .0312 Outside Entrance and Exits  (g) In facilities with at least one resident who is determined by a physician or is otherwise observed by staff to be disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall have a continuously sounding device that is activated when the door is opened. The sound shall be audible throughout the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in an area accessible to staff. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing	C 069		

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C 069	<p>Continued From page 7</p> <p>facilities.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record review, the facility failed to ensure 1 of 2 exit doors that were accessible to residents, who were intermittently disoriented (#1, #3, and #4) had a working alarm that was of sufficient volume that could be heard by staff when activated and responded to for the safety of the residents.</p> <p>The findings are:</p> <p>Observation of the front exit door on 08/05/25 at various times between 8:15am-6:00pm revealed:</p> <ul style="list-style-type: none"> <li>-The surveyor entered the facility at 8:15am and no alarm sounded when the door opened.</li> <li>-The residents went in and out of the front door throughout the day.</li> <li>-No alarm sounded at any time when the front door opened and closed.</li> <li>-There was no alarm attached to the door.</li> <li>-There was a security system on the wall that had indicators for "armed" and "ready"; neither indicator was lit.</li> </ul> <p>Interview with three residents on 08/05/25 between 4:00pm-4:10pm revealed:</p> <ul style="list-style-type: none"> <li>-One resident stated he had not heard an alarm going off when going in and out of the front door; he thought something might be wrong with it.</li> <li>-A second resident stated she did not hear an alarm sound when the front door opened or closed.</li> <li>-A third resident stated she never heard an alarm sound when the front door opened or closed during the day; at night she was asleep and did</li> </ul>	C 069		



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C 069	<p>Continued From page 8</p> <p>not hear anything.</p> <p>1. Review of Resident #1's current FL2 dated 06/23/25 revealed: -Diagnoses included neurocognitive disorder. -Resident #1 was intermittently disoriented.</p> <p>Interview with Resident #1 on 08/05/25 at 4:00pm revealed: -He went in and out of the front door all day long. -He liked to sit outside and he liked to walk up and down and around the driveway. -He did not think there was an alarm on the front door.</p> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed: -Resident #1 did not wander off. -He went in and out of the front door all day. -He liked to walk and went outside to walk around the driveway. -He had never wandered off.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/05/25 at 12:11pm and 4:58pm was unsuccessful.</p> <p>Refer to interview with the personal care aide (PCA) on 08/05/254 at 1:10pm.</p> <p>Refer to the interview with the Administrator on 08/05/25 at 1:30pm.</p> <p>2. Review of Resident #3's current FL2 dated 07/18/25 revealed: -Diagnoses included major neurocognitive disorder. -Resident #3 was intermittently disoriented.</p> <p>Interview with Resident #3 on 08/05/25 at</p>	C 069		

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C 069	<p>Continued From page 9</p> <p>11:10am revealed she liked to go outside when it was nice out but she did not leave the property.</p> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 did not wander off.</li> <li>-She liked to go outside and sit and visit with the other residents who went outside.</li> <li>-She did not think Resident #3 was confused.</li> <li>-She had never wandered off.</li> </ul> <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 08/05/25 at 12:11pm and 4:58pm was unsuccessful.</p> <p>Refer to interview with the personal care aide (PCA) on 08/05/254 at 1:10pm.</p> <p>Refer to the interview with the Administrator on 08/05/25 at 1:30pm.</p> <p>3. Review of Resident #4's current FL2 dated 05/29/25 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included major neurocognitive disorder.</li> <li>-She was intermittently disoriented.</li> </ul> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #4 had dementia.</li> <li>-Resident #4's guardian was looking at placement for her in a memory care unit.</li> <li>-She went outside with the other residents and staff.</li> <li>-She did not go outside alone.</li> <li>-She had never wandered off.</li> </ul> <p>Attempted telephone interview with Resident #4's primary care provider (PCP) on 08/05/25 at 12:11pm and 4:58pm was unsuccessful.</p>	C 069		

