

HARNETT COUNTY FACILITIES

NURSING HOMES

<u>Beds</u>	<u>Phone</u>	<u>Facility</u>	<u>Contact Person</u>
181	893-5141	Harnett Manor 1995 E. Cornelius Harnett Blvd. Lillington	Sherry Benson-SW
101	892-4021	Charles Parrish PO Box 1707 Dunn 28335	Joe Donshartz-Adm.
103	892-8843	Dunn Health & Rehab PO Box 948 Dunn	? – Adm.
100	891-4600	Britthaven 604 Lucas Rd. Dunn	Melissa Sullivan-Adm.

REST HOMES / ADULT CARE HOMES

105	893-8181	Brookfield 2041 NC 210 North Lillington	Janet Boone -Adm.
24	892-1711	Core Family Care PO Box 923 Dunn	Wallie Core -Adm.
50	892-1155	Johnson's Better Care PO Box 1456 Dunn	Jerry Johnson -Adm.
60	893-2766	Pinecrest Gardens PO Box 1934 Lillington	Buddy Lockamy-Adm.
64	892-1241	Senior Citizens PO Bx 247 Dunn 28335	Randy Suggs -Adm.
50	552-6264	Senters PO Bx 670 Fuquay NC 27526	Diane McLamb-Adm.
37	639-6133	Stagecoach Manor PO Bx 877 Angier	Buddy Lockamy-Adm.
12	892-4578	Unprecedented Care 157 Stewart Rd. Dunn	Thomas Hodges-Adm.
62	639-9000	Oakhill PO Bx 759 Angier NC 27501	Jackie Castleberry -Adm.
12	639-3835(II)	Primrose Villa PO Bx 1091 Angier	Millie Shyllon -Adm.
12	639-9594(III)	Primrose Villa III Angier	Millie Shyllon-Adm
12	639-8990(IV)	Primrose Villa #4 POB 1091 Angier	Millie Shyllon -Adm.

FAMILY CARE HOMES

6	552-7501	Country Living 181 Old Mill Rd. Fuquay	Ruth Griffen – Adm.
6	567-0929	Pleasant Hill POB 55 Kipling 27543	Donald McCoy – Adm.
6	639-8998(I)	Primrose Villa PO Bx 1091 Angier 27501	Millie Shyllon – Adm.

NC Division of Health Service Regulation

Adult Care Licensure Section

An Overview of Adult Care Home Regulation in North Carolina

Adult Care Home Defined

Senate Bill 502 (PDF, 163 KB), ratified by the 1995 General assembly, established new terminology and definitions for what were formerly called "domiciliary homes" in North Carolina. Adult care homes are now defined in G.S. 131D-2 (PDF, 45 KB) as follows:

"Adult Care Home" is an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to people with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication in an adult care home may be administered by designated, trained staff. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. Adult care homes and family care homes are subject to licensure by the Division of Health Service Regulation.

people not to be cared for in adult care homes are specified in G.S. 131D-2 (PDF, 45 KB) as follows:

Except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation, adult care homes shall not care for individuals with any of the following conditions or care needs:

1. Ventilator dependency;
2. Individuals requiring continuous licensed nursing care;
3. Individuals whose physician certifies that placement is no longer appropriate;
4. Individuals whose health needs cannot be met in the specific

- adult care home as determined by the residence; and
5. Such other medical and functional care needs as the Social Services Commission determines cannot be properly met in an adult care home.

These statutory changes were the result of recommendations of the N.C. Department of Human Resources Steering Team for Domiciliary Care which met for a year and a half, beginning in August of 1993. Five different sub-teams studied and made reports on issues related to funding mental health coordination, research needs, housing models, and legislation and rules.

Legal Authority

General Statute 131D-2 (PDF, 45 KB) gives the Department of Human Resources the authority to inspect and license adult care homes. The department has delegated the licensing function to the Division of Health Service Regulation.

General Statute 108A-14 (PDF, 13 KB) specifically authorizes county departments of social services to supervise adult care homes under rules promulgated by the N.C. Medical Care Commission. The 1993 General Assembly amended G.S. 131D-2 (PDF, 45 KB) to require the department to ensure that these facilities required to be licensed are monitored for licensure compliance on a regular basis. In carrying out this requirement the Division of Health Service Regulation through the Adult Care Licensure Section works in conjunction with the local county departments of social services (DSS) to monitor the facilities in their respective counties at least quarterly, investigate complaints, and accompany the State Inspection teams for annual surveys.

