	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMP	LETED
		HAL076032	B. WING		l l	R-C 11/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	DRIDGE ROAD DALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	conducted an annual	sure Section and the partment of Social Services , follow-up survey and on on June 9, 2021 to June				
D 074	D 074 10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings					
	10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;					
	reviews, the facility facommon shower/bath good repair. The findings are: Observation of the condition of	ns, interviews and record hiled to ensure that the hroom was kept clean and in hommon bathroom on m revealed: vels on the bathroom/shower				
	-The whirlpool tub ha substance on the bot amount of hair in the -The shower stall had	tom of it along with a large				

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

(X6) DATE TITLE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION		SURVEY PLETED
		HAL076032	B. WING			R-C / 11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	303 ALE	RIDGE ROAD			
		ARCHD	ALE, NC 27263			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 074	Continued From page	÷1	D 074			
D 074	the grout. -The shower stall had -There was a black so leg of the shower cha -The shower curtain h on it. -The shower stall had the stall. -The area around the black substance in the Observation of the co 06/10/2021 at 10:05 a -The whirlpool tubs had dripping water and wa -The baseboard heati broken and protruding sharp edges. -There was a blackish shower chair netting. Interview with person 06/10/2021 at 9:10 ar -There was supposed use in between reside always have it availab -The shower drain co while. - A resident's foot got hurt) but other resider it. -The housekeeper was	I no cover on the drain area. Jubstance on the bottom left ir. Juda a black spotty substance Jubstance on the bottom left ir. Juda a black spotty substance Juda a black spotty substance Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout. Juda a lot of hair in the bottom of sink and commode had e grout.	D 074			
	9:44 am revealed:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
			A. BOILDING.		R-0	o
		HAL076032	B. WING		1	1/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	GOF ARCHDALE	DGE ROAD E, NC 27263			
(VA) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	Ī	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 074	Continued From page	2	D 074			
	-The housekeeper was supposed to clean the spa but if she was not at work she stated she would clean up if the resident used the bathroom during the shower.					
	Interview with Administrator-In-Charge on 06/10/21 at 4:40 revealed: -She had worked at the facility for approximately two weeksShe knew the whirlpool was broken and had asked maintenance to fix it within the last few weeks since she had been working at the facilityShe did not know the spa was dirtyShe did not know that the baseboard heater was brokenShe did not know that he tiles in the shower stall were broken, cracked or that the grout in the spa was that color.					
D 087	10A NCAC 13F .0306 Furnishings	6(b)(1) Housekeeping And	D 087			
	10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
			B. WING			R-C
		HAL076032	B. WIIVO		06	5/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	RIDGE ROAD			
			ALE, NC 27263			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 087	Continued From page	3	D 087			
	as needed; This Rule shall apply facilities.					
	failed to maintain 2 m	as evidenced by: as and interviews, the facility attresses (rooms 11 and 5) attresses (and 13) clean and in				
	The findings are:					
	Review of the Resident Roster provided by the facility revealed bed A was by the door and bed B was by the window in each resident room.					
	at 9:15am revealed: -Per the Resident Rosassigned to bed B by -Bed B did not have a -There were five hole: ranging from approxir	iny bed linen on it. s in bed B's mattress, sizes nately one-half inch to three cosing yellow foam padding				
	on 06/09/21 at 9:10 a -The holes in the mat months, but he could	tress had been there for not remember a date. In the mattress would be				
		nt room #5 on 06/11/21 at re was a tear, along the 24 inches long.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMB	RED.	TIPLE CONSTRUCTION ING:	(X3) DATE	SURVEY PLETED
		HAL076032	B. WING			R-C / 11/2021
	ROVIDER OR SUPPLIER	G OF ARCHDALF	STREET ADDRESS, CITY 303 ALDRIDGE ROA			
HORITI	CITTE AGGIOTED LIVING	O OF AROHDALL	ARCHDALE, NC 27	263		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT	''\-''		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 087	bed B on 06/11/21 at -He did not notice the -He had not asked for replaced. Observation of reside at 10:34 am revealed gray in color and had entire outer edge. Attempted interview in room 6 bed A on 0 unsuccessful. Observation in reside 06/11/21 at 10:59 am -The box spring had 15 inches long by 6 i -The resident who re not present to be interview with a med at 8:35 am revealed: -She had not seen st mattresses with hole -If she had seen any springs, she would re Administrator-In-Cha -She did not know wi for and replace dama mattresses. Interview with a pers 6/11/21 at 8:50 am re -She reported holes room 11 bed B about	sident who resided in role 8:30 am revealed: et ear in the mattress. or his mattress to be ent room 6 bed A on 06 at the box spring was stated dust accumulated alore with the resident who refer toom 13 bed A on a revealed: a brown stain approximates wide. Sided in room 13 bed A erviewed. Find the mattress or be expert them to the rege (AIC). The was responsible to compare the mattress of resident a week ago, but she has tresses or box springs and the resident who resident a week ago, but she has tresses or box springs and the resident acceptance of the re	/11/18 ained			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE	SURVEY LETED
74121 2741	or contraction	BEITH IO WIOW NOMBER.	A. BUILDING: _			
		HAL076032	B. WING		l l	-C 11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	LDRIDGE ROAD			
			DALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 087	Continued From page	e 5	D 087			
	the AICShe thought the corp	porate office was responsible acing damaged mattresses				
	Supervisor on 06/11/21 at 9:10 am was unsuccessful. Interview with the Business Office Manager (BOM) on 06/11/21 at 9:17 am revealed she was unsure who ordered and replaced mattresses and box springs.					
	Interview with the AIC on 06/11/21 at 9:19 am revealed: -Staff report damaged mattresses and box springs to her, the Maintenance Supervisor or the MAShe would tell the Maintenance Supervisor which damaged mattresses or box springs to replaceShe saw the holes in the mattress in resident room 11 "the other day"She did not know of the tear in the mattress in resident room 5, nor the stained box springs in resident rooms 6 and 13. Interview with the Quality Improvement Coordinator on 06/11/21 at 9:45 am revealed:					
	box springs to the Ma -She was unaware re mattresses and resid springs needed to be	ed any damaged mattresses				
D 188	10A NCAC 13F .0604 Other Staffing	4(e) Personal Care And	D 188			

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PRINTED: 07/02/2021 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE : COMPI	
			A. BOILBING.			
		HAL076032	B. WING			-C 11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	OF ARCHDALE 303 A	LDRIDGE ROAD			
NORTH	OINTE ASSISTED LIVING	ARCH	IDALE, NC 27263			
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	: 6	D 188			
	Staffing (e) Homes with capar shall comply with the home is staffing to ce below 21 residents, the ahome with a census (1) The home shall hithe needs of the residents hours on each 8-be at least: (A) First shift (morning for facilities with a cer residents; and 16 hours additional hours of aid 10 or fewer residents or capacity of 40 or michart, see Rule .0606 (B) Second shift (after duty for facilities with to 40 residents; and 1 four additional 10 or fewer census or capacity of staffing chart, see Rule .0606 (C) Third shift (evening per 30 or fewer residents resident census). (For .0606 of this Subchape (D) The facility shall I meet the needs of the residents equal to the by Medicaid. As used "heavy care" by Medicaid is receiving enhanced.	ave staff on duty to meet ents. The daily total of aide shour shift shall at all times g) - 16 hours of aide duty usus or capacity of 21 to 40 are of aide duty plus four de duty for every additional for facilities with a census are residents. (For staffing of this Subchapter.) arnoon) - 16 hours of aide a census or capacity of 21 and a census or capacity of aide duty for every aresidents for facilities with a 40 or more residents. (For le .0606 of this Subchapter.) and ye and ditional aide duty to the staffing chart, see Rule and and for which the facility are home who is defined as caid and for which the facility				

Division of Health Service Regulation

STATE FORM 6899 FS6R11 If continuation sheet 7 of 120

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			CONSTRUCTION		E SURVEY PLETED
				A. BUILDING: _			
		HAL076032		B. WING		l l	R-C 5/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTUB	OINTE 40010TED 11/11/10	05 45005415	303 ALDRII	DGE ROAD			
NORTHP	OINTE ASSISTED LIVING	6 OF ARCHDALE	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page		nt he	D 188			
	if it determines the needs of residents cannot be met by the staffing requirements of this Rule.						
	This Rule is not met	as evidenced by: ews and interviews, the	a				
		e the minimum numbe					
	staff were present at a	all times to meet the ne	eeds				
of residents residing in the Assisted Living (AL) unit for 36 of 42 shifts sampled for 14 days in May 2021. The findings are:							
		s 2021 license from the rvice Regulation revea					
		ed for an Assisted Livir					
	with a capacity of 56 I Unit (SCU) with a cap	beds and a Special Ca pacity of 20 beds.	ire				
	05/09/21 revealed:	nt Bed List Report date					
		of 22 residents in the 6 staff hours on third s					
		ensus of 15 residents, v					
	'	een a total of 29.6 hou	ırs				
	between the AL and S	SCU unit on third shift.					
	Review of the Employ 05/09/21 revealed:	ee Time Detail dated					
		tal staff hours provided					
		the AL and the SCU u e of 12.17 staff hours.					
	_	nined how many of the					
		s worked were worked					
		nt Bed List Report date	ed				
	05/10/21 revealed:	of 22 residents in the	ΔΙ				
		6 staff hours on first sl					

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STATEMENT OF DEFICIE AND PLAN OF CORRECT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	CONSTRUCTION	(X3) DATE : COMPI	
		HAL076032	B. WING		I	-C 11/2021
NAME OF PROVIDER OF	R SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	·	
NORTH POINTE ASS	SISTED LIVING	3 OF ARCHDALE	RIDGE ROAD LE, NC 27263			
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
-There we required -There so between Review 0 05/10/21 -There we lit could 24.65 tot AL on first Review 0 05/10/21 -There we required -There we required -There we second so -There we second so -There we required -There so between Review 0 05/11/21 -There we required -There we required -There we required -There so between Review 0 05/11/21 -There we required -There we required -There so between Review 0 05/11/21 -There we required -There we required -There so between Review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0 05/11/21 -There we required -There so the review 0	15 staff hour hould have be the AL and to the Employ revealed: vere 24.65 to between the vas a shortage not be determined staff hours st shift. In the Reside revealed: vas a census 16 staff hour hould have be the AL and to the Employ revealed: vere 22.65 to shift between vas a shortage etermined the don the AL of the Reside revealed: vas a census 16 staff hour vas a SCU ce 15 staff hour hould have be the could have be the	ensus of 15 residents, which are on first shift. Interest a total 31 of hours the SCU unit on first shift. Interest a total 31 of hours the SCU unit on first shift. Interest a total 31 of hours the SCU unit on the AL and the SCU unit. Interest and the SCU unit. Interest and the SCU unit, which are on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift. Interest a total of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second shift of 31 hours the SCU unit on second	D 188			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		TE SURVEY MPLETED
				P WING			R-C
		HAL076032		B. WING			06/11/2021
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE		DGE ROAD			
	OUR MAN DV OT	TATELLE DE DEFINITION	ARCHDALI	E, NC 27263	DDOVIDEDIO DI ANI O	F CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	e 9		D 188			
	05/11/21 revealed: -There were 21.5 total first shift between the -There was a shortag -It could not be detern	yee Time Detail dated al staff hours provided of AL and the SCU unit. ge of 9.5 hours. mined how many of the ed were worked in the A	21.5				
	Review of the Resident Bed List Report dated 05/11/21 revealed: -There was a census of 22 in the AL unit, which required 16 staff hours on second shiftThere was a SCU census of 15 residents, which required 15 staff hours on second shiftThere should have been a total of 31 hours between the AL and the SCU unit on second shift.		iich /hich				
	05/11/21 revealed: -There were 15.65 to second shift between -There was a shortag -It could not be detern	mined how many of the sworked i	nit.				
	05/11/21 revealed: -There was a census required 16 staff hour-There was a SCU cerequired 13.6 staff hour-There should have between the AL and the Review of the Employ 05/11/21 revealed: -There were 23.83 to	ensus of 15 residents, w	iich /hich rs iift.				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBI		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	. ,	SURVEY PLETED
		HAL076032		B. WING		I	R-C 6/11/2021
		HAL070032				00	0/11/2021
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRII ARCHDALE	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATION	LL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO	CTION SHOULD BE	(X5) COMPLETE DATE
					DEFICIE	NCY)	
D 188	Continued From page	: 10		D 188			
		e of 5.77. nined how many of the worked were worked in	n the				
	05/12/21 revealed: -There was a census required 16 staff hour -There was a SCU ce required 15 staff hour -There should have between the AL and the Review of the Employ	nsus of 15 residents, w s on first shift. een a total of 31 hours he SCU unit on first shif	ich hich				
	05/12/21 revealed: -There were 18.25 total staff hours provided on first shift between the AL and the SCU unit. -There was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours worked were worked in the AL on first shift.						
	05/12/21 revealed: -There was a census required 16 staff hour -There was a SCU ce required 15 staff hour -There should have b between the AL and the	nsus of 15 residents, w s on second shift. een a total of 31 hours he SCU unit on second	ich hich				
	second shift between -There was a shortag -It could not be detern	al staff hours provided the AL and the SCU ur	it.				