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C 069	<p>Continued From page 10</p> <p>Based on observations, interviews, and record review, it was determined Resident #4 was not interviewable.</p> <p>Refer to interview with the personal care aide (PCA) on 08/05/254 at 1:10pm</p> <p>Refer to the interview with the Administrator on 08/05/25 at 1:30pm.</p> <p>Interview with the PCA on 08/05/25 at 1:10pm revealed:</p> <ul style="list-style-type: none"> <li>-All the residents but one liked to go outside and sit or walk around.</li> <li>-The residents went in and out of the front door all day.</li> <li>-None of the residents went outside at night.</li> <li>-He slept on the couch that was right in front of the front door or in the back bedroom.</li> <li>-He did not hear the door alarm for the front door today when it opened or closed.</li> <li>-There was an alarm on the front door through a security system, but he did not hear it; he thought it rang to the office.</li> </ul> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-There was not an alarm attached to the front door.</li> <li>-There was a security system that alarmed when the door opened and closed; the alerts went to her phone that she kept on her person.</li> <li>-If she was not in the facility, the alarm would not be heard by the facility staff.</li> </ul> <p>The facility failed to ensure the alarm on the exit door to the facility had an audible sounding device when activated for three residents who were intermittently disoriented, had access to the</p>	C 069		

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C 069	Continued From page 11  doors, and would go in and out of the facility. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.  _____ The facility failed to provide an acceptable plan of protection in accordance with G.S. 131D-34 on 08/05/25.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 19, 2025.	C 069		
C 107	10A NCAC 13G .0317 (f) Building Service Equipment  10A NCAC 13G .0317 Building Service Equipment  (f) Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided: (1) the call system shall connect residents' bedrooms to the live-in staff bedroom; (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom; (3) a resident call system activator shall be in residents' bedrooms at the resident's bed; (4) the resident call system activator shall be within reach of a resident lying on the bed; and (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin.  This Rule is not met as evidenced by:	C 107		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 107	<p>Continued From page 12</p> <p>TYPE B VIOLATION</p> <p>Based on interviews and observations, the facility failed to ensure the call system was connected to the live-in staff's bedroom so that when activated by the residents, the staff would receive the audible and visual signal.</p> <p>The findings are:</p> <p>Observation of the call bell system on 08/05/25 at 3:50pm revealed:</p> <ul style="list-style-type: none"> <li>-The call bell was tested in a resident's room.</li> <li>-A red light activated where the call system was pushed in the resident's room.</li> <li>-There was no audible alarm heard in the facility.</li> <li>-There was no call system panel.</li> </ul> <p>Interview with the personal care aide (PCA) on 08/05/25 at 4:45pm revealed:</p> <ul style="list-style-type: none"> <li>-He did not hear the call system activate in the resident's room.</li> <li>-There was a device the call system rang to but he did not have it on his person.</li> <li>-The Administrator kept the call system device in her office until she left.</li> <li>-If the residents needed help, they came out of their rooms and asked.</li> </ul> <p>Interview with the resident on 08/05/25 at 4:00pm revealed:</p> <ul style="list-style-type: none"> <li>-He stayed out of his room most of the day and if he needed something he would ask.</li> <li>-He never used the call bell.</li> <li>-If he had an emergency and could not walk out of his room, he would yell out.</li> </ul> <p>Interview with a second resident on 08/05/25 at 4:05pm revealed he did not use the call system.</p>	C 107		

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C 107	<p>Continued From page 13</p> <p>Interview with a third resident on 08/05/25 at 4:15pm revealed she did not use the call system.</p> <p>Interview with the Administrator on 08/05/25 at 4:55pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had call bells.</li> <li>-When a resident pushed the call bell in their room, it sent an audible alert to a device.</li> <li>-She kept the device in her office (on site) when she was at the facility.</li> <li>-When the call system was activated, she would call the PCA and let him know.</li> <li>-When she left for the day, she left the device with the PCA for the night.</li> </ul> <p>_____</p> <p>The facility failed to ensure live-in-staff had access to the call system indicator device to allow them to hear the residents when they needed assistance. This failure had the potential to be detrimental to the health, safety, and welfare of the residents if a call bell was not responded to and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/05/25 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 19, 2025.</p>	C 107			
C 118	<p>10A NCAC 13G .0316 (d) Fire Safety and Emergency Preparedness Plan</p> <p>10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan</p> <p>(d) The facility shall meet all fire safety requirements required by city ordinances or</p>	C 118			

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C 118	Continued From page 14  county building inspectors. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.          This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure fire safety requirements required by city ordinances or county building inspections were met.  The findings are:  Request for the facility's current fire safety inspection report was made on 08.05/25 at 8:50am.  Telephone interview with the Durham County Deputy Fire Marshall on 08/05/25 at 1:41pm revealed the last inspection done at the facility was on 10/20/23.  Interview with the Administrator on 08/05/25 at 8:50am revealed: -She thought she had a current fire inspection and would check her email to see if she could find it.	C 118		
C 131	10A NCAC 13G .0403(a) Qualifications of Medication Staff  10A NCAC 13G .0403 QUALIFICATIONS OF MEDICATION STAFF (a) Family care home staff who administer	C 131		