General Statute 131D-31 (PDF, 18 KB) established adult care home community advisory committees in each county to "...maintain the intent of the Adult Care Home Residents' Bill of Rights within licensed adult care homes....(and) promote community involvement and cooperation with adult care homes to ensure quality of care for the elderly and disabled adults."

History

1945 -First law enacted requiring licensure of "all boarding homes and rest homes" under rules adopted by the Social Service Commission.

1973 -Department of Human Resources created and authorized to inspect and license homes for the aged and infirm. The department designated the Division of Health Service Regulation as the licensing agency. Local county departments of social services continued to perform monthly monitoring oversight.

1977 -Statutory name change of facilities to domiciliary care homes and first major revision of licensure rules.

1984 -Second major rule revision.

1987 -Significant rule revision and law enacted revising administrative penalties for violations.

1990 -Staffing rule revised to allow staffing to census.

1991 -Policy development role assigned to DHSR from DSS.

1993 -N.C. Department of Human Resources Steering Team for Domiciliary Care and its sub-teams begins meeting to address problems facing the domiciliary care program.

1995 -Ratification of [Senate Bill 502](#) (PDF, 163 KB) (assisted living and adult care home definitions) and [Senate Bill 864](#) (PDF, 76 KB) (requiring staff training, case management, resident assessment, and changes in the way homes are reimbursed through introduction of Medicaid reimbursement for personal care services). Final report of DHR Steering team published.

1996 -Temporary rules addressing staff training, resident assessment and care plans and licensed health professional support became effective (Jan. 1).

1997 - Adult care bed moratorium set for one year by law; [G.S. 131D-34](#) (PDF, 23 KB) (penalty law) amended and [G.S. 131D-2](#) (PDF, 45 KB) (licensure law) amended with regards to provisional license and license revocation.

1998 - Adult care bed moratorium extended for one year and staffing ratio on third shift changed from 1/50 to 1/30 (effective Jan. 1, 1999).

1999 - The Department of Health and Human Services introduced proposed changes in adult care home regulation known as the Long-Term Care Safety Initiative which became the basis for new legislation requiring competency evaluation for staff administering medications, behavioral intervention training, supervisory staff,

due process and appeals rights for discharge, compliance history review as a basis for issuing and renewing licenses, special care unit rules and disclosure requirements, time limited provisional licenses, time limits for investigation of complaints, tighter medication administration and resident assessment rules, and rulemaking authority under the N.C. Medical Care Commission. Additional legislation required certification of adult care home administrators, except family care home administrators.

2000 - Immunization of adult care home residents against pneumococcal disease and residents and employees against influenza virus (G.S. 131D-9, PDF, 11 KB); reporting of deaths of adult care home residents (G.S. 131D-34.1, PDF, 23 KB); temporary rules for respite care in adult care homes; extension of moratorium on new adult care home beds through Sept. 30, 2001; licensing of developmentally disabled adults group homes under G.S. 131D-2 (PDF, 45 KB) ceases with licensing as mental health group homes (supervised living) under G.S. 122C (PDF, 604 KB).

2001 – Legislation bringing adult care homes of seven or more beds under Certificate of Need law and regulations.

Sources of Oversight

The following agencies/organizations/programs have some degree of oversight of adult care homes with direct or indirect regulatory implications.

1. The Division of Health Service Regulation (DHSR) - Develops and implements policies and procedures governing the licensing and enforcement of rules and conducts facility surveys on an annual basis.
2. The Division of Social Services (DSS) - Administers Special Assistance program, protective services, civil rights programs, case management services, and resident assessment prior to admission.
3. County departments of social services (97) monitor facilities at least quarterly for compliance with rules, investigate complaints, and provide case management services to eligible residents and resident assessment services prior to admission.
4. The Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS). Administers case management and treatment services CAP-MR/DD, and other residents requiring treatment and

habilitation services.

5. Area Mental Health Programs - Provide services to clients placed from state mental institutions and from the community if they are included in area program service plans.
6. The Division of Medical Assistance (DMA). -Administers the Medicaid program which includes reimbursement for personal care and enhanced care case management services for adult care home residents.
7. The Division of Aging (DOA) - Oversees the state's Long Term Care Ombudsman program which involves the following:
 1. Long Term Care Ombudsmen - Resolve resident rights complaints.
 2. Community Advisory Committees - Observe and report to the Division of Aging general conditions of homes on quarterly visits and assist residents in resolving grievances.
8. Local Building Inspectors and Fire Departments - Conduct safety inspections annually.
9. Local Health Departments - Conduct sanitation inspections annually and more often to follow up corrective action.
10. Home Health Agencies (PDF, 67 KB) and Hospice (PDF, 71 KB) - Provide service to individual residents upon physician orders and provider/family arrangement and often report observations to regulatory agencies.
11. OSHA (Occupational Health and Safety Administration) - Inspects for compliance with its regulations which include those governing infection control.

