Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Heritage Home Care of Taylorsville
Address: 668 Wood Rd. Taylorsville, NC 28681

County: Alexander
License Number: HAL-002-009

II. Date(s) of Visit(s): 8/1/25, 8/4/25, 8/12/25, 8/13/25, 8/18/25, 8/25/25, 8/31/25, 9/2/25

Purpose of Visit(s): Complaint Investigation

Instructions to the Provider ***(please read carefully)*****:**

Exit/Report Date: 9/2/2025

In column **III (b)** please provide a plan of correction to address *each of the rules* which were violated and cited in column **III (a)**. The plan must describe the steps the facility will take to achieve and maintain compliance. In column **III (c)**, indicate a specific completion date for the plan of correction.

*If this CAR includes a **Type B violation**, failure to meet compliance after the date of correction provided by the facility could result in a civil penalty in an amount up to $400.00 for each day that the facility remains out of compliance.

*If this CAR includes a **Type A1 or an Unabated B violation**, this agency *will* plan to submit an Administrative Penalty Recommendation for the violation(s). If this CAR includes a **Type A2 violation**, this agency *may* submit an Administrative Penalty Recommendation for the violation(s). The facility has an opportunity to schedule an Informal Dispute Resolution (IDR) meeting within **15 working days** from the mailing or delivery of this CAR. If on follow-up survey the **Type A1 or Type A2** violations are not corrected, a civil penalty of up to $1000.00 for each day that the facility remains out of compliance may be assessed. If on follow-up survey the **Unabated B** violations are not corrected, a civil penalty of up to $400.00 for each day that the facility remains out of compliance may also be assessed.

III (a). Non-Compliance Identified	III (b). Facility plans to correct/prevent:	III (c). Date plan to be completed
For each citation/violation cited, document the following four components: • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Citation, Unabated Type A1, Unabated Type A2, Unabated Type B)* • *Findings of non-compliance*	*(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	
Rule/Statute Number: 10A NCAC 13F 0906 Other Resident Care and Services	☐ POC Accepted ________ *DSS Initials*	___
Rule/Statutory Reference: (f) (4) if the whereabouts of a resident are unknown and there is a reason to be concerned about his safety, the person in charge in the home shall immediately notify the resident's responsible person, the appropriate law enforcement agency and the county department of social services Level of Non-Compliance: Type A1 Violation Findings: Based on interviews and record reviews, the facility failed to ensure local law enforcement (LE) was notified immediately. Resident #1 who has a diagnosis of dementia and a history of elopement from the facility. Resident # 1 eloped from the facility and was found at a car dealership 2.5 miles from the The Findings are: Review of Resident #1's current FL2 dated 10/17/24 revealed:	I WASN'T WORKING HERE DURING THE TIME OF THIS INCIDENT BUT I DID SPEAK WITH THE OWNER. • STAFF WHO WERE PRESENT AND EMPLOYED AT THE TIME OF THE INCIDENT WERE THOROUGHLY COUNSELED ON THE STEPS TO TAKE TO AVOID THIS TYPE OF SITUATION FROM OCCURRING AGAIN. RESIDENT #1 WAS DISCHARGED TO ANOTHER FACILITY.	

Facility Name:

-Diagnosis included dementia, CAD, cardiomyopathy, gout, heart attack, hyperlipidemia, HTN and acute stress reaction.
-The level of care was Assisted Living.
-The resident was semi-ambulatory with an assistive device.
-The resident was intermittently disoriented.
-The resident's behaviors included wandering.
-The resident had a history of elopement.

Review of Resident #1's Care Plan dated 9/25/24 revealed:
-There is a history of mental illness.
-The resident was receiving mental health services.
-The resident had significant loss of memory and must be directed.
-The resident ambulated with a rolling walker.

Review of Resident #1's Primary Care Provider (PCP) progress note dated 12/10/24 revealed:
-Resident was being treated for care management of history of diabetes, thyroid disease and anemia.
-His anemia was mild.
-His TSH level results were low.

Review of Resident #1's Mental Health Providers (MHP) progress note dated 5/6/25 revealed:
-The resident had dementia, severe with psychotic disturbance, restlessness and agitation.
-The resident couldn't recall recent events.
-The resident had cognitive impairment.

Review of Resident #1's MHP progress note dated 6/13/25 revealed:
-The resident had poor medication compliance.
-The resident had a history of impulsive behaviors.

Review of Resident #1's Hospital Progress Note (HPN) dated 7/10/25 revealed:
-The resident presented to the Emergency Department (ED) for evaluation of altered mental status on 6/30/25 at 5:48 pm.
-The resident had been missing since 3:00 pm from an Assisted Living Facility (ALF).
-He had wandered off from the facility.
-He was found by police on the streets and brought to the ED.
-His blood pressure was 135/95, heart rate 65, respirations 18, sats high 90's on room air.
-His labs were significant for sodium 147 chloride 108, BUN 51, creatinine 2.04, glucose 142, osmolality 309, albumin 5.
-Patient was given IV fluids bolus in the ED for dehydration.