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C 131	<p>Continued From page 15</p> <p>medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff A) who administered medications had completed the 5-hour, 10-hour, or 15-hour state approved medication aide training, the medication aide clinical skills checklist and had successfully passed the written medication administration examination.</p> <p>The findings are:</p> <p>1. Review of Staff A's, personal care aide (PCA) personnel record revealed: -Staff A was hired on 09/16/19 as a PCA. -There was no documentation Staff A completed the 5-hour, 10-hour, or 15-hour state approved medication aide training. -There was no documentation Staff A completed the medication aide clinical skills checklist. -There was no documentation Staff A successfully passed the written medication administration examination.</p> <p>Review of residents' medication administration records (MAR) for June 2025 revealed the initials documented were only of the Administrator from 06/01/25 to 06/30/25.</p>	C 131		



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C 131	<p>Continued From page 16</p> <p>Review of residents' MARs for July 2025 revealed the initials documented were only of the Administrator from 07/01/25 to 07/31/25.</p> <p>Review of residents' MARs for August 2025 from 08/01/25 to 08/05/25 revealed the initials documented were only of the Administrator.</p> <p>Interview with a resident on 08/05/25 at 8:30am revealed the PCA (Staff A) administered the medications.</p> <p>Interview with a second resident on 08/05/25 at 8:47am revealed: -The PCA (Staff A) administered the medications. -The PCA (Staff A) administered her medications that morning.</p> <p>Interview with a third resident on 08/05/25 at 11:10am revealed "the person up front", usually the PCA (Staff A) gave him his medications.</p> <p>Interview with a fourth resident on 08/05/25 at 2:06pm revealed: -The Administrator did not give medications. -The "one that serves the food" gave the medications. -"The one that is in the kitchen right now" (Staff A) gave the medications.</p> <p>Interview with Staff A on 08/05/25 at 8:20am revealed: -The Administrator administered the medications to the residents. -He did not administer medications.</p> <p>Interview with the Administrator on 8:20am revealed: -Staff A was not qualified to administer medications.</p>	C 131		

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C 131	Continued From page 17  -Staff A should not be administering medications. -She administered the medications to the residents.  The facility failed to ensure staff who administered medications to residents completed the medication aide clinical skills checklist and successfully passed the written medication adie examination before administering medications which could result in potential medication errors. 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 08/05/25 for this violation.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 19, 2025.	C 131			
C 188	10A NCAC 13G .0601 (g) Mangement And Other Staff  10A NCAC 13G .0601      Management And Other Staff  (g) Additional staff shall be employed as needed for housekeeping and the supervision and care of the residents in accordance with the rules of this Subchapter.  This Rule is not met as evidenced by:	C 188			

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C 188	<p>Continued From page 18</p> <p>TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the staff were always awake in the facility for the safety and supervision of a resident who had impaired cognition and was unable to evacuate the facility in the event of an emergency (#4).</p> <p>The findings are:</p> <p>Review of the facility's current license, effective 01/01/25, revealed the facility was licensed for 6 ambulatory residents.</p> <p>Review of Resident #4's current FL2 dated 05/29/25 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included intellectual delay and major neurocognitive disorder.</li> <li>-The resident was intermittently disoriented.</li> <li>-The resident wandered.</li> </ul> <p>Review of Resident #4's Resident Register revealed an admission date of 03/11/21.</p> <p>Review of Resident #4's care plan dated 05/29/25 revealed she was dependent on staff for her activities of daily living.</p> <p>Observation of Resident #4 on 08/05/25 at various times from 10:55am-6:00pm revealed she ambulated without assistance.</p> <p>Interview with a resident on 08/05/25 at 4:00pm revealed he did not think Resident #4 went outside alone.</p> <p>Interview with the personal care aide (PCA) on 08/05/25 at 4:45pm revealed:</p> <ul style="list-style-type: none"> <li>-He either slept in the back bedroom or on the</li> </ul>	C 188		