Division of Health Service Regulation

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		TE SURVEY MPLETED
		HAL076032		B. WING			R-C 6/11/2021
						1 9	16/11/2021
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRIC	GE ROAD E, NC 27263			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	7.1.10112712	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 188	Continued From page	2 11		D 188			
	o5/13/21 revealed: -There was a census required 16 staff hour -There was a SCU ce required 15 staff hour -There should have b between the AL and the Review of the Employ 05/13/21 revealed: -There were 22.06 tots second shift between -There was a shortag -It could not be deterr 22.06 total staff hours AL on second shift. Review of the Reside 05/13/21 revealed: -There was a census required 16 staff hour -There was a SCU ce required 13.6 staff hour -There was a SCU ce required 13.6 staff hour -There was a SCU ce required 13.6 staff hour -There was a shortag -There were 24.15 tot third shift between the -There was a shortag -It could not be deterr 24.15 total staff hours AL on third shift.	ensus of 15 residents, whise on second shift. een a total of 31 hours he SCU unit on second size Time Detail dated tal staff hours provided of the AL and the SCU unit e of 8.94. mined how many of the sworked were worked in the Bed List Report dated of 23 in the AL unit, whice on third shift. ensus of 15 residents, who are not third shift. een a total of 29.6 hours he SCU unit on third shift. fivee Time Detail dated tal staff hours provided of AL and the SCU unit. e of 5.45 hours. mined how many of the sworked were worked in the sculptility.	ch nich shift. the ch nich it.				
	05/14/21 revealed:	nt Bed List Report dated					

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STATE FORM 6899 FS6R11 If continuation sheet 12 of 120

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL076032	B. WING		I	R-C 5/11/2021
NAME OF P	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, STAT	E, ZIP CODE	,	
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	ALDRIDGE ROAD			
NORTH	UNITE ASSISTED EIVING	AR	CHDALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	e 12	D 188			
	required 15 staff hour -There should have b between the AL and t	ensus of 15 residents, which is on first shift. een a total of 31 hours he SCU unit on first shift.				
	first shift between the -There was a shortag -It could not be detern	tal staff hours provided on AL and the SCU unit.	>			
	Review of the Resident Bed List Report dated 05/14/21 revealed: -There was a census of 23 in the AL unit, which required 16 staff hours on second shiftThere was a SCU census of 15 residents, which required 15 staff hours on second shiftThere should have been a total of 31 hours between the AL and the SCU unit on second shift.					
	second shift between -There was a shortag -It could not be deter	tal staff hours provided on the AL and the SCU unit.	3			
	05/14/21 revealed: -There was a census required 16 staff hour -There was a SCU cerequired 13.6 staff ho	nsus of 15 residents, which				

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STATE FORM 6899 FS6R11 If continuation sheet 13 of 120

HAL076032 NAME OF PROVIDER OR SUPPLIER		B. WING		R-C
NAME OF PROVIDER OR SUPPLIER				06/11/2021
	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	
NORTH POINTE ASSISTED LIVING OF ARCHDALE	303 ALDRII			
CUMMADY CTATEMENT OF DEFICIENC		E, NC 27263	DROWDEDIC DI AN OF CORDECTIO	u
(X4) ID SUMMARY STATEMENT OF DEFICIEN: PREFIX (EACH DEFICIENCY MUST BE PRECEDED TAG REGULATORY OR LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 188 Continued From page 13		D 188		
between the AL and the SCU unit on thi	rd shift.			
Review of the Employee Time Detail day 05/14/21 revealed: -There were 8 total staff hours provided shift between the AL and the SCU unitThere was a shortage of 21.6 hoursIt could not be determined how many o total staff hours worked were worked in third shift. Review of the Resident Bed List Report	on third f the 8 the AL on			
o5/15/21 revealed: -There was a census of 23 in the AL universe required 16 staff hours on first shift. -There was a SCU census of 15 resider required 15 staff hours on first shift. -There should have been a total of 31 his between the AL and the SCU unit on first.	it, which nts, which ours			
Review of the Employee Time Detail da 05/15/21 revealed: -There were 15.25 total staff hours prov first shift between the AL and the SCU u-There was a shortage of 15.75 hoursIt could not be determined how many of 15.25 total staff hours worked were work AL on first shift.	ided on unit. f the			
Review of the Resident Bed List Report 05/15/21 revealed: -There was a census of 23 in the AL uni required 16 staff hours on second shiftThere was a SCU census of 15 resider required 15 staff hours on second shiftThere should have been a total of 31 his between the AL and the SCU unit on se Review of the Employee Time Detail da 05/15/21 revealed:	it, which nts, which ours cond shift.			

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STATE FORM 6899 FS6R11 If continuation sheet 14 of 120

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING			R-C 5/11/2021
	PROVIDER OR SUPPLIER	G OF ARCHDALE	EET ADDRESS, CITY, STA ALDRIDGE ROAD CHDALE, NC 27263	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 188	-There were 15.5 tots second shift betweer -There was a shortag-It could not be deter total staff hours work second shift. Review of the Reside 05/15/21 revealed: -There was a census required 16 staff hoursthere was a SCU corequired 13.6 staff hoursthere should have between the AL and Review of the Emplo 05/15/21 revealed: -There was a shortag-It could not be deter 23.15 total staff hoursthere was a census required 16 staff hoursthere was a census required 16 staff hoursthere was a SCU corequired 15 staff hoursthere was a	al staff hours provided on a the AL and the SCU unit. ge of 15.5 hours. mined how many of the 15.5 ed were worked in the AL on the Bed List Report dated as of 23 in the AL unit, which are on third shift. The sensus of 15 residents, which cours on third shift. The BCU unit on the BCU unit. The BCU unit on the BCU unit. The BCU unit on the BCU unit.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				A. BUILDING: _			
		HAL076032		B. WING		R-C 06/11/2021	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD			
			ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLE	ETE
D 188	Continued From page	: 15		D 188			
	15.75 total staff hours AL on first shift.	worked were worked	in the				
	Review of the Reside 05/16/21 revealed:	nt Bed List Report dat	ed				
		of 23 residents in the a					
	-There was a SCU ce required 15 staff hour	ensus of 15 residents, versions of 15 residents, versions on second shift.	which				
		een a total of 31 staff l he SCU unit on second					
	Review of the Employ 05/16/21 revealed:	vee Time Detail dated					
		l staff hours provided of the AL and the SCU u					
	-There was a shortag	e of 15.7 aide hours. nined how many of the	15 3				
		ed were worked in the					
	Review of the Reside 05/16/21 revealed:	nt Bed List Report date	ed				
	-There was a census	of 23 residents in the					
		6 staff hours on third s nsus of 15 residents, v					
	required 13.6 staff ho	urs on third shift.					
		een a total of 29.6 hou he SCU unit on third sl					
	Review of the Employ 05/16/21 revealed:	vee Time Detail dated					
		aff hours provided on tand the SCU unit.	third				
	-There was a shortage	e of 21.6 staff hours. nined how many of the	. Q				
		ed were worked in the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D. WING		R-C	
		HAL076032	B. WING		06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	GOF ARCHDALE	DGE ROAD E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 188	Continued From page	e 16	D 188			
	Review of the Reside 05/17/21 revealed: -There was a census required 16 staff hour-There was a SCU cerequired 14 staff hour-There should have between the AL and to Review of the Employ 05/17/21 revealed: -There were 29.47 to first shift between the -There was a shortage-It could not be detern 29.47 total staff hours AL on first shift. Review of the Reside 05/17/21 revealed: -There was a census required 16 staff hours required 16 staff hours required 14 staff hours required 14 staff hours hours and the review of the Employ 05/17/21 revealed: -There was a SCU cerequired 14 staff hours required 15/17/21 revealed: -There were 22.9 total second shift between required a shortage-It could not be deterned to the required required req	of 23 in the AL unit, which is on first shift. Insus of 14 residents, which is on first shift. Insus of 15 on first shift. Insus of 16 on first shift. Insus of 17 on first shift. Insus of 18 on second shift. Insus of 18 on	D 100			
	05/17/21 revealed:	ont Bed List Report dated of 23 in the AL unit, which				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING			R-C 6/11/2021
NAME OF B	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STATE	710 CODE	1 00	711/2021
NAME OF P	ROVIDER OR SUPPLIER		ALDRIDGE ROAD	E, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	HDALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	÷ 17	D 188			
	required 12.8 staff ho -There should have b	ensus of 14 residents, which urs on third shift. een a total of 28.8 hours he SCU unit on third shift.				
	third shift between the -There was a shortag -It could not be detern	al staff hours provided on EAL and the SCU unit.				
	05/18/21 revealed: -There was a census required 16 staff hour -There was a SCU cerequired 14 staff hour -There should have b	nsus of 14 residents, which				
	first shift between the -There was a shortag -It could not be detern	ll staff hours provided on AL and the SCU unit.				
	05/18/21 revealed: -There was a census required 16 staff hour -There was a SCU ce required 14 staff hour -There should have b	nsus of 14 residents, which				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
		HAL076032	B. WING			R-C 5/ 11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STAT	E, ZIP CODE		
NORTH P	OINTE ASSISTED LIVIN	G OF ARCHDALE	303 ALDRIDGE ROAD ARCHDALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUL LISC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From pag	je 18	D 188			
	05/18/21 revealed: -There were 26.7 tot second shift between -There was a shortary -It could not be determined total staff hours work first shift. Review of the Residu 05/18/21 revealed: -There was a census required 16 staff hours -There was a SCU corequired 12.8 staff hours -There should have	rmined how many of the acted were worked in the Acted were worked in the Acted to t	it. 26.7 L on d ich hich			
	05/18/21 revealed: -There were 14.03 to third shift between th -There was a shortary -It could not be deter	oyee Time Detail dated otal staff hours provided one AL and the SCU unit. ge of 14.77. Immined how many of the res worked in the system of the reserved were worked in the system.				
	05/19/21 revealed: -There was a census required 16 staff hou-There was a SCU crequired 14 staff hou-There should have between the AL and	ensus of 14 residents, w	hich			
	05/19/21 revealed:	staff hours provided on f	first			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101 1244	or contraction	IDENTIFICATION NO.	JE1 (.	A. BUILDING: _				
		HAL076032		B. WING		R- 06 /1	-C I1/2021	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE		DGE ROAD				
			ARCHDAL	E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
D 188	Continued From page	e 19		D 188				
	shift between the AL -There was a shortag -It could not be deter	and the SCU unit.						
	05/19/21 revealed: -There was a census required 16 staff hour-There was a SCU corequired 12.8 staff hour-There should have be	ensus of 14 residents, v	nich vhich rs					
	Review of the Employee Time Detail dated 05/19/21 revealed: -There were 23.48 total staff hours provided on third shift between the AL and the SCU unitThere was a shortage of 5.32 hoursIt could not be determined how many of the 23.48 total staff hours worked were worked in the AL on third shift.							
	05/20/21 revealed: -There was a census required 16 staff hour -There was a SCU corequired 14 staff hour -There should have be	ensus of 14 residents, v	nich vhich					
	05/20/21 revealed: -There were 22.75 to first shift between the -There was a shortag -It could not be determined.	yee Time Detail dated tal staff hours provided AL and the SCU unit. ge of 7.25 hours. mined how many of the s worked were worked	;					