ALL OF THE STAFF WHO WERE EMPLOYED HERE AT THAT TIME HAVE BEEN EITHER TERMINATED OR RESIGNED

LONGTERM CORRECTIVE ACTIONS:

- WE HAVE ENFORCED THE 2HOUR CHECKS FOR ALL RESIDENTS AND 1 HOUR CHEKS ON ALL RESIDENTS WITH A DEMENTIA DIAGNOSIS.
- MT WILL INSPECT THE SHEETS DURING THEIR SHIFTS.
- MT MANAGER WILL REVIEW THE SHEETS DAILY.
- ASSISTANT ADMIN WILL REVIEW WEEKLY TO CONFIRM COMPLIANCE

ANY MISSED DOCUMENTATION WILL BE ADDRESSED IMMEDIATELY.

Facility Name:

Interview with a Personal Care Assistant (PCA) on 9/5/25 at 1:24 pm revealed: -Resident #1 was observed eating breakfast in the dining room on the morning of 6/29/25. -Staff noticed he was missing around 9:15 am on 6/29/25. -Law Enforcement (LE) was immediately notified. -Staff searched for him around the property but didn't find him. -The Medication Aide (MA) drove up the road to search for him in her car but didn't see him. -The PCA drove further out into the community and found him with a LE at an auto dealership at approximately 6:30 pm on 6/30/25. Interview with a MA on 8/13/25 at 10:15 am revealed: -The MA last saw Resident #1 on the front porch at approximately 9:00 am. -Staff were previously checking on him every 15 minutes. -The MA could not find or provide the check off notebook for monitoring the resident every 15 minutes. -Within the next 30 minutes to an hour, staff noticed him missing. -The MA notified LE of the missing resident when she called communications were called at 6:30 p.m. on 6/29/25. -The MA notified the Administrator of the missing resident. Interview with Resident Care Coordinator (RCC) on 9/5/25 at 11:47 am revealed: -The RCC was not scheduled to work on 6/29/25. -Resident #1 is persistent about leaving the facility. -Resident #1 was on 15-minute checks that were to be documented in a book at the nurse's station. -The MA notified the RCC and Administrator on 6/29/25 at approximately 9:30 am that Resident #1 couldn't be found. -The MA told the RCC that she had just seen him but now he couldn't be found. Interview with the Administrator on 9/5/25 at 12:58 pm. -The Administrator was at home when Resident #1 went missing. -The MA notified her at approximately 9:30 am that resident was missing. -The Administrator came to the facility to help search for him. -The MA notified LE at the Administrators request. -The PCA drove around the neighborhood in an attempt to locate him.	PROPER ASSESSMENTS WILL BE CONDUCTED ON All POSSIBLE RESIDENTS. NO ONE WILL BE ADMITTED WHO WANDERS OR HAVE DEMENTIA.	

-The Administrator was not aware what time the MA notified LE on 6/29/25 when the resident went missing it was sometime after 9:30 a.m.

Interview with LE on 8/13/25 at 1:31 pm revealed:
-LE received a call from the MA on 6/29/25 at 6:22 pm reporting Resident #1 who has dementia, was missing from the facility.
-The MA stated that the resident had been missing for about one hour.
-The LE officer asked the MA why she waited so long to report the resident missing.
-The MA told LE that it was not her job to make sure the resident did not wander off.
-There was a Silver Alert issued.
-LE found the resident at 6:38 pm on 6/29/25, sitting under a tree at an auto dealership, which was 2.5 miles from the facility.
-LE transported the resident to the hospital for an Involuntary Commitment (IVC).

Interview with Resident #1's responsible party on 9/5/25 at 2:12 pm revealed:
-The responsible party was notified by the facility on 8/29/25 that the resident was missing.
-The responsible party doesn't know the exact time she was notified but that it was in the evening.
-The responsible party was then notified after the resident was found.
-The resident was sent to the hospital after he was located.

Based on record reviews and interviews it was determined that Resident' #1 was on an IVC and not interviewable.

The facility failed to provide supervision for 1 of 1 resident who had a diagnosis of dementia and history of wandering resulted in the resident eloping from the facility and found hours later at an auto dealership located 2.5 miles away. The resident was transported to the hospital and found to be dehydrated and treated with fluids. This failure resulted in serious neglect of the resident and constitutes an A1 Violation.

IV. Delivered Via:		Date:

Other Resident Care and Services 10A NCAC 13F 0906

Facility Name: 9/26/2025 Dropped off CAR & POP

DSS Signature: Julie Silvestan 9/26/25 - DSS		Return to DSS By:

V. CAR Received by:	Administrator/Designee (print name):	
	Signature: [signature]	Date: 9-26-25
	Title:	

VI. Plan of Correction Submitted by:	Administrator (print name): ELIZABETH TURNER, ASSISTANT ADMIN	
	Signature: [signature]	Date: 10/6/25

VII. Agency's Review of Facility's Plan of Correction (POC)		
☐ *POC Not Accepted*	By:	Date:
Comments:		
☑ *POC Accepted*	By: Pam White	Date: 10/14/2025
Comments:		

VIII. Agency's Follow-Up	By:		Date:
	Facility in Compliance: ☐ Yes ☐ No		Date Sent to ACLS:
Comments:			

**For follow-up to CAR, attach Monitoring Report showing facility in compliance.*