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C 188	<p>Continued From page 19</p> <p>couch which was right in front of the front door. -Resident #4 did not go outside alone. -Resident #4 did not wander off. -Resident #4 sometimes got up at night and he would escort her to the couch in the room behind the living room until she was ready to go back to bed.</p> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed: -The PCA was a live-in staff member and slept in the facility at night. -Resident #4 liked to go outside when the other residents went outside, but she did not go outside alone. -Resident #4 had not wandered off.</p> <p>Attempted telephone interviews with Resident #4's primary care provider (PCP) on 08/05/25 at 12:11pm and 4:58pm were unsuccessful.</p> <p>The facility failed to ensure there was awake staff at the facility to provide supervision to a resident (#4) who was intermittently disoriented. The facility's failure was detrimental to the safety and welfare of the resident which constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/14/25 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 19, 2025.</p>	C 188		
C 330	10A NCAC 13G .1004(a) Medication Administration	C 330		

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C 330	<p>Continued From page 20</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family 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.</p> <p>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 2 of 3 residents including an antidepressant (#1) and an antifungal shampoo (#1, #3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 06/23/25 revealed diagnoses included neurocognitive disorder and cerebral microvascular disease.</p> <p>a. Review of Resident #1's current FL2 dated 06/23/25 revealed an order for Cymbalta (an antidepressant) 60mg daily.</p> <p>Review of Resident #1's medication administration record (MAR) for June 2025 revealed: -There was an entry for Cymbalta 60mg daily with a scheduled administration time of 8:00am. -Cymbalta 60mg was documented as administered daily from 06/01/25 to 06/30/25.</p> <p>Review of Resident #1's MAR for July 2025 revealed: -There was an entry for Cymbalta 60mg daily with</p>	C 330		

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C 330	<p>Continued From page 21</p> <p>a scheduled administration time of 8:00am. -Cymbalta 60mg was documented as administered daily from 07/01/25 to 07/31/25.</p> <p>Review of Resident #1's MAR for August 2025 from 08/01/25 to 08/05/25 revealed: -There was an entry for Cymbalta 60mg daily with a scheduled administration time of 8:00am. -Cymbalta 60mg was documented as administered daily from 08/01/25 to 08/05/25.</p> <p>Observation of Resident #1's medications on hand on 08/05/25 at 10:30am revealed: -There was a punch card of Cymbalta 60mg with a dispensed date of 05/23/25. -There were 2 of 30 capsules remaining. -There was a second punch card of Cymbalta 60mg with a dispensed date of 07/01/25. -There were 30 of 30 capsules remaining.</p> <p>Interview with Resident #1 on 08/05/25 at 1:48pm revealed: -He took medication daily. -He did not know which medications he took. -He had some periods of depression. -It was difficult being away from home. -He did not have any trouble eating or sleeping.</p> <p>Telephone interview with a pharmacist at the facility's contracted pharmacy on 08/05/25 at 4:08pm revealed: -Resident #1 had an order for Cymbalta 60mg daily. -Cymbalta was used to treat depression and not taking the medication as ordered could result in increased symptoms of depression, including changes in mood, decreased appetite, and difficulty sleeping. -Thirty capsules of Cymbalta 60mg were sent to the facility on 06/06/25 and 07/07/25.</p>	C 330		

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C 330	<p>Continued From page 22</p> <p>-The fill dates on the thirty capsules of Cymbalta 60mg that were sent to the facility on 06/06/25 and 07/07/25 were 05/23/25 and 07/01/25, respectively.</p> <p>-Resident #1 should not have a punch card of Cymbalta 60mg with 30 capsules left.</p> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed:</p> <p>-She gave Resident #1 his medications daily.</p> <p>-Resident #1 did not refuse his medications.</p> <p>-She thought she had so much Cymbalta 60mg because the pharmacy was sending too much of the medication.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/05/25 at 12:11pm and 4:58pm was unsuccessful.</p> <p>b. Review of Resident #1's current FL2 dated 06/23/25 revealed there was an order for ketoconazole 2% (a medicated anti-fungal shampoo used to treat dandruff) three times a week.</p> <p>Review of Resident #1's MAR for June 2025 revealed:</p> <p>-There was an entry for ketoconazole 2% shampoo three times a week.</p> <p>-Ketoconazole 2% shampoo was documented as administered three times a week from 06/01/25 to 06/30/25.</p> <p>Review of Resident #1's MAR for July 2025 revealed:</p> <p>-There was an entry for ketoconazole 2% shampoo three times a week.</p> <p>-Ketoconazole 2% shampoo was documented as administered on 07/01/25 and 07/31/25.</p>	C 330		