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STATE FORM 6899 FS6R11 If continuation sheet 20 of 120

			(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOME	DEIX.	A. BUILDING: _				
		HAL076032		B. WING			R-C / 11/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE		DGE ROAD E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 188	Continued From page	e 20		D 188				
	AL on first shift.							
	05/20/21 revealed: -There was a census required 16 staff hour required 14 staff hour required 14 staff hour there should have between the AL and the Review of the Employ 05/20/21 revealed: -There were 22.61 to second shift between the AL and the second shift between the second shift between the second shift between the second shift as the second shift.	ensus of 14 residents, vers on second shift. been a total of 30 hours the SCU unit on second yee Time Detail dated tal staff hours provided the AL and the SCU u	hich which d shift. d on init. e					
	required 16 staff hour -There was a SCU corequired 12.8 staff hour -There should have be	ensus of 14 residents, v	which					
	Review of the Employ 05/20/21 revealed: -There were 7.45 total third shift between the There was a shortage-lt could not be determed total staff hours work third shift.	yee Time Detail dated al staff hours provided o e AL and the SCU unit	on e 7.45 AL on					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				71. 501251110.			R-C
		HAL076032		B. WING			6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE		DGE ROAD			
	CUMMARYCT	TATEMENT OF DEFICIENCIES		E, NC 27263	DDO//DEDIC DLAN OF	CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 188	Continued From page	e 21		D 188			
	required 16 staff hour -There was a SCU corequired 15 staff hour -There should have between the AL and to Review of the Employ 05/21/21 revealed: -There were 18 total shift between the AL -There was a shortag-It could not be determined to the results of the staff of the shift between the AL -There was a shortag-It could not be determined to the staff of	ensus of 15 residents, vers on first shift. seen a total of 31 hours the SCU unit on first sh yee Time Detail dated staff hours provided or and the SCU unit.	which anift. In first				
	05/21/21 revealed: -There was a census required 16 staff hourThere was a SCU corequired 15 staff hourThere should have between the AL and to the second shift between	ensus of 15 residents, or son second shift. been a total of 31 hours the SCU unit on second yee Time Detail dated staff hours provided or in the AL and the SCU upe of 16 hours.	hich which s d shift.				
	total staff hours works second shift. Review of the Reside 05/21/21 revealed: -There was a census required 16 staff hours	ensus of 15 residents,	AL on ed hich				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAI 076022	B. W	/ING		1	-C
		HAL076032				06/	11/2021
NAME OF P	ROVIDER OR SUPPLIER		REET ADDRESS,		FE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE)3 ALDRIDGE I RCHDALE, NC				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		REFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
D 188	Continued From page	e 22	D 1	188			
		een a total of 29.6 hours he SCU unit on third shift.					
	Review of the Employ 05/21/21 revealed:	yee Time Detail dated					
	shift between the AL a		l				
		e of 21.6 nours. mined how many of the 8 ed were worked in the AL o	on				
	third shift. Review of the Resident Bed List Report dated 05/22/21 revealed: -There was a census of 23 in the AL unit, which required 16 staff hours on first shiftThere was a SCU census of 15 residents, which required 15 staff hours on first shiftThere should have been a total of 31 hours between the AL and the SCU unit on first shift.						
	Review of the Employee Time Detail dated 05/22/21 revealed: -There were 10.4 total staff hours provided on first shift between the AL and the SCU unitThere was a shortage of 20.6 hoursIt could not be determined how many of the 10.4 total staff hours worked were worked in the AL on		I				
	05/22/21 revealed: -There was a census required 16 staff hour -There was a SCU cerequired 15 staff hour -There should have b	ensus of 15 residents, which					
	Review of the Employ	yee Time Detail dated					

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R-C	
		HAL076032	B. WING		06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH D	OINTE ACCICTED I IVING	303 ALDRI	DGE ROAD			
NORTH P	OINTE ASSISTED LIVING	ARCHDALE ARCHDALI	E, NC 27263			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 188	Continued From page	23	D 188			
	05/22/21 revealed: -There were 11.25 tol second shift between -There was a shortag -It could not be detern	tal staff hours provided on the AL and the SCU unit.				
	Review of the Resident Bed List Report dated 05/22/21 revealed: -There was a census of 23 in the AL unit, which required 16 staff hours on third shiftThere was a SCU census of 15 residents, which required 13.6 staff hours on third shiftThere should have been a total of 29.6 hours between the AL and the SCU unit on third shift.					
	Review of the Employee Time Detail dated 05/22/21 revealed: -There were 10 total staff hours provided on third shift between the AL and the SCU unitThere was a shortage of 19.6 hoursIt could not be determined how many of the 10 total staff hours worked were worked in the AL on third shift.					
	6/11/21 at 9:05 am re -She has worked full- November 2020The facility was shor -She had expressed of Administrator-in-Char have an answer".	time at the facility since t-staffed every day. concerns to the previous ge and "they really didn't o my showers that are due				
	Interview with a secon am revealed: -The facility was shor	nd PCA on 6/11/21 at 9:08 t-staffed all the time				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING		I	R-C 06/11/2021	
NAME OF D		HAL070032	070557.400		TE 7/D 00DE	06/	11/2021	
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA D GE ROAD	ILE, ZIP CODE			
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE		E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 188	Continued From page	24		D 188				
	the residents.	the only PCA on the unadequate due to the factoring						
	revealed: -The facility did not ha -"I often work alone or -"If I'm not working alcome because the staff comfrequently""It takes a long time to -The MAs do not help makes my job more definition.	ver on the SCU unit". one, it's like working alones in and goes on bre to get my work done". with resident care, so ifficult. n residents during time	one ak it					
	Interview with a Resident on 06/11/21 at 9:20 am revealed: -They state, "The facility is short on help"They state, "I don't always get the help I need".							
	am revealed: -"The facility was alwa-"Staff leave, and no o							
	revealed: -There was no floor so or AL) to verify which each unit.	isor on 6/11/21 at 11:2 chedule for either unit staff members worked by the MA which side th shift.	(SCU l on					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING		R-C 06/11/2021	
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRI	RESS, CITY, STA	TE, ZIP CODE		
			ARCHDAL	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 188	Continued From page	25		D 188			
	Interview with Adminis 6/11/2021 at 4:20 pm -There was no record personnel worked on -She was unsure if Maresidents personal cashortThere was no verifial being clocked in or or	revealed: of which side, SCU o each shift. As helped PCAs with re needs when staffing	g was				
D 276	10A NCAC 13F .0902	(c)(3-4) Health Care		D 276			
	10A NCAC 13F .0902 (c) The facility shall as following in the reside (3) written procedures a physician or other liand (4) implementation of orders specified in SuRule.	ssure documentation on the record: s, treatments or orders censed health profess procedures, treatmen	s from sional; ts or				
	This Rule is not met a Based on observation reviews, the facility fa orders were implement residents (#2, #4, and therapy (PT) and weefinger stick blood sugand thrombo-embolus and blood pressure cl	s, interviews and reco filed to ensure physicianted for 3 of 5 sampled #5) with orders for physicianted kly weights (#2), orde ar (FSBS) (#4, #5) chardeterrent (TED) hose	an d nysical rs for ecks				

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PRINTED: 07/02/2021 FORM APPROVED

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL076032		B. WING			R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH B	OINTE ASSISTED I IVINO	OE ABCUDALE	303 ALDRII	DGE ROAD			
NORTHP	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDAL	E, NC 27263			
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page	e 26		D 276			
	The findings are:						
		t #2's current FL2 dated agnoses included deme o fracture.					
	 a. Review of a physician's order dated 04/19/21 revealed PT to evaluate and treat for history of right hip fracture and right hip/leg stiffening. Review of Resident #2's record revealed there were not any PT progress notes. 						
			re				
	home health (HH) ager	vith the facility's contracency on 06/09/21 at 4:4 ncy never received the cesident #2 for PT to eva	0 pm order				
	Telephone interview with the facility's contracted Nurse Practitioner (NP) on 06/10/21 at 8:38 am revealed: -Resident #2 required PT for mobility and safetyResident #2 had a right hip fracture (12/2020) and was at risk of increased stiffening of the hip/leg and decreased mobility without PT.		am fety. 0)				
	Review of Resident #. not had any falls.	2's record revealed she	had				
		revealed the Special C UC) was responsible for to the HH agency and					
	revealed:	UC on 06/10/21 at 8:15					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
							R-C
		HAL076032		B. WING			6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE		DGE ROAD E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 276	responsible for faxing agency. -The PT order for Res faxed to the HH agen was written. -The previous SCUC responsible for follow. Interview with the AIC revealed: -She had been the AIThe SCUC was resp to the HH agency. -She did not know wh had not been faxed to Attempted telephone power of attorney (PC was unsuccessful. Based on observation reviews, Resident #2 b. Review of a physic revealed weekly weig Review of Resident # revealed: -There were no weigh 2021. -There were no weigh	strator-in-Charge (AIC) the PT orders to the H sident #2 should have cy the same day the o would have been ing up on the order. Con 06/10/21 at 10:34 C for two weeks. onsible for faxing PT o by Resident #2's order of the HH agency. interview with Resider DA) on 06/09/21 at 11: n, interviews and recor was not interviewable ian's order dated 03/15	HH been order am orders for PT at #2's 51 am d . 5/21 ords arch	D 276			
	on 05/25/21. -There was one weigh on 06/08/21.	ht of 96.0 lbs documer	nted				
		vith the facility's contra P) on 06/09/21 at 12:3					