Funding

North Carolina has supplemented support to indigent residents in adult care homes through State/County Special Assistance (SA) which is an entitlement with payments being made directly to residents. The rate is set by the General Assembly. The maximum monthly SA rate, as of October 1, 2001, is \$1,091/month to cover room and board.

In 1995, the General Assembly authorized the use of Medicaid funding for personal care services for SA/Medicaid-eligible residents of adult care home. On August 1, 1995, the state, through its Medicaid program, began reimbursing adult care homes for one hour of basic personal care assistance to SA/Medicaid-eligible residents.

On January 1, 1996, Medicaid began covering enhanced personal care services for residents. Currently, enhanced care payments cover residents who need extensive or total assistance with eating, toileting, ambulation/locomotion or any combination of the three. Residents receiving enhanced personal care services are also eligible for adult care home case management services provided by a case manager through the county department of social services or the area mental health program. Case managers verify the need for enhanced care and assure that health care service needs are being met.

Area mental health programs can provide wrap-around services for adult care home residents with mental conditions, depending on funding provided for these services. Wrap-around services include those supports documented as a need in the resident's care plan and, if properly addressed, would develop greater independence and improve the quality of life for people in adult care home with diagnoses of mental retardation, developmental disabilities, and/or mental illness.

Penalties and Enforcement

Administrative Penalties

Statutory authority for imposing administrative penalties is found in [G.S. 131D-34 \(PDF, 23 KB\)](#). The statute also directs the secretary of DHHR to establish a penalty review committee of nine members to review all Type A violations and any Type A or Type B violations which have not been corrected within the time frame specified in the plan of correction.

There are two basic types of violations as specified in [G.S. 131D-34 \(PDF, 23 KB\)](#):

Type A violations are those that create substantial risk that death or serious physical harm will occur or where such harm has occurred. Penalty amounts for this type can range from \$250 to \$5,000 for homes licensed for nine or fewer beds and \$500 to \$10,000 for adult care homes of ten or more beds. Uncorrected Type A violations are subject to a daily penalty of up to \$500.00 a day if not corrected within time frame specified in the plan of correction.

Type B violations are those that present a direct relationship to the health, safety, or welfare of residents, but not substantial risk of death or serious physical harm. No monetary fines are imposed unless violations are not corrected within the time frame specified

on the plan of correction. There is a daily fine of up to \$200 for each day the violation is not corrected.

Other Means of Enforcement

In addition to civil money penalties, DHSR has several other enforcement remedies available in state law for both adult care homes and nursing homes as follows:

1. A provisional license - Reduction from a full to a provisional license can occur when the provider fails to substantially comply with applicable laws and rules and there is reasonable expectation that the home will comply in a reasonable amount of time and remain in compliance.
2. Suspension of Admissions - Suspension of new admissions may also be imposed when the provider fails to substantially comply with applicable laws and rules. This is a more severe penalty than a provisional license and is normally not imposed unless it is felt that continued admissions would place a threat on the safety and welfare of residents.
3. Temporary Management - The General Assembly passed a law in 1993 which enables DHSR, in lieu of using revocation or summary suspension action, to ask the courts to appoint a temporary manager to operate a facility where conditions exist that create a substantial risk of death or serious physical harm to residents. Unfortunately, in the situations in which the division has needed to use this option, we could not afford to have the court take up to 20 days to act.
4. Revocation - Revocation of a license can occur when a provider fails to substantially comply with applicable laws and rules and there is no reasonable expectation for the facility to come into compliance within a reasonable amount of time or remain in compliance even if it comes into compliance. Obviously, this is the most severe action short of summarily suspending a license.
5. Summary Suspension of a License - A license can be summarily suspended and residents relocated (closing the home and moving the residents) without prior due process in the event that there are imminent life-threatening conditions in a facility. The division, in compliance with [G.S. 150B-3](#) (PDF, 12 KB), which encourages the state to settle disputes through informal means, gives providers an opportunity to informally dispute actions taken against them and to provide additional information that may not have been available to the surveyors at the time of the monitoring visit. Following all informal appeals, the [Administrative Procedures Act](#) (PDF, 45 KB) governs through use of a contested case process

(except for summary suspension of a license which is implemented without prior due process). If a provider is dissatisfied with the decision at the administrative level, the provider can appeal to superior court.

