

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2018
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NAME OF PROVIDER OR SUPPLIER BRIGHT HORIZON	STREET ADDRESS, CITY, STATE, ZIP CODE 1405 FALLS CHURCH ROAD RALEIGH, NC 27609
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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 000	Initial Comments The Adult Care Licensure conducted an annual survey on August 1, 2018.	C 000		
C 022	<p>10A NCAC 13G .0302 (b) Design And Construction</p> <p>10A NCAC 13G .0302 Design And Construction</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure the building met the North Carolina State Building Code requirements for non-ambulatory residents as evidenced by 1 of 5 residents (#1) who was physically and/or cognitively impaired residing in the facility and being unable to evacuate the facility independently without verbal or physical assistance.</p> <p>The findings are:</p> <p>Review of the facility's license effective 01/01/18 revealed the facility was licensed for six ambulatory residents.</p> <p>Observations on 08/01/18 at 7:15am revealed: -Resident #1 was laying in his bed with a private personal care aide (PPCA) at his side. -A second PPCA arrived to relieve the current PPCA 8-hour overnight shift. -Resident #1 was watching television.</p> <p>Interview with PPCA #1 and #2 on 08/01/18 at</p>	C 022		

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

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C 022	<p>Continued From page 1</p> <p>7:15am revealed: -They were part of a 3 person team who watched Resident #1 "around the clock 24/7." -Resident #1 was able to walk with assistance with a gait belt or a walker. -Resident #1 did not always respond to questions and sometimes did not engage in conversation. -PPCA #1 and #2 had been with Resident #1 continuously since his admission last month.</p> <p>Review of Resident #1's current FL-2 dated 06/21/18 revealed: -Diagnoses included dementia, history of right femur fracture, hypertension, dysphagia, urine retention and depression. -Resident #1 was semi-ambulatory.</p> <p>Review of Resident #1's Resident Register revealed he was admitted on 06/30/18.</p> <p>Review of Resident #1's care plan dated 06/30/18 revealed: -Resident #1 required moderate assistance with performing all activities of daily living including ambulation and transfers. -The resident had limited ability with ambulation/locomotion. -The resident was forgetful and needed reminders.</p> <p>Based on record reviews, observation and interview, Resident #1 was not interviewable.</p> <p>Interview with a personal care aide (PCA) on 08/01/18 at 7:48am revealed Resident #1 required assistance for some activities of daily living including tranfers and ambulation.</p> <p>Observation of the facility's rooms on 08/01/08 between 7:30am and 8:00am revealed sprinkler</p>	C 022		

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C 022	<p>Continued From page 2</p> <p>tubing throughout the facility.</p> <p>Interview with the Administrator on 08/01/18 at 9:02pm revealed:</p> <ul style="list-style-type: none"> -There had been 1-on-1 staff for Resident #1 at the facility since his admission on 06/30/18. -Resident #1 had walked into the facility and needed additional observation which his family provided with 24-hour privately-paid personal care aides. -The other 5 residents of the facility were ambulatory. -The sprinkler tubing was completely installed and would be inspected on 08/02/18 with the inspection paper work being forwarded to the state's construction division for approval for non-ambulatory residents. -The installation of the facility sprinkler system had not yet been signed off by the inspector. -She had applied for a non-ambulatory license in January 2018. -Upon inspection of the facility's sprinkler system and smoke detector system she would be provided documentation to submit for her non-ambulatory license. 	C 022		