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-C	
		HAL076032	B. WING		06/11/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE	DGE ROAD			
		ARCHDAL	E, NC 27263			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	28	D 276			
	revealed the weights #2 due to poor appeti	were ordered for Resident te and weight loss.				
	Interview with a media	` ,				
	06/09/21 at 12:19 pm -The MAs were respo	nsible for obtaining				
	Resident #2's weights	s. nit Coordinator (SCUC) was				
	responsible for monitor	oring the weights.				
	-She did not know why Resident #2 had not been weighed weekly.					
	-MAs from a local star	ffing agency had been on				
	duty the days the wei	ghts were to be obtained.				
		UC on 06/10/21 at 8:15 am				
	revealed: -She had been emplo weeks".	yed in the facility for "two				
	residents' weights.	nsible for obtaining the				
	records.	for monitoring the weight				
		ne AIC's attention the week nts were not being obtained.				
	on 06/09/21 at 12:25	•				
	-She had been the All-The MAs were response					
	Resident #2's weights	S.				
	 The SCUC was resp weight records. 	onsible for monitoring the				
	•	y the weights were not				
		interview with Resident #2's OA) on 06/09/21 at 11:51am				
	Based on observation	n, interviews and record				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL076032	B. WING	ING		
NORTH POINTE ASSISTED LIVING OF ARCHDALE 303 ALDRIG	RESS, CITY, STATE, DGE ROAD E, NC 27263	ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
reviews, Resident #2 was not interviewable. 2. Review of Resident #4's current FL2 dated 04/12/21 revealed diagnoses included diabetes mellitus, atrial fibrillation, hypertension, and dementia. a. Review of Resident #4's current FL2 dated 04/12/21 revealed there was an order to check finger stick blood sugars (FSBSs) before each meal. Review of Resident #4's April 2021 Medication Administration Record (MAR) revealed: -There was an entry to check FSBS before each mealThere was no documentation of finger stick blood sugars for Resident #4 being done on 04/12/21 at 4:30 pm, 04/13/21 at 4:30 pm, 04/18/21 at 4:30 pm, 04/18/21 at 4:30 pm, 04/18/21 at 4:30 pm, 04/22/21 at 4:30 pm, 04/22/21 at 4:30 pm, 04/22/21 at 4:30 pm, 04/28/21 at 4:30 pm, 04/29/21 at 11:30 am, 04/28/21 at 4:30 pm, 04/29/21 at 11:30 am, and 04/30/21 at 4:30 pmThere were no documented reasons for the omissionsThe FSBS ranged from from 104 to 339. Review of Resident #4's May 2021 MAR revealed: -There was an entry to check FSBS before each mealThere was no documentation of finger stick blood sugars for Resident #4 being done on 05/02/21 at 11:30 am, 05/05/21 at 4:30 pm, 05/07/21 at 4:30 pm, 05/14/21 at 11:30 am,	D 276			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				71. 201221110.			R-C
		HAL076032		B. WING 06/11/202			-
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	OF ADCHDALE	303 ALDRII	DGE ROAD			
NORTH	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 276	276 Continued From page 30			D 276			
	05/20/21 at 4:30 pm, 05/21/21 at 4:30 pm, and 05/25/21 at 11:30 am. -There were no documented reasons for the omissions. -The FSBS ranged from from 109 to 414.						
	Interview with a medication aide (MA) on 06/11/21 at 9:30 am revealed: -She had administered medications to Resident #4.						
	the results on a blood that was with the MA -The MA was suppos on the BSM and MAF -Sometimes the MAs	After the MA checked the FSBS they recorded the results on a blood sugar monitoring (BSM) log that was with the MAR. The MA was supposed to document their initials on the BSM and MAR after administering insulin. Sometimes the MAs were rushed to get all nedications administered and forgot to sign the					
	MAR. Interview with a seco am revealed: -She had administere #4 in the pastShe documented on checked a FSBS, but administration on the -She did not know wh could be the medicati	nd MA on 06/11/21 at 9 and medications to Residute the BSM log when she she documented the i	9:50 dent e nsulin ut it				
	revealed: -She had worked son Resident #4 was miss FSBS and insulin adr -If it was not docume doneShe did not recall if s	MA on 06/11/21 at 4:00 me of the days in which sing documentation of ministration. Inted, it was considered she had checked Residuals she was supposed to.	a d not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
ANDILAN	IDENTIFICATION IDENTIFICATION		A. BUILDING: _		COMPLETED		
		HAL076032		B. WING		R-C 06/11/2021	
NAME OF PI	ROVIDER OR SUPPLIER	\$	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD			
			ARCHDALI	E, NC 27263			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 276	Continued From page 31			D 276			
	-When the MA came supposed to review the shift, for holes and as not given especially if documentation on the	to work, they were ne MAR, from the previou k why the medication wa f there was no e back of the MAR.					
	Interview with the Administrator-in-Charge on 06/11/21 at 11:30 am revealed: -The blanks on the MARs meant that the medication was administered, and the MA forgot to sign or the medication was not administered. -Sometimes the MAs signed the BSM log after						
	checking a FSBS and -The MAs were support and the MAR after ad -If the FSBS was not	I administering insulin. osed to initial the BSM lo	g				
	doneNo one was currently	y auditing the MARs.					
	Telephone interview with the Primary Care Provider (PCP) on 06/11/21 at 1:51 pm revealed: -She did not know Resident #4 had missed any FSBS checks or insulin dosesMissing any doses of insulin could cause the residents blood sugar to be uncontrolled and cause worsening of heart and kidney disease.						
		ns, interviews, and record nined Resident #4 was n					
	04/12/21 revealed the	errent (TED) hose, apply	' in				
	Administration Record	o apply TED hose in the	1				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. BOILBING.		R-C	
		HAL076032	B. WING		06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	GOF ARCHDALE	DGE ROAD			
		ARCHDAL	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 32	D 276			
	-The entry to apply TI	ED hose was initialed and ays and the other 4 days				
	Review of Resident # revealed:	•				
	morning and remove	o apply TED hose in the at bedtime.				
	-The entry to apply TED hose was initialed and circled for 31 of 31 days. Review of Resident #4's June 2021 MAR revealed:					
	 There was an entry t morning and remove 	to apply TED hose in the				
	~	ED hose was initialed and				
	Observation of Residam revealed:	ent #4 on 06/10/21 at 10:30				
	-The resident was sitt television room.-The resident was no	ting in the memory care unit t wearing TED hose.				
		cation aide (MA) on 06/11/21				
	-She was not able to hose because they w	apply Resident #4's TED ere not available for				
	applicationShe did not know wh hose had been ordere	nen or if Resident #4's TED ed.				
	Interview with a second MA on 06/11/21 at 9:50 am revealed:					
	TED hose.	ny Resident #4 did not have				
	application.	ose was not available for				
		ently measured for TED go, but the facility had not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' ·	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING			R-C 6/11/2021
	PROVIDER OR SUPPLIER	303 ALD	DDRESS, CITY, STAT RIDGE ROAD ALE, NC 27263	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 276	received them yet. Interview with the Adr 06/11/21 at 11:30 am -She did not know Rehose available for appendent of the primary care probeen notified that Rehose available for appendent of the primary care probeen notified that Rehose available for appendent of the primary care probeen notified that Rehose available for appendent of the primary care probeen notified that Rehose available for appendent of the problem of the problem of Resident of the problem of Resident of the problem of the probl	ministrator-in-Charge on revealed: esident #4 did not have TED plication. Or treatment on the MAR it was either refused or not evider (PCP) should have sident #4 did not have TED plication. In, interviews and record was not interviewable. It #4's current FL2 dated ere was an order to check BP) and heart rate (HR) twice evidence was a note that the entation the BP and HR to check BP and HR twice me specified. The entation of a BP and HR for the entat	D 276			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		GOIVII LETED	
		HAL076032	B. WING		R-C 06/11/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH B	OINTE ACCIOTED I IVING	303 ALDR	DGE ROAD			
NORTH P	DINTE ASSISTED LIVING	ARCHDALE ARCHDAL	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 34	D 276			
	04/25/21, 04/28/21, a -There were 23 of 36 documentation of a B	nd 04/30/21. opportunities without				
	Review of Resident #4's May 2021 MAR revealed: -There was an entry to check BP and HR twice daily scheduled at 8:00 am and 8:00 pmTo the right of the entry there was a note that said to see flow sheetThere was no documentation the BP and HR					
	had been obtained fro 05/31/21.	om 05/01/21 through				
	Review of Resident #	4's May's 2021 BP				
	Flowsheet revealed:					
	 There was an entry t daily, no scheduled ti 	to check BP and HR twice				
	-There was no docum the mornings of 05/02 05/23/21, 05/29/21	nentation of a BP and HR for 2/21, 05/14/21, 05/18/21,				
	the evenings of 05/01 05/04/21, 05/05/21, 0 05/11/21, 05/12/21, 0	opportunities without				
	daily scheduled at 8:0 -To the right of the en said to see flow shee	o check BP and HR twice 00 am and 8:00 pm. try there was a note that t. nentation the BP and HR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL076032	B. WING			R-C 6/11/2021	
NAME OF F	PROVIDER OR SUPPLIER	STF	REET ADDRESS, CITY, STA	TE, ZIP CODE			
NORTH P	POINTE ASSISTED LIVING	G OF ARCHDALE	CHDALE, NC 27263				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 276	Review of Resident # revealed: -There was an entry daily, no scheduled to the evenings of 06/00There was no documentation of a Elimetrie with a mediate 9:30 am revealed: -After the MA checker recorded the results of Flowsheet that was worshed in the MAs were responsible to the MAs were responsible to the MAs everything done and BP flowsheet. Interview with a secons am revealed: -After the MA checker recorded the results of Flowsheet. Interview with a secons am revealed: -After the MA checker recorded the results of Flowsheet that was worshed that was worshed that was worshed in the many with	to check BP and HR twice ime specified. mentation of a BP and HR for 1/21 and 06/06/21. opportunities without BP/HR. ication aide (MA) on 06/11/2 ad the BP and HR, they on Resident #4's BP with the MAR. by Resident #4's BP and HR twice daily. onsible for obtaining d HR. were rushed to get forgot to document on the sond MA on 06/11/21 at 9:50 and MA on 06/11/21 at 9:50 and the BP and HR, they on Resident #4's BP with the MAR. by Resident #4's BP and HR twice daily. MA on 06/11/21 at 4:00 pm me of the days in which using documentation of a BP and HR twice daily.	r 21				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
		HAL076032		B. WING		1	-C 11/2021
NAME OF P	ROVIDER OR SUPPLIER	1	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
				DGE ROAD	,		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 276	Continued From page 36			D 276			
	supposed to review the shift, for holes and as not checked if there we flowsheet.	ne MAR, from the previ k why the BP and HR v vas no documentation o	were on BP				
	Interview with the SCUC on 06/10/21 at 11:00 am revealed: -The MAs were responsible for obtaining the						
	residents' BP and HR -She was responsible and HR was done.	to ensure BP monitori	ing				
	06/11/21 at 11:30 am -The blanks on the BF the BP and HR was c to document, or the B -The MAs were respo Resident #4's BP and -The MAs were suppo after checking a resid -No one was currently facility was in the proc process to complete a	P flowsheet could mean thecked, and the MA for P and HR was not che ensible for obtaining I HR. osed to the BP Flowshe ent's BP and HR. y auditing the MARs, but cess of implementing a	n that orgot ocked. eet ut the				
	-She did not know Re and HR checked twice -Not monitoring a BP negative outcome; wh resident would have t room for fluid and who high the residents' ris stroke greatly increas	/11/21 at 1:51 pm reversident #4 did not get he daily. and HR could lead to an en the BP was too low to be sent to the emergen the BP and HR were k for heart disease and	er BP a v the ency e to				
		nined Resident #4 was					

