STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL012033	A. BUILDING: _____ B. WING _____	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST VIEW FAMILY CARE	3208 TEX'S FISHCAMP ROAD CONNELLY SPG, NC 28612

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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on July 27, 2023.	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 Facility Services, 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 Facility Services 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 Facility Services for review of any possible changes that may be required to the	C 007		

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C 007	Continued From page 1 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) that a resident's evacuation capabilities were different from the capabilities listed on the facility's licence for 1 of 3 sampled residents (#3) who could not ambulate on their own and had cognitive impalements which could prevent the resident from independently evacuation the facility. The findings are: Review of the facility's current license effective 01/01/23 revealed the facility was licensed for 6 ambulatory residents. Review of the daily census from 06/30/23 to 07/27/23 (today) revealed 3 residents resided in the facility. Observation of the facility on 07/27/23 at 9:00am revealed 3 residents and 2 staff. Review of residents' records revealed 1 of 3 resident (#3) had diagnoses which included memory loss. Review of the facility's documented fire drills revealed the last fire drill was completed on 05/08/23 at 1:00pm. Interview with the Administrator on 07/27/23 at	C 007		

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C 007	Continued From page 2 10:00am revealed: -Resident #3 began to require extensive assistance with all of her activities of daily living in May 2023 which included verbal cues with ambulation. -She did not contact DHSR to inform them of Resident #3's changes because she did not know this was a requirement. Refer to tag C0022 10A NCAC 13G .0302(b) Design and Construction.	C 007		
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: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the building was equipped and maintained for 1 of 3 sampled residents (Resident #3) residing in the facility who was wheelchair bound, had cognitive and physical impairments, and was unable to evacuate the facility independently. The findings are:	C 022		

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C 022	Continued From page 3 Review of the facility's current license effective 01/01/23 to 12/31/23 revealed the facility was licensed for a capacity of six ambulatory residents. Observation of facility on 07/27/23 between 9:00am and 5:00pm revealed: -The facility had a census of three residents. -There were two staff members in the facility. -There was no fire suppression system installed in the facility. -The were three entrances/exits. Review of Resident #3's current FL2 dated 02/01/23 revealed: -Diagnosis included memory loss, history of deep vein thrombosis and unsteady gait. -She was semi-ambulatory with the use of a wheelchair. -The level of care was documented as assisted living facility. Review of Resident #3's Resident Register revealed the date of admission to the facility was 02/11/14, and she was her own responsible party. Review of Resident #3's care plan dated 02/01/23 revealed: -Resident #3 required extensive assistance with eating, toileting, ambulation, bathing, dressing, grooming and transfers. -The care plan was signed by the physician on 02/01/23. Observation of Resident #3 on 07/27/23 at 09:00am revealed: -She was sitting in a wheelchair. -Her left arm was contracted, and she was able to use it. -She used her feet to walk her wheelchair to the	C 022		

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C 022	Continued From page 4 dining area without assistance. -The Administrator walked with her to the bathroom. -The Administrator provided her physical assistance along with verbal cues while she used the bathroom and returned to her bedroom. Review of Resident #3 Licensed Health Professional Support (LHPS) dated 06/07/23 revealed a task for assistance with assisted devices. Observation during a fire drill on 07/27/23 at 12:00pm revealed: -Resident #2 was sitting in her bedroom, located approximately 5 feet from the main entrance, and evacuated the facility without assistance through the front entrance within 5 seconds of the alarm. -Resident #1 was sitting in her bedroom, located approximately 20 feet from the main entrance, and evacuated the facility without assistance through the front entrance within 10 seconds of the alarm. -Resident #3 was in her bedroom sitting in a chair asleep. -After the alarm sounded for approximately 30 seconds, the Administrator woke up Resident #3. -The Administrator spoke to Resident #3 and she stared into space without verbal communication. -After 3 minutes of the alarm sounding, Resident #3 was unable to evacuate the facility without physical assistance and verbal ques from the Administrator. Interview with the day shift personal care aide (PCA) on 07/27/23 at 10:15am revealed: -The fire drills were completed on a weekly basis and recorded on the calendar. -There was no documentation about weekly fire drills only that it was completed.	C 022		

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C 022	Continued From page 5 -There was a quarterly fire drill completed with documentation and kept in a book in the Administrator's office. Review of the facility's documented fire drills revealed the last fire drill was completed on 05/08/23 at 1:00pm. Interview with the day shift personal care aide (PCA) on 07/27/23 at 10:15am revealed: -He assisted Resident #3 with verbal cues and physical assistance during fire drills in the last 2 months. -Due to Resident #3 requiring more help than usual, he and the Administrator stayed in the home all of the time, in case of an emergency. Telephone interview with Resident #3's Nurse Practioner (NP) on 07/27/23 at 12:11pm revealed: -The first time Resident #3 was seen as a new patient was in February 2023. -Resident #3 was seen on 03/01/23 for a 1 month follow-up and there were no new concerns, and no changes to Resident #3's plan of care. -There were no changes made to Resident #3's care plan. Interview with the Administrator on 07/27/23 at 10:00am revealed: -Her responsibilities included the overall operations of the facility and resident care. -In February 2023, Resident #3 became more dependant and required total care but could do some of her ADL's for herself at times. -In May 2023, resident #3 still required total assistance but was unable to do for herself and required verbal ques with ambulation, and other activities. Based on observations and record review, it was	C 022		

