Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL043003		B. WING			R <b>11/25/2019</b>	
				DRESS, CITY, S	STATE, ZIP CODE	<u>.</u>	
JOHNSO	JOHNSON BETTER CARE FACILITY, INC.  HWY 301 NORTH DUNN, NC 28335						
(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 CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
	The Adult Care Lice annual and follow-u 2019 through Nove conference via tele	ip survey on Nov mber 22, 2019 w	vember 20, vith an exit				
D 119	0A NCAC 13F .031	1(j) Other Requi	rements	D 119			
	10A NCAC 13F .0311 Other Requirements (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. This rule applies to new and existing facilities.  This Rule is not met as evidenced by:						
	Based on observations and interviews, the facility failed to ensure residents unable to evacuate without staff assistance were provided a hand bell or other signaling device.						
	The findings are:						
	Review of Resident 10/21/19 revealed of infarction, chronic k gastroesophageal r	diagnoses includ idney disease, a	ed cerebral and				
	Observation of Respass on 11/21/19 ar-Resident #6 walke medication cart and that he was having -She asked Reside nitroglycerin tablet (Resident #6 stood the MA found the marked to sit down if he was promineed to sit down if he was promined to	t 11:12am reveal d down the hall t I told the medical chest pain. nt #6 if he wante (used to treat che by the mediation ledication. pted that the res	led: cowards the ation aide (MA) ed a est pain). n cart while ident may				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
HAL043003			B. WING			R <b>11/25/2019</b>		
		CILITY, INC.	HWY 301	NORTH	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED B	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 119	HNSON BETTER CARE FACILITY, INC.  B) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		D 119					
	women's hall revealed: -There was not an operative electrical call bell							

Division of Health Service Regulation

STATE FORM 6899 D7WB11 If continuation sheet 2 of 114

Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R	
	HAL043003		B. WING		11/2	11/25/2019	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
JOHNSC	N BETTER CARE FA	CILITY, INC.	HWY 301 DUNN, NO	_			
(X4) ID		TEMENT OF DEFICIE	NCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
D 119	Continued From pa	ge 2		D 119			
	system in the bedro						
	-There was not free night stands or place						
	-Interview with a res	sident on 11/20/	19 at 9:55am				
	revealed: -There was not a ca	all bell system in	their room				
	-She goes to the do	oor and "holler he	elp".				
	-Staff sometimes responds to her calls.						
	Interview with a second resident on 11/20/19 at						
	10:07am revealed: -She had a free-standing bell in her room.						
	-She kept the free-standing bell on the night						
	standShe had moved the bell and could not locate the						
	bell.						
	Interview with a third resident on 11/20/19 at 10:16am revealed:						
	-She had been a resident for three yearsShe had never had a free-standing bell in her						
	roomShe "called out" for assistance when she needed						
	help.						
	Interview with a fourth resident on 11/2019 at 10:23am revealed:						
	-She had been a resident for seven years.						
	-There had not been a call system in her roomThere had not been a free-standing bell placed						
	in her room.						
	-She used her cellu she needed assista		staff when				
	Interview with a fifth resident on 11/22/19 at 9:40am revealed:						
	-The facility had not provided a way for him to call						
	out for assistance when neededHe had fallen around five times in the past three						

Division of Health Service Regulation

STATE FORM 6899 D7WB11 If continuation sheet 3 of 114

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
	HAL043003		B. WING		11/2	25/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JOHNSC	N BETTER CARE FA	CILITY, INC. HWY 301 DUNN, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 119	months.  -He recently fell be room, hit his head, had no way to call the floor. His room him off the floor be hospital for evaluat. He had chest pain to the nurses static the Medication Aide.  -Staff made rounds twice per shiftIt took staff "a long would "yell for help. He had his cell phonce, and used his could not get the aranother time he for floor and pull himse. He wanted a call sfacility so he could when needed.  Interview with the E(BOM) on 11/20/19. She did not know required for the rese. Residents with a pwere provided with a pwere provided with a pwere only to bells in their rooms. The bells were plassome residents did bells because they. Residents were gifree-standing bell to but they declined in their rooms.	tween the two beds in his seperated his shoulder, and staff to help him get up off of mate had to find staff to assist fore he was sent to the ion.  I on 11/21/19 and had to walk on to report his chest pain to be a sand checked on him usually getime" to respond when he ".  I one in his pocket when he fell a cell phone to call 911 when he attention of staff. Bell and was able to crawl on the belf up onto the bed. Bystem provided to him by the get assistance from the staff.  Business Office Manager at 3:40pm revealed: an operational call system was sidents. Bystem sorder for a call bell a free-standing bell. We residents with free-standing miss used the bells. Wen the option to have a obe placed by their bed side.	D 119			

Division of Health Service Regulation

STATE FORM 6899 D7WB11 If continuation sheet 4 of 114

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
HAL043003		B. WING		11/25/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JOHNSO	N BETTER CARE FA	CILITY, INC. HWY 301 DUNN, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 119	Continued From page 4  11/20/19 at 3:38 pm revealed: -He did not know that an operational call system was required for the residentsFree-standing bells had been purchased for all residents and placed in their roomsThe bells were removed because residents abused the bells and would call the facility staff to bring them coffeeThe residents were required to have a physician's order for a call bell and a free-standing bell was given to only those specific residentsThe facility had two residents with a physician's order for a call bellHe did not know that a call system for the residents was required.		D 119			
D 164	4 10A NCAC 13F .0505 Training On Care Of Diabetic Resident  10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:  (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner.  (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;		D 164			

Division of Health Service Regulation

STATE FORM 6899 D7WB11 If continuation sheet 5 of 114