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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						F	₹-C
		HAL076032		B. WING		06	/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRII	DGE ROAD			
			ARCHDALE	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page	e 37		D 276			
	interviewable.						
	revealed diagnoses ir reflux disorder, major hypertension, anxiety Alzheimer's/dementia disorder, arthropathy. Review of Resident # (PCP) Progress note	i, lumbar degenerative 5's Primary Care Provid dated 06/03/21 reveale	eal ential der				
	history of type 2 diabetes mellitus. a. Review of Resident #5's current FL2 dated 01/04/21 revealed there was an order for Levemir Flextouch 55 units to be given subcutaneously at bedtime.		vemir				
	hand on 06/09/21 at 3 -There was two Lever on hand. -Levemir Flextouch In	mir Flextouch Injection	Pens				
	at 9:30 am revealed: -After the MA checked the results on a blood that was with the MAF -The MA was suppose on the BSM and MAF Interview with a secon am revealed: -She documented on	ed to document their ining after administering instant of MA on 06/11/21 at 9 the BSM log when she she documented the in	ed //) log itials sulin. :50				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
				A. BOILDING			0	
		HAL076032		B. WING		06/	11/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 276	not documented or it was not given. Interview with the Adr 06/11/21 at 11:30 am -The blanks on the March medication was admit to sign, or the medical sometimes the MAs checking a FSBS and -The MAs were supported and the MAR after ad -If the FSBS was not done. b. Review of Resider 01/04/21 revealed an pressure (BP) daily an provider (PCP) of BP than 140/98. Review of Resident # administration record -There was an entry the for 8:00 amThere were no initials of April 2021There were no BP redates of 04/01/2021 to Review of Resident # was no April 2021 BP review. Review of Resident # revealed:	on was administered a could mean the medical ministrator-in-Charge of revealed: ARs meant that the mistered, and the MA fortion was not administer signed the BSM log afford administering insulin. Dosed to initial the BSM ministering insulin. documented, then it was not administering insulin. documented, then it was not #5's current FL2 date order for check blood and notify the primary calless than 110/45 or greatly and the state of the MAR for the measults documented for the sults documented for the results documented for the results documented for the Flowsheet available for 5's May 2021 MAR	ation orgot ored. ter log as not ed are eater don duled nonth he	D 276				
	for 8:00 am.	o check BP daily scheo						

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING			R-C 5/ 11/2021		
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	G OF ARCHDALE	STREET ADDR 303 ALDRIC ARCHDALE		TE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
D 276	documenting to see full -There was no documentation obtained from 05/01/2 Review of Resident #Flowsheet revealed: -There was an entry scheduled time specifure was no documentation of a Enterview state of 05/06/21, 05/14/21, 05/26/21There were 6 of 31 of documentation of a Enterview with the Ad 6/9/21 at 11:31 am reway April 2021 daily was not in Resident #5 order for missed. Interview with Medica at 11:14 am revealed Resident #5's order for missed. Interview with the Ad 06/11/21 at 3:54 pm of 11/21 at 3:54 pm of 11/	flow sheet. nentation the BP had be 21 through 05/31/21. #5's May's 2021 BP to check BP daily, no ified. nentation on the daily be or the dates of 05/02/2 05/16/21, 05/19/21, and opportunities without BP. ministrator-in-Charge of evealed she was not sublood pressure flow she is chart. ation Aide (MA) on 06/1 she did not know why or daily blood pressure ministrator-in-Charge of revealed: nere the April 2021 daily sheet was. ication Aide (MA) on 6 are flow sheet was, and my the April 2021 Daily not in Resident #5's cholood pressure flow sheet was.	blood 21, d on ure eet 10/21 es was on ly /9/21 MA did Blood nart. eet	D 276					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
		71. 201221110		R-C
	HAL076032	B. WING		06/11/2021
ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
OINTE ASSISTED LIVING	OF ARCHDALE			
SUMMARY STA		1	PROVIDER'S PLAN OF CORRECTION	N (X5)
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
Continued From page	40	D 276		
-She did not know Re dailyIf BP were ordered d be completing it as or -Not monitoring a BP outcome; when the B would have to be senfluid and when the BF residents' risk for hea increased.	aily then the facility should dered. could lead to a negative P was to low the resident to the emergency room for P and HR was to high the rt disease and stroke greatly	D 000		
10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.		D 282		
Based on observation failed to maintain the clean and orderly mai contamination in the k. The findings are: Review of the local Endingsection report for the revealed there was a Frequency and Restrict shall be maintained in	is and interviews, the facility food storage areas in a nner, and free from kitchen and dining areas. Invironmental Health he kitchen dated 03/31/21 violation in Cleaning, ctions: All physical facilities in good repair and shall be			
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page Provider (PCP) on 06She did not know Re dailyIf BP were ordered did be completing it as or -Not monitoring a BP outcome; when the BF would have to be sent fluid and when the BF residents' risk for hear increased. 10A NCAC 13F .0904 (a) Food Procuremen Homes: (1) The kitchen, dining shall be clean, orderly contamination. This Rule is not met a Based on observation failed to maintain the clean and orderly mar contamination in the ke The findings are: Review of the local Er Inspection report for the revealed there was a Frequency and Restri shall be maintained in cleaned as often as no	PROVIDER OR SUPPLIER STREET ADD 303 ALDRI ARCHDALE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 Provider (PCP) on 06/11/21 at 1:55 pm revealed: -She did not know Resident #5 did not get her BP dailyIf BP were ordered daily then the facility should be completing it as orderedNot monitoring a BP could lead to a negative outcome; when the BP was to low the resident would have to be sent to the emergency room for fluid and when the BP and HR was to high the residents' risk for heart disease and stroke greatly increased. 10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the food storage areas in a clean and orderly manner, and free from contamination in the kitchen and dining areas.	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 303 ALDRIDGE ROAD ARCHDALE, NC 27263 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 Provider (PCP) on 06/11/21 at 1:55 pm revealed: -She did not know Resident #5 did not get her BP dailyIf BP were ordered daily then the facility should be completing it as orderedNot monitoring a BP could lead to a negative outcome; when the BP was to low the resident would have to be sent to the emergency room for fluid and when the BP and HR was to high the residents' risk for heart disease and stroke greatly increased. 10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the food storage areas in a clean and orderly manner, and free from contamination in the kitchen and dining areas. The findings are: Review of the local Environmental Health Inspection report for the kitchen dated 03/31/21 revealed there was a violation in Cleaning, Frequency and Restrictions: All physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them	DENTIFICATION NUMBER: HAL076032 B. WING

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ED:	JLTIPLE .DING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL076032	B. WIN	G		0	R-C 6/11/2021		
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDRESS, C	TY, STAT	TE, ZIP CODE				
NORTH P	OINTE ASSISTED LIVIN	G OF ARCHDALE	303 ALDRIDGE RO						
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ARCHDALE, NC 2		PROVIDER'S PLAN OF CO	ORRECTION	(X5)		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	JLL PRE	FIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE		
D 282	D 282 Continued From page 41			2					
	of food products. Clean the floor in the storage room, wall under the 3-compartment sink, ceiling tiles near ceiling vents, etc. This was a repeat violation.								
	kitchen revealed: -Clean every dish that meal prepWipe down the serv -The food preparation and sanitizedSweep and mop the the end of each shiftWipe and sanitize enthemSweep the dry storal products were placed products were in the -Mop the storage root.	n sink was to be wiped of kitchen and dish areas	ghout out at ks in new e.						
	assisted living (AL) userevealed: -There was a large soright when entering the Each vent blade was substanceThere was a heated dining room right out two, large built in tray food containers in toen There were particles the tabletop surrounder.	s covered with a thick disserving table located in side of the kitchen door is on top of the table to keep warm. It is of food on the perimeted ling the build in trays, was a black and brown the ill in trays were dried food.	o the ark the with set er of dried						

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
	NAME OF PROVIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING OF ARCHDALE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FURTHER TAG REGULATORY OR LSC IDENTIFYING INFORMATION.			B. WING		I	R-C	
		HALU/6032				06	6/11/2021	
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD E, NC 27263				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX				PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE	
D 282	82 Continued From page 42			D 282				
	open compartment and compartments. -There were clean plate compartment and under thin paper liner. -There were two largesticky substance on the compartment and the total dried on substance of the second pull out compartments. -In the first 3 comparted drawer were food particles of plastic with five the compartments. -The plastic was on the but was not covering the fourth compartments.	wer contained a wrinkle op of the pull bar had a n it. drawer had 4 tments of the second pricles and crumbs withood crumbs on it. op of the 3 compartme	n as a n ed white oull out n a					
	Refer to interview wit 11:12 pm.	h a cook on 06/09/21 a	at					
	Refer to interview wit 06/09/21 at 3:13 pm.	h a second cook on						
	Refer to interview wit 9:47 am.	h a third cook on 06/10	0/21 at					
	Refer to interview with the Administrator-in-Charge (AIC) on 06/11/21 at 1:49 pm.		at 1:49					
	06/09/21 at 10:41 am	e dishwashing area wa	as a					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
		HAL076032		B. WING		R-C 06/11/2 0	021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			303 ALDRII	DGE ROAD	•		
NORTH P	DINTE ASSISTED LIVING	G OF ARCHDALE	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE))	O BE C	(X5) OMPLETE DATE
D 282	Continued From page 43			D 282			
D 282	-The sink and counter which was about 1 for -Directly above the boof a black spotted subteet along the top of but -There was a thick blathe corner crevices of -There was a large paying on a rack under the dishwasher was a floor that had two dra -The drain was attach white square area who substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -There was a brown substance and there alaying on the square. -The drain was attach white square area who substance and there alaying on the square. -The drain was attach white square area who substance and there alaying on the square. -The drain was attach white square area who substance and there alaying on the square. -The drain was attach who say attach alaying on the square. -The drain was attach who say attach alaying on the square. -The drain was attach who say attach alaying on the square. -The drain was attach who say attach alaying on the square. -The drain was attach who say attach alaying on the square. -The drain was attach who say attach alaying on the square. -The drain was attach alaying on the square. -The drain was attach alaying on the square. -There was a targe part alaying on the square.	r had a metal border wot tall. order wall was a large a stance which extende border wall. ack substance in the alf the sink area. an that appeared to be an on the floor and the he counter area. r with the attached sink around white drain on a sink around white drain on a sink around white drain on a sink as a used latex glove substance on the floor covering the lower partiain and the dishwashed are and sink area was sent sink there were the standing water that he bod particles in it. (The on the menu for breakfall arned on its side and he it. ent sink was a knife, a les of rice and a serving of a burnt substance as not on the menu for breakfall arned on the floor tiles through the floor t	area ad 4-5 long clean other k and the it. of a orown e t of er. a o pan e two had an re ast for ad og pan and r hout	D 282			
		was black and brown					

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		1141.070000	B. WING		R-C
		HAL076032	5		06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
NODTH D	OINTE ASSISTED I IVINO	303 ALDF	RIDGE ROAD		
NORTH	OINTE ASSISTED LIVING	ARCHDALE ARCHDA	LE, NC 27263		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 282	Continued From page	2 44	D 282		
	Refer to interview with 11:12 pm.	n a cook on 06/09/21 at			
	Refer to interview with 06/09/21 at 3:13 pm.	n a second cook on			
	Refer to interview with 9:47 am.	n a third cook on 06/10/21 at			
	Refer to interview with the Administrator-in-Charge (AIC) on 06/11/21 at 1:49 pm.				
	area on 06/09/21 at 1 -There was a food pro on metal stand outsid -There were particles surrounding the food particles of food on the -There was dirt on the -There was brown lay handwashing sink col compartment was a p -Under the food preparation box with one flap torn a half tomato, and an -In front of the food preparation	ocessor and a toaster sitting e of the dry storage area. of food on the stand processor and toaster, and e toaster. e rim of the sink. eer of dirt covering the mpartment and laying in the lastic beverage pitcher. aration sink was an empty open, a round trash can lid, empty plastic shopping bag. reparation sink was short			
	the food preparation s and emptied into a ro between the sink and -The drain was attach	with plastic. ach on the gray cart. hing pipes which led from sink and the ice machine und white drain on the floor the ice machine. hed and in the middle of a ich was covered in a thick e.			