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C 022	Continued From page 6 determined Resident #3 was not interviewable. _____ The facility failed to ensure the building was in compliance with its current license for 6 ambulatory residents resulting in 1 of 3 sampled residents (#3) who was wheelchair bound with contractures of her left arm, diagnoses of right arm paralysis and memory loss who demonstrated her inability to respond to emergency and safely evacuate the facility when alerted during a fire drill. This failure was detrimental to the safety and welfare of the resident and constitutes a Type B Violation. Refer to tag C007 10A NCAC 13G .0206 Capacity. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 for this B Violation on 07/27/23. THE CORRECTION DATE FOR THIS TYPE B VIOLATION WILL NOT EXCEED SEPTEMBER 10, 2023.	C 022		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to notify the primary care provider	C 246		

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(PCP) for 1 of 3 sampled residents (Resident #3) related to a decline in cognitive and physical abilities that prevented her from independently evacuating the facility.

The findings are:

Review of Resident #3's current FL2 dated 02/01/23 revealed:
-Diagnosis included memory loss, history of deep vein thrombosis and unsteady gait.
-She was semi-ambulatory with the use of a wheelchair.

Review of Resident #3's care plan dated 02/01/23 revealed Resident #3 required total extensive assistance with eating, toileting, ambulation, bathing, dressing, grooming and transfers.

Review of Resident #3's Nurse Practioner (NP) visit report dated 06/07/23 revealed:
-Resident #3 was seen for follow-up of chronic medical conditions requiring ongoing evaluation and management.
-The Administrator reported Resident #3 as "stable over all".
-Resident #3 has not had any recent hospitalizations, falls was stable cognitively and functionally.
-There were no concerns voiced by the Administrator.
-Resident #3 displayed minimal communication and appeared in no distress.

Interview with the day shift personal care aide (PCA) on 07/27/23 at 10:15am revealed:
-In February 2023, Resident #3 went from being able to do some things on her own or with very little assistance.
-Between May-June 2023, Resident #3 required

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total assistance most of the time.
-In the last month, Resident #3 required total assistance all of the time, constant verbal ques and began to have increased cognitive issues.
-On, 06/30/23, she spoke to the NP about the decline Resident #3's cognitive and physical abilities and the NP told her to notify her if Resident #3's cognitive and physical abilities worsened.
-The Administrator was responsible for notifying Resident #3's NP in the case of Resident #3 declined in cognitive and physical abilities so Resident #3 could be discharged to a higher level of care.

Telephone interview with Resident #3's NP on 07/27/23 at 12:11pm revealed:
-The first time she saw Resident #3 was in February 2023, as a new patient, and she completed a new FL2 and care plan.
-Resident #3 was a total care resident with all of her activities of daily living (ADL).
-The last time she saw Resident #3 was on 06/07/23 for a routine 3-month follow-up visit.
-On 06/30/23, while she was visiting another resident at the facility, the Administrator informed her, Resident #3 was not going to meet the requirements of ambulatory status at the facility and would need to be transferred to a higher level of care.
-She told the Administrator to let her know if Resident #3's cognitive and physical abilities continued to decline any further and she would complete a new FL2 for discharge.
-The Administrator did not notify her related to Resident #3's further decline in cognitive and physical abilities.

Interview with the Administrator on 07/27/23 at 10:00am revealed:

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C 246	Continued From page 9 -In February 2023, Resident #3 required total care but could do some for herself at times. -In May 2023, Resident #3 still required total assistance but was unable to do for herself and required verbal ques with ambulation, and other activities. -On 06/30/23, she spoke to Resident 3#'s NP about Resident #3's decline in cognitive and physical abilities. -Resident #3's NP informed her that if Resident #3's cognitive or physical abilities worsened to let her know. -She did not notify Resident #3's NP with the worsening in Resident #3's cognitive ability because she did not consider that an order. Refer to tag C002 10A NCAC 13G .0302(b) Design and Construction. _____ The facility failed to notify Resident #3's NP of Resident #3's decline of physical and cognitive ability that was preventing her from independently exiting the facility in case of an emergency such as a fire. The facility's failure was detrimental to the health, safety and welfare of the resident constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/27/23 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 10, 2023.	C 246		