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C 330	<p>Continued From page 23</p> <p>Review of Resident #1's MAR for August 2025 from 08/01/25 to 08/05/25 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for ketoconazole 2% shampoo three times a week.</li> <li>-Ketoconazole 2% shampoo was documented as administered on 08/01/25 and 08/05/25.</li> </ul> <p>Observation of Resident #1's medications on hand on 08/05/25 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-There was a full four-ounce bottle of ketoconazole 2% available for administration with a dispensed date of 11/01/23.</li> <li>-There was no other ketoconazole 2% shampoo available for administration.</li> </ul> <p>Interview with Resident #1 on 08/05/25 at 1:48pm revealed:</p> <ul style="list-style-type: none"> <li>-He had an itchy scalp and dandruff that came and went.</li> <li>-He used to use shampoo that helped but had not used it lately.</li> <li>-He would like more of the medicated shampoo to use because right now his head itched.</li> </ul> <p>Telephone interview with a representative from the facility's contracted pharmacy on 08/05/25 at 4:08pm revealed:</p> <ul style="list-style-type: none"> <li>-A four-ounce bottle of ketoconazole 2% shampoo was last dispensed for Resident #1 on 02/14/25.</li> <li>-Ketoconazole 2% shampoo was an anti-fungal medicated shampoo used to treat dandruff.</li> <li>-Ketoconazole 2% shampoo was not a part of the facility's cycle fill system; the facility staff would have to reorder it.</li> </ul> <p>Interview with the personal care aide (PCA) on 08/05/25 at 1:10pm revealed he did not give Resident #1 medicated shampoo to use.</p>	C 330		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE ESTATES HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4120 HOLT SCHOOL ROAD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 24</p> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She gave Resident #1 all his medications, including his dandruff shampoo.</li> <li>-Resident #1 did not refuse his medications.</li> <li>-She did not know the last time she reordered the ketoconazole for Resident #1.</li> </ul> <p>Attempted telephone interviews with Resident #1's PCP on 08/05/25 at 12:11pm and 4:58pm were unsuccessful.</p> <p>2. Review of Resident #3's current FL2 dated 07/18/25 revealed diagnoses included bipolar disorder, major neurocognitive disorder, and Wolff Parkinson White syndrome.</p> <p>Review of an After Visit Summary (AVS) dated 07/18/25 by Resident #3's primary care provider (PCP) revealed instructions to begin ketoconazole shampoo and wash hair and apply to her face on the left side where the rash was twice a week to help with fungal and seborrheic issues.</p> <p>Review of Resident #3's medication administration record (MAR) for July 2025 from 07/18/25 to 07/31/25 and August 2025 from 08/01/25 to 08/05/25 revealed there was no entry for ketoconazole shampoo.</p> <p>Observation of Resident #1's medications on hand on 08/05/25 at 10:30am revealed there was no ketoconazole shampoo available for administration for Resident #3.</p> <p>Observation of Resident #3 on 08/05/25 at 12:54pm revealed she had red, flaky areas on the left side of her face and near her mouth.</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE ESTATES HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4120 HOLT SCHOOL ROAD DURHAM, NC 27704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 330	<p>Continued From page 25</p> <p>Interview with Resident #3 on 08/05/25 at 12:54pm revealed: -She had dandruff. -She went to see her PCP a couple of weeks ago. -Her PCP told her to use ketoconazole shampoo for her dandruff and the red, flaky areas on her face. -She did not use the ketoconazole shampoo since her PCP visit because no one brought it to her. -She would like to have the shampoo to use to help with her dandruff and flaky skin.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 08/05/25 at 4:08pm revealed: -There was no active order for ketoconazole shampoo for Resident #3. -Ketoconazole shampoo was not dispensed on 07/18/25 or after for Resident #3.</p> <p>Interview with the Administrator on 08/05/25 at 1:30pm revealed: -When the residents went to see their PCPs, the new orders were faxed to the pharmacy by someone at the PCP's office. -She did not realize the ketoconazole shampoo for Resident #3 was not on the MAR. -She tried to audit the MARs but did not always get to them.</p> <p>Attempted telephone interviews with Resident #3's PCP on 08/05/25 at 12:11pm and 4:58pm were unsuccessful.</p>	C 330		