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STATE FORM 6899 FS6R11 If continuation sheet 45 of 120

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 303 ALDRIDGE ROAD ARCHDALE, NC 27263 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 45 behind the drain and covering the lower part of the wall behind the drain and the dishwasher. B. WING B.		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NORTH POINTE ASSISTED LIVING OF ARCHDALE (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 45 behind the drain and covering the lower part of the wall behind the drain and the dishwasher. STREET ADDRESS, CITY, STATE, ZIP CODE ARCHDALE, NC 27263 STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE 303 ALDRIDGE ROAD ARCHDALE, NC 27263 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 282				A. BOILDING.			_
NORTH POINTE ASSISTED LIVING OF ARCHDALE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 45 behind the drain and covering the lower part of the wall behind the drain and the dishwasher.			HAL076032	B. WING		1	
NORTH POINTE ASSISTED LIVING OF ARCHDALE ARCHDALE, NC 27263 (X4) ID PREFIX TAG D 282 Continued From page 45 behind the drain and covering the lower part of the wall behind the drain and the dishwasher.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ARCHDALE, NC 27263 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 282 Continued From page 45 behind the drain and covering the lower part of the wall behind the drain and the dishwasher.	NORTH P	OINTE ASSISTED LIVING	303 ALDRI	DGE ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) DATE DATE D 282 D 282 behind the drain and covering the lower part of the wall behind the drain and the dishwasher.	- NOIXIIII	OILTE AGGIOTED EIVING	ARCHDAL	E, NC 27263			
behind the drain and covering the lower part of the wall behind the drain and the dishwasher.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
the wall behind the drain and the dishwasher.	D 282	Continued From page	e 45	D 282			
-On the floor and where the wall met the floor between the food preparation sink and the dishwasher was a large area of a brown substance. -There was a 6-burner gas stove attached to a flat grill. The burners and the flat grill were almost completely covered with a thick brown and black substance. -The brownish substance extended about 1 half inch up the wall from the grill in sections and also on the wall behind the stove. -There was a serving utensil and light-colored food particles on the flat grill. -There were two ovens on the front side of the flat grill and stove. -There was a brown substance on the top part of the right oven doors and between a 1 inch flat area between the oven doors and the stove component. -The grout surrounding the floor tiles throughout the food preparation areas was black and brown in color. -There was a circular vent on the ceiling of the kitchen at the main entrance to the kitchen. -There was a brownish substance surrounding the circular vent and extended about 1 foot from the vent all the way around. Refer to interview with a cook on 06/09/21 at 11:12 pm. Refer to interview with a second cook on 06/09/21 at 3:13 pm. Refer to interview with a third cook on 06/10/21 at 9:47 am.	D 282	behind the drain and the wall behind the dr -On the floor and whe between the food pre dishwasher was a larg substance. -There was a 6-burner flat grill. The burners completely covered we substance. -The brownish substatinch up the wall from on the wall behind the -There was a serving food particles on the function of the wall behind the substance. -The grown the wall from on the wall behind the substance. -There was a brown substance of the food particles on the function of the right oven doors a area between the overcomponent. -The grout surrounding the food preparation as in color. -There was a circular kitchen at the main erent in color. -There was a brownist the circular vent and of the vent all the way a substance. Refer to interview with the way a substance. Refer to interview with the vent all the way a substance.	covering the lower part of rain and the dishwasher. For the wall met the floor paration sink and the ge area of a brown er gas stove attached to a and the flat grill were almost with a thick brown and black ance extended about 1 half the grill in sections and also ge stove. The the grill in sections and also ge stove. The the grill in sections and also ge stove. The son the front side of the flat is substance on the top part of franch between a 1 inch flat grill. The doors and the stove in the floor tiles throughout areas was black and brown in the ceiling of the intrance to the kitchen. The sh substance surrounding gextended about 1 foot from the cook on 06/09/21 at the a second cook on	D 282			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
				7 50.25 10.		F	R-C	
		HAL076032		B. WING		06	/11/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRI	DGE ROAD				
			ARCHDALI	E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 282	2 Continued From page 46			D 282				
	Administrator-in-Charge (AIC) on 06/11/21 at 1:49 pm.							
	d. Observation of the food storage areas on 06/09/21 at 11:50 am revealed:							
	the bottom shelf of the							
	from the base of the b	white rail which extend pottom shelf, surroundi	ing					
	purplish colored area		_					
		e freezer was a yellow ong the right edge of th						
		f cardboard stuck to th	е					
		the inside frame of the	e					
		y in front of shelving w	as a					
	cups in plastic packag	_						
	of the pantry and one crackers in it.	of various sizes on the shallow box had a page	ck of					
		I dirt particles in a 1 by or between the wall and s.						
	-There were food and baseboard of the floo	I dirt particles along the r between shelving an						
	_	ng the floor tiles throug						
	the dry food pantry ar color.	ea was black and brov	wn in					
	Refer to interview with 11:12 pm.	h a cook on 06/09/21 a	at					
	Refer to interview with 06/09/21 at 3:13 pm.	h a second cook on						

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	` '	
				A. BUILDING: _				
		HAL076032		B. WING		R-C 06/11/2021		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NODTH D	OINTE ASSISTED LIVING	CE APCHDALE	303 ALDRI	DGE ROAD				
NOKITIF	OINTE ASSISTED LIVING	O ANOTIDALL	ARCHDALI	E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLET		
D 282	Continued From page 47			D 282				
	Refer to interview with a third cook on 06/10/21 at 9:47 am.							
	Refer to interview with the Administrator-in-Charge (AIC) on 06/11/21 at 1:49 pm.							
	Interview with a cook on 06/09/21 at 11:12 pm revealed: -She cleaned throughout her shift and followed the cleaning schedule posted on the wall, but she did not document what cleaning duties she had completedIt was hard to clean everything between preparing meals.							
	pm revealed: -She did not follow a document the cleanin her shiftDuring her shift, she wiped down the coun dishes through the disposts and pansShe did not clean the storage areaShe thought another deep cleaning.	cleaning chart and did g tasks performed dur swept the floors, moppeters, stove, and grill, rashwasher, and washed e refrigerator, freezer, or cook was responsible w often the kitchen was cleaned.	not ing ped, an d or for					
	revealed: -She swept, mopped, down countertops, rei took the trash out dur -She wiped down the	cook on 06/10/21 at 9: washed dishes, wiped frigerator, and freezer, ing her shift. stove and flat grill after anought maintenance was	d and er she					

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STATE FORM 6899 FS6R11 If continuation sheet 48 of 120

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
			74. BOILBING		R-0	
		HAL076032	B. WING		I	1/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE 303 ALDRII	DGE ROAD E, NC 27263			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 282	could during her shift. Interview with the Adr on 06/11/21 at 1:49 p -She did not know wh the dietary staff follow and storage areas or they had completed c -The dietary manager responsible for makin were completed if the	ning them. uch cleaning done as she ninistrator-in-Charge (AIC) m revealed: at type of cleaning schedule red for cleaning the kitchen if staff was documenting leaning tasks.	D 282			
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure foods were free from contamination related to food containers not dated and labeled, expired and spoiled food, open food packages that were not labeled or dated, uncovered food in the refrigerator. The findings are: Review of the local Environmental Health		D 283			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		1 ' '	CONSTRUCTION		E SURVEY IPLETED
		HAL076032		B. WING			R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
	ONE		303 ALDRI	DGE ROAD			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	ARCHDAL	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 283	Continued From page 49 Inspection report for the kitchen dated 03/31/21		D 283				
		violation in Food Stor					
		dry location, not expo					
		at least 6 inches abov					
	floor. A can of food w	as observed being us	ed as				
	a door stop. Cannot have food on the floor. Food must be stored 6 inches above the floor.						
	Review of the "Kitche	en Daily Duties" posted	d in the				
		by other papers revea					
		o be wiped out and sar					
	-Sweep the dry storage area and make sure new products were placed in the back and used products were in the front with label and date.						
			ite.				
	_	e entrance of the kitche					
		n revealed a can of pea					
	propped against the i	kitchen door as a door	stop.				
	Interview with a cook revealed:	on 06/09/21 at 11:12	am				
	-She did not know wh	hy there was a can of p	pears				
	sitting on the floor in						
	_	being used as a door	-				
		anyone why the can of	pears				
	was being used as a	door stop.					
	b. Observation of the 10:48 am revealed:	refrigerator on 06/09/	21 at				
		ces of a cake dessert					
	uncovered on a shelf	f in the refrigerator.					
	-There was an opene	ed can of chocolate pu	dding				
		wrap and it was undate					
		ound pan of food cover					
	-	vas unlabeled and und					
		quare pan of food cove					
		vas unlabeled and und					
		hite, square container	of				
	food covered with pla unlabeled and undate						
	i umapeleu and undale	Եu.		1	1		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
						R-C
		HAL076032		B. WING		06/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD		
			ARCHDALI	E, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE COMPLETE
D 283	Continued From page 50			D 283		
	salami type meatThere was an opene lock bag that was not undatedThere was an opene shredded cheeseThere was a pitcher undatedThere were two large	ed, partially sealed bag d block of cheese in a sealed, and the bag v d, undated, unsealed of tomato soup that wa	zip vas bag as			
	salad that had been opened. The containers were unlabeled and undated. Interview with a cook on 06/09/21 at 11:12 am revealed:					
	be sealed, labeled, ar the refrigerator.	ened food items need nd dated in the pantry no was responsible for nod items.	and in			
	on 06/11/21 at 1:59 properties of the control of the control of the control on the control on the control of th	should be sealed and o	dated			
	10:51 am revealed: -There was a plastic poutside right side of the a piece of rusted metanot to fully close properthere was a thin boarmachine extending frocontainer and stoppin ice which had condense.	ard on the inside of the om the top of the ice ng about 2 inches abou	e one with e lid e ice			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BOILDING.			
		1141.070000	B. WING		l l	R-C
		HAL076032	B. WIIVO		06	/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NODTUB	ONTE 40010TED 11/11/10	303 AL	DRIDGE ROAD			
NORTHP	OINTE ASSISTED LIVING	ARCHDALE ARCHD	ALE, NC 27263			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D 283	Continued From page 51		D 283			
	up the right side of th	e board and along the				
	bottom right edge of t					
	-The top compartmer	nt above the ice machine				
	had a gray trim that w compartment.	vas breaking away from the				
	I	yer of dirt around the trim of				
	the top compartment,	, and the dirt extended about				
	half an inch above the trim along the length of the trim.					
	-The top compartmer	nt also contained a vent and				
t	the blades of the ven	t were layered with dirt.				
	Interview with a cook on 06/09/21 at 11:12 am revealed:					
	-She had not cleaned	the ice machine during her				
	shift.					
		no was responsible for				
	cleaning the ice mach	nine.				
	Interview with the Adı 06/11/21 at 1:59 pm r	ministrator-in-Charge on				
	·	out the brown substance on				
	the board in the ice m					
	compartment of the id	•				
		nat type of schedule the				
		leaning or if they were				
	documenting when cl					
	completed.					
	-The dietary manager	r would have been				
	· .	ng sure all cleaning tasks				
		ere was a dietary manager.				
	_	as responsible for ensuring				
		completed since there was				
	not a dietary manage	r.				
	d. Observation of the	storage room on 06/09/21				
	at 10:56 am revealed	l:				
		ckages of hotdog buns with				
	a quantity of 12 each					
	package was 05/01/2	21. All three packages				1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL076032		B. WING		l l	R-C 6/11/2021
	PROVIDER OR SUPPLIER	G OF ARCHDALE	303 ALDRIE	RESS, CITY, STA OGE ROAD :, NC 27263	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 283	contained molded hoto-There were three para quantity of 12 each package was 04/30/2 molded hotdog bunstoner with a quantity of 12 the date on both pactor There was an open krispy treat with the explastic wrap, and it would be the plastic wrap, and it would be the plastic wrap, and it would be the plastic container unlabeled at the plastic container and be unlabeled and undated. Interview with a cook revealed: She did not know the buns in the storage result of the plastic with the storage result of the properties with the Ad on 06/11/21 at 1:59 properties of the population. Interview with the Ad on 06/11/21 at 1:59 properties with the Ad on 06/11/21 at 1:59 properties when opened. She did not there we unlabeled, and undata refrigerator. e. Observation of the prove were 2 clear to chicken thawing in the package of the proventies with the would be proved to the proventies of the proved to the proventies of the prove	and the date on the 21. Both packages constant and the date on the 21. Both packages constant and one package of 3 kages was 05/04/21. And package of a large result of a large of cookies in the large of cookies in the large of large	tained ins buns rice n snack large g was am molded ecked orior to (AIC) dated ed,	D 283			