Building Requirements

In addition to applicable building code requirements, adult care homes must meet requirements of the adult care home licensure rules which address arrangement and size of rooms, lighting, water and air temperature, entrances and exits, and service and fire safety equipment. Annual sanitation and fire and building safety inspection reports by the appropriate authorities are required. Fire safety requirements address fire extinguisher specifications, smoke and heat detectors, fire alarm system, meeting fire safety requirements of city ordinance or county building inspectors, written fire and disaster plans, and fire rehearsals (at least four a year on each shift). Sprinkler systems have not been required by licensure rules.

This page was last modified on October 28, 2008.

Division of Health Service Regulation

Harnett County

Facility Name	License Number	Penalty Issued Date	Penalty Amount	Penalty Type	Reason for Issuance	Current Status	Amount Paid	Date of Payment	
Core Family Care, Inc.	HAL-043-001	1/16/2008	\$5,700.00	Not corrected Type B	10A NCAC 13F .1004 (a) Medication Administration; G.S. 131D-21 (2) Declaration of Residents' Rights	Medications including insulin were not administered as ordered	Paid in Full	\$5,700.00	3/19/2008
Pinecrest Gardens	HAL-043-022	6/19/2008	\$3,500.00	Type B Unabated	10A NCAC 13F .0904 (e) (4) Nutrition and Food Service; G.S. 131D-21 (2) Declaration of Residents' Rights	Facility failed to serve residents ordered therapeutic diets	Paid in Full Appealed 07/18/2008	\$3,500.00	8/18/2008
Oak Hill Living Center	HAL-043-015	3/20/2008	\$4,000.00	Type A	10A NCAC 13F .0904 (e) (4) Nutrition and Food Service; G.S. 131D-21 (2) Declaration of Residents' Rights	Facility failed to serve 5 of 8 residents therapeutic diets and thickened liquids as ordered	Paid in Full; Referred to Controller's Office	\$4,446.64	10/21/2008
Oak Hill Living Center	HAL-043-015	5/15/2008	\$7,000.00	Type A	10A NCAC 13F .0902 (b) Health Care; G.S. 131D-21 (2) Declaration of Residents' Rights	Facility failed to provide residents with follow-up and referrals for routine and acute health care needs including high blood sugars, weight loss, and pain	Paid in Full	\$7,000.00	6/25/2008
Oak Hill Living Center	HAL-043-015	5/15/2008	\$3,350.00	Type B Unabated	10A NCAC 13F .1004 (a) Medication Administration; G.S. 131D-21 (2) Declaration of Residents' Rights	Medications were not administered as ordered including insulin	Paid in Full	\$3,350.00	6/25/2008
Primrose Villa Retirement IV	HAL-043-019	3/20/2008	\$1,080.00	Type B Unabated	10A NCAC 13F .0311 (d) Other Requirements; G.S. 131D-21 (2) Declaration of Residents' Rights	Hot water temperatures were not maintained in safe range for use in resident and community baths	Paid in Full	\$1,080.00	6/30/2008
Pinecrest Gardens of Lillington	HAL-043-012	8/27/2007	Staff Training	Type A	10A NCAC 13F .0901(b) Personal Care and Supervision; G.S. 131D-21 (2) Declaration of Residents' Rights	Facility failed to supervise smoking activities of resident with dementia residing in the facility's locked unit. Resident had previously had a fire in her bathroom.	Training Completed		10/10/2007

NC Division of Health Service Regulation

Nursing Home Licensure and Certification Section

Routine inspections take place in nursing homes that receive payment through Medicare and Medicaid every nine - 15 months. Nurses, pharmacists, dietitians and social workers who have passed a federal test conduct these inspections. The surveys take three days on average to complete and involve the review of the following areas: resident rights, admission and transfer rights, resident behavior and facility practices, quality of life, quality of care, nursing services, dietary services, pharmacy services, physician services, infection control, physical environment and administration.

Difference in Adult Care Homes from Nursing Homes

The primary difference between adult care homes and nursing homes is as follows:

"Adult Care Homes" provide care and assistance to people with problems carrying out activities of daily living and supervision to people with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication in an adult care home may be administered by designated, trained staff. Smaller adult care homes that provide care to two to six unrelated residents are commonly called family care homes.

"Nursing Homes" are for people who need chronic or rehabilitative care, who, on admission are not acutely ill and who do not usually require special facilities such as an operating room, X-ray facilities, laboratory facilities, and obstetrical facilities. A "nursing home" provides care for people who have remedial ailments or other ailments, for which medical and nursing care are indicated; who, however, are not sick enough to require general hospital care. Nursing care is their primary need, but they will require continuing medical supervision.