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AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL076032		B. WING		R-C 06/11/2021
	ROVIDER OR SUPPLIER DINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRII	RESS, CITY, STA DGE ROAD E, NC 27263	TE, ZIP CODE	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 283	of the bags and the check thawed. Interview with a cook revealed: -The first shift cook to freezer during her shift thawShe did not know how in the sink thawing, but under cold running was -The first shift cook us -She knew meats shounder cold running was some meats took long. Observation of the kitt pm revealed the 2 bags the sink. Interview with the Adm 06/11/21 at 1:59 pm revealed.	unning water. mount of liquid in the bott nicken appeared to be on 06/10/21 at 2:43 pm ok the chicken from the ft and put it in the sink to w long the chicken had b ut it had not been thawing ater. sually left around 2:00pm auld have been thawed ater or in the refrigerator,	een g but	D 283		
D 287	Service 10A NCAC 13F .0904 (b) Food Preparation Homes: (2) Table service shall non-disposable place a knife, fork, spoon, p	setting consisting of at le late and beverage s may be made on an hall be based on	rice e	D 287		

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		HAL076032	B. WING			R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		303 ALD	RIDGE ROAD			
NORTH P	OINTE ASSISTED LIVING	S OF ARCHDALE	ALE, NC 27263			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
D 287	Continued From page	e 54	D 287			
	resident.					
	Todiacit.					
	This Rule is not met					
		ns and interviews the facility				
		sidents were provided with a				
non-disposable place setting, including a fork and						
	a spoon.					
	The findings are:					
	Observation of the lui	nch meal service on				
		m until 1:40 pm revealed:				
	-	ents seated at the dining				
	tables in the Special	Care Unit (SCU).				
		onal care aide (PCA) seated				
		ent assisting her to eat with				
	a spoon.					
		ere served whole pork loin weet potatoes, corn bread,				
		y, and 1 resident was served				
	a pureed meal.	, and Tresident was served				
	•	a silverware fork only.				
		ed had a silverware spoon				
	only.	•				
	-Two residents had a	silverware spoon and a				
	plastic fork.					
	-Four residents had a	•				
	-	plastic forks sitting on the				
	counter in the dining	area. ad only plastic or silverware				
	forks ate their ice creating					
		the cook, the residents				
	•	t their meal and ice cream.				
	· ·	, "We don't have any more				
	-	got some more in today, so				
	we won't have to wor					
		nt had a huge piece of pork				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			CONSTRUCTION	I \ /	SURVEY PLETED
				A. BUILDING: _			
		HAL076032		B. WING			R-C 6/ 11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			303 ALDRII	DGE ROAD			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 287	7 Continued From page 55			D 287			
	loin dangling for her pbiteAt 1:15 pm, a reside fork was trying to cut the plastic forkThe cook brought sil room at 1:19 pm, but other silverware for relative with 5 resid 1:04 pm and 1:40 pm -All residents preferred a spoon rather than a -All residents preferred plastic wareOne resident said her a plastic fork.	olastic fork trying to take nt who had only a plas a 1-inch thick pork loir verware knives to the coshe did not provide an esidents. ents on 06/09/21 betworevealed: ed to eat their ice crear	tic n with dining by een n with an				
	revealed: -She assisted with sedining hall during her -Utensils were broughthe cookResidents normally half place settingOn 06/09/21, the coof for the lunch meal with she found more fork box of plastic forksThe residents needed cream. Interview with the coorevealed:	nad plastic ware in their ok came to the SCU duth only 5 silverware for its in the cabinet and had spoons to eat their in the ok on 06/09/21 at 1:19	SCU all by ir uring ks. ad a ce				
	week there were not	strator-in-Charge (AIC) enough spoons and fo oons and forks and the	rks.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		HAL076032	B. WING		06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
NORTH P	DINTE ASSISTED LIVING	G OF ARCHDALE	IDGE ROAD		
			.E, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 287	Continued From page 56		D 287		
	came in todayShe did not have tim out to the residents.	e to get washed and handed			
	pm revealed: -She assisted with se dining hall during her -Utensils were brough the cookResidents were usual and sometimes had to -Silverware was providaysSometimes just forks just spoons, and on oprovided a full set of sometimes with the AIC revealed: -The table setting for non-disposable plates	ally served on paper plates o use plastic utensils. ded to residents on different s were provided, sometimes ther days residents were			
	knives, and napkinsShe was working on	getting more utensils in the			
	facility.				
D 288	10A NCAC 13F .0904 Service	(b)(3) Nutrition And Food	D 288		
	(b) Food Preparation Homes:	Nutrition And Food Service and Service in Adult Care served hot and cold foods			
		as evidenced by: ns and interviews, the facility ods were maintained hot			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		HAL076032	B. WING		R-C 06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	303 ALDRI	DGE ROAD			
NORTH	OINTE ASSISTED LIVING	ARCHDALI	E, NC 27263			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLI	ETE
D 288	Continued From page	e 57	D 288			
	undi residents were re	eacy to eat their meats.				
	until residents were ready to eat their meals. Observation of the main dining room on 06/10/21 between 8:19 am and 9:00 am revealed: -There were 3 resident present and eating the breakfast mealThe breakfast meal included scrambled eggs, 1 half a overly ripened banana, a biscuit, a sausage patty, and coffee for those who wanted itAt 8:19 am there were 5 uncovered plates of the breakfast meal on the table, but there were no residents seated in front of the 5 platesThe dietary staff left the dining hall to get residents while plates remained on the table and food on the serving table was left uncoveredAt 8:24 am, a resident sat down at one of the five plates already on the tableAt 8:29 am, a personal care aide (PCA) go poured a cup of coffee and sat it at one of the remaining four platesAt 8:33 am, there were 2 more meals plated and 1 cup of coffee set on a table with no resident present.					
	coffee that was place	nt sat down at the plate with d on the table at 8:33am.				
	 The resident told the and requested hot co 	cook her coffee was cold ffee.				
	-The resident took a k her plate away.	pite of her eggs and pushed				
	·	nts sat down at 2 of the				
	the observation at 8:1	e table prior to the start of l9 am.				
	Interview, with the resident who sat down for breakfast at 8:45 am, on 06/10/21 at 8:50 am revealed: -Her breakfast meal was already on the table					
	when she arrived in the	-				
	-The eggs, sausage,	and biscuit were cold. se the meal to her room to				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE SU COMPLET	
				_		R-C	;
		HAL076032		B. WING		06/11	/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 288	Continued From page	: 58		D 288			
	heat it up in her microwaveThe food was always cold.						
	for her breakfast at 8: am revealed: -Her breakfast meal w when she sat down. -Her breakfast meal w to be served hot meal	the residents who sat 48 am, on 06/10/21 at vas already on the table vas cold, and she prefers. breakfast anyway beca	9:00 e erred				
	Interview with a cook on 06/10/21 at 8:57 am revealed: -She usually waited until the residents came into the dining hall and sat down to plate the food, but she was just trying to get things done and make sure everybody was fedShe was "trying to get ahead." -She did not realize the plates sat on the table so long, but she warmed the plates and coffee in the microwave if the residents askedThere was not a dietary manager at the facility.						
	06/02/21 at 1:59 pm: -Hot foods were supp heated serving table u serve to residentsShe did not know the	inistrator-in-Charge (Al osed to be kept on the until they were ready to e cook had plated food able prior to the residenall.	and				
D 296	10A NCAC 13F .0904 Service	(c)(7) Nutrition And Fo	od	D 296			
	10A NCAC 13F .0904 (c) Menus in Adult Ca	Nutrition And Food Seare Homes:	ervice				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HAL076032		B. WING		R-C 06/11) // 2021
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE	(X5) COMPLETE DATE
D 296		nave a matching therap ician-ordered therapeu		D 296			
	interviews, the facility therapeutic menus for of 5 sampled resident physician orders for 1 (NCS) diet with a med	is, record reviews, and failed to have matchin food service guidances (#4, #5, and #9) with No Concentrated Sweethanical soft (MS) Sidiet (#5), and NAS w	g e for 3 ets				
	04/12/21 revealed: -Diagnoses included of diabetes mellitus, hypatherosclerosis.	er for no concentrated					
	dated 04/13/21 revea	4's subsequent diet ord led an order for a no et with a mechanical s					
	Review of the "Reside kitchen on revealed R served a NCS diet wit		in the				
	a NCS diet with a MS	eutic menu for resident consistency revealed nenus available to revi	there				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL076032	B. WING			R-C 6/11/2021
	ROVIDER OR SUPPLIER	303 ALC	ADDRESS, CITY, STATE PRIDGE ROAD ALE, NC 27263	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	Observation of the ki am revealed: -There was a seven-posted in the kitchen -The menu was dated. -There were no thera menu or anywhere in the regular meal so lunch on 06/09/21 was gravy, whipped sweed deluxe cornbread, material beverage of choice. Observation of the lust special Care Unite (Special Care Unite (Special Care Unite) potatoes, corn bread with no added sugar, juice. -Resident #4 ate all his touch the rest of the second interviews, it was det not interviewable. Refer to interview with 10:28 am. Refer to interview with Administrator-in-Chapm.	day week-at-a-glance menu d Fall/Winter 2020 Week 1. peutic diets listed on the the kitchen. heduled on the menu for as marinated pork loin, brown t potatoes, sliced beets, argarine, sherbet, and anch meal service in the SCU) on 06/09/21 from 1:04 led: led: led: led: led: led: led: led:	D 296			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL076032		B. WING			R-C 6/11/2021
	ROVIDER OR SUPPLIER	G OF ARCHDALE	303 ALDRIC	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 296	disease, major neuro generalized anxiety of dementia, lumbar de arthropathy. -There was a diet ord sweets (NCS). Review of the "Reside kitchen on 06/09/21 -Resident #9 was to with a mechanical solation of the theral with a NCS diet reversible therapeutic menus at the composted in the kitchen. -There was a seven-posted in the kitchen. -There was a seven-posted in the kitchen. -There was a seven-posted in the kitchen. -The menu was date. -There were no theral menu or anywhere in the regular meal solation on 06/09/21 with gravy, whipped sweet deluxe cornbread, mit beverage of choice. Observation of the luch Assisted Living (AL) 12:05 pm and 12:55	gastroesophageal refloological cognitive disorder, Alzheimer's generative disease, and der for no concentrated lent Diet Chart" posted revealed: be served a regular NA off consistency. mentation regarding groupeutic menu for resider aled there were no vailable to review. It is the company of the company o	der, ad in the AS diet ound ots 0:45 menu ek 1. he for brown s,	D 296	DEFICIENCY		
	gravy, whipped sweet deluxe cornbread, m beverage of choice. Observation of the lute Assisted Living (AL) 12:05 pm and 12:55. Resident #5 was secut of pork loin with gotatoes, corn bread	et potatoes, sliced beet argarine, sherbet, and inch meal service on th side on 06/09/21 betwe	ne een a thick cream				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		1	CONSTRUCTION	, ,	E SURVEY PLETED
				A. BUILDING: _			
		HAL076032		B. WING		I	R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	C OE ARCHDALE	303 ALDRI	DGE ROAD			
NORTH	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDAL	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 296	Continued From page 62			D 296			
	-Resident #5 ate 90%	of the meal served.					
	facility on 06/09/21 at -She was diabetic an ate, but she did not the diet.	ent #5 during the tour of t 9:10 am revealed: d had to be careful wh nink she was on a spec same meal as the othe	at she cial				
	Refer to interview with a cook on 06/09/21 at 10:28 am.						
	Refer to interview wit 06/10/21 at 8:57 am.	h a second cook on					
	Refer to interview wit Administrator-in-Char pm.	h the rge (AIC) on 06/11/21 a	at 1:59				
	12/28/20 revealed: -Diagnoses included stage III, aortic steno:	and vitamin D deficien	Э				
		order for a regular, no t with a mechanical so					
	a regular NAS diet wi	eutic menu for resident th a mechanical soft and meats revealed the					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	R-C
		HAL076032	B. WING		06/	11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE	RIDGE ROAD LE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	Continued From page	e 63	D 296			
	were no therapeutic r	nenus available to review				
	am revealed: -There was a seven-oposted in the kitchenThe menu was datedThere were no thera menu or anywhere in -The regular meal scl lunch on 06/09/21 was gravy, whipped sweedeluxe cornbread, mabeverage of choice. Observation of the lung in his room on the 06/09/21 at 12:57 pmResident #9 was ser thick cut of pork loin was potatoes, corn bread, with no added sugar, juiceSurveyor notified states.	d Fall/Winter 2020 Week 1. peutic diets listed on the the kitchen. neduled on the menu for is marinated pork loin, brown t potatoes, sliced beets, argarine, sherbet, and nch meal served to Resident Assisted Living (AL) side on revealed: ved a 3 large chunks of a with gravy, whipped sweet fat free chocolate ice cream milk, and regular orange				
	pm revealed:	nt #9 on 06/09/21 at 12:58 at the large chunks of pork				
	loin.	ve staff cut his meat up for				
		ave any trouble swallowing				
	Refer to interview wit 10:28 am.	h a cook on 06/09/21 at				
	Refer to interview wit	h a second cook on				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			71. BOILBING.		R-C
		HAL076032	B. WING		06/11/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	DGE ROAD		
		ARCHDALI	E, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 296	Continued From page	e 64	D 296		
	06/10/21 at 8:57 am.				
	Refer to interview with the Administrator-in-Charge (AIC) on 06/11/21 at 1:59 pm.				
	revealed: -She used the regular resident mealsShe did not have any diet orders, and no or use a therapeutic meresidents with a thera-She had never seen different diet ordersThe cook who was trand she was just "lea-She prepared all means to she used to the second she was just "lea-She prepared all means to she used to she u	y guidance for therapeutic ne told her she needed to nu to prepare meals for peutic diet. a therapeutic menu for the			
	am revealed: -There was not a diet -She was trained by t days in April 2021She used the regular				
	on 06/11/21 at 1:59 p -She had been workir -The cooks used the residentsShe did not know ea	ministrator-in-Charge (AIC) m revealed: ng as AIC for two weeks. regular menu to serve all the ch therapeutic diet offered have a matching menu for			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER		, ,	CONSTRUCTION	(X3) DATE SUF COMPLETI	
		HAL076032		B. WING		R-C 06/11/	2021
NAME OF D		11AL070032	CTDEET ADD	DECC CITY CTA	TE 7/D 00DE	1 00/11/	2021
NAME OF PI	ROVIDER OR SUPPLIER			RESS, CITY, STA DGE ROAD	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE		E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 296	Continued From page	: 65		D 296			
	The Administrator submitted therapeutic menus to the surveyor on 06/09/21 at 3:30 pm.						
D 306	10A NCAC 13F .0904(d)(3)(H) Nutrition and Food Service			D 306			
	(d) Food Requirement(3) Daily menus for refollowing:(H) Water and Other Exercises	Nutrition and Food Sents in Adult Care Home egular diets shall includ Beverages: Water sha nt at each meal, in add	es: de the all be				
	Based on observation	failed to serve water a	•				
	The findings are:						
		s menus for regular die sted to be offered at ea					
	meal service on 06/09 12:55 pm revealed: -There was a beverag milk, and lemonade a -There were 10 reside room at the beginning requested water to mi water was brought fro	sisted Living (AL) lund 0/21 from 12:05 pm un ge cart with orange juic vailable to serve residents present in the dini g of the meal and 1 resix with her beverage. The firm the kitchen in a cup ere served or offered variation.	til ce, ents. ng ident The				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL076032	B. WING		R-C 06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
NORTH P	DINTE ASSISTED LIVING	303 ALDF	RIDGE ROAD		
NORTH	SINTE AGGIOTED LIVING	ARCHDA	LE, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 306	Continued From page	e 66	D 306		
	Special Care Unit (SC pm until 1:38 pm reverse and pm until 1:38 pm reverse lemonade, and milk and an	ge cart with of orange juice, available to serve residents. Sents present in the dining seal and 1 resident requested cup was filled with water vere served or offered water I. ent on 06/09/21 at 9:30 am set water with their meals. Set wait on it to be served if she oral care aide on 06/09/21 at CU and assisted residents thormally served water with their meals.			
	Interview with a cook	on 06/10/21 at 2:36 pm			
	revealed: -She knew residents were supposed to be served water with each meal.				
	-She did not prepare residents on yesterda				
	but she served water				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
					R-(
		HAL076032	B. WING		06/1	1/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	GOF ARCHDALE	DGE ROAD E, NC 27263			
040.15	SHIMMADV ST.	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	u	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 306	Continued From page	e 67	D 306			
	Interview with 3 residents 11:18 am and 12:41 programmers. -Residents usually did meals. -The residents would to them. -Staff gave residents -Staff usually served programmers. -Yesterday, 06/10/21, served to everybody with the Adron 06/11/21 at 1:59 programmers.	ents on 06/11/21 between om revealed: d not get water with their drink water if it was served water if they asked for it. iuice, tea, and coffee. was the first time water was without asking for it. ministrator-In-Charge (AIC) m revealed: er should be served to each				
D 310	Service 10A NCAC 13F .0904 (e) Therapeutic Diets (4) All therapeutic die supplements and thic	P(e)(4) Nutrition and Food Nutrition and Food Service in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.	D 310			
	interviews the facility diets as ordered by the sampled residents (R	ns, record reviews and failed to serve therapeutic ne physician for 3 of 6 esident #4, #5, and #9) who no concentrated sweet				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ĺ		CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.		A. BUILDING: _		COMPL	ETED
		HAL076032		B. WING		R- 06/1	C 1/2021
NAME OF PI	ROVIDER OR SUPPLIER	ST	REET ADDF	RESS, CITY, STA	TE, ZIP CODE	•	
		30		GE ROAD			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE AF	RCHDALE	, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page 68			D 310			
	consistency (#4), a NCS diet (#5) a regular diet with MS consistency and ground meat (#9).						
	The findings are:						
	04/12/21 revealed: -Diagnoses included diabetes mellitus, hypatherosclerosisThere was a diet ord sweets (NCS), cut me	er for no concentrated eats and food.	ed				
	June 2021 revealed: -Resident #4's fingers ranged from 109 to 33-Resident #4's fingers ranged from 93 to 268-Review of the "Reside kitchen on 06/09/21 residents."	d (MAR) for May 2021 and stick blood sugars (FSBS) 35 in May 2021. stick blood sugars (FSBS)	ne to				
	a NCS diet and mech revealed there were r available. Observation of the kit 10:56 am revealed th	eutic menu for residents wi nanical soft consistency no therapeutic menus chen pantry on 06/09/21 a ere were no sugar-free foo rinks available to serve the	ıt od				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
		HAL076032	B. WING			R-C 6/11/2021
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	303 AL	ADDRESS, CITY, STATE DRIDGE ROAD DALE, NC 27263	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	Special Care Unit (SC 1:04 pm and 1:38 pm -Resident #4 was ser cut of pork loin with g potatoes, corn bread, with no added sugar, juiceResident #4 ate all h touch the rest of the resident #4 ate all h touch the rest of the resident #4 ate all h touch the rest of the resident #4 ate all h touch the rest of the resident #4 ate all h touch the rest of the resident with a person 06/09/21 at 1:23 pm resident -She saw the diet ord the SCU, but she had anything with itThe cook brought the and usually plated the served the foods to the served the foods to the served the foods to the served the residents were except for the resident were except for the resident pureed meal. Based on observation interviews, it was detent interviews, it was detent interviewable. Refer to interview with 10:28 am. Refer to interview with 106/10/21 at 8:57 am.	nch meal service in the CU) on 06/09/21 between revealed: ved a whole piece of a thick ravy, whipped sweet fat free chocolate ice cream milk, and regular orange er ice cream and did not meal served. In all care aide (PCA) on revealed: er sheet on the cabinet in a never been instructed to do the meals while the PCAs the residents. Ent received pureed foods, the instructed to serve a other residents. Ent received the same meal, the who was served the same meal, the who was served the the cook on 06/09/21 at the a second cook on the facility's Primary Care in the facility in t	D 310			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL076032	B. WING			R-C 5/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		-
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	RIDGE ROAD			
	T	ARCHDA	ALE, NC 27263			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	D 310 Continued From page 70		D 310			
	Administrator-in-Charge (AIC) on 06/11/21 at 1:59 pm.					
	01/04/21 revealed:	t #5's current FL2 dated				
	-Diagnoses included gastroesophageal reflux disease, major neurological cognitive disorder, generalized anxiety disorder, Alzheimer's dementia, lumbar degenerative disease, and arthropathy. -There was a diet order for no concentrated					
	-There was a diet ord sweets (NCS).	er for no concentrated				
	Review of the "Resident Diet Chart" posted in the kitchen on 06/09/21 revealed Resident #5 was to be served a NCS diet.					
		eutic menu for residents with here were no therapeutic view.				
	10:56 am revealed the	chen pantry on 06/09/21 at ere were no sugar-free food inks available to serve the				
	Assisted Living (AL) s 12:05 pm and 12:55 p	nch meal service on the side on 06/09/21 between om revealed: ved a whole piece of a thick				
	cut of pork loin with go potatoes, corn bread,	ravy, whipped sweet fat free chocolate ice cream				
	with no added sugar, juiceResident #5 ate 90%	milk, and regular orange of the meal served.				
	June 2021 revealed:	5's Medication d (MAR) for May 2021 rand stick blood sugars (FSBS)				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			CONSTRUCTION		E SURVEY PLETED
		HAL076032		B. WING			R-C 6/11/2021
	PROVIDER OR SUPPLIER	G OF ARCHDALE	303 ALDRI	DRESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 310	ranged from 82 to 41 -Resident #5's finger ranged from 122 to 3 Interview with Reside facility on 06/09/21 a -She was diabetic an ate, but she did not to dietShe was served the residents. Refer to interview with 10:28 am. Refer to interview with 10:28 am.	2 in May 2021. stick blood sugars (FS 192 in May 2021. ent #5 during the tour of 19:10 am revealed: Id had to be careful which she was on a spesame meal as the other of the a cook on 06/09/21. The a second cook on the facility's Primary 15/10/21 at 9:26 am. The facility of the faci	of the nat she cial er at 1:59 ed e ncy.	D 310			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
			D. WING			R-C
		HAL076032	B. WING		06/	11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	RIDGE ROAD			
	T		LE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	e 72	D 310			
	with a mechanical soft consistencyThere was no documentation regarding ground meats.					
	Review of the facilities therapeutic menu revealed there was no menus for a NAS diet with a mechanical soft consistency and ground meats available. Observation of the lunch meal served to Resident #9 in his room on the Assisted Living (AL) side on 06/09/21 at 12:57 pm revealed Resident #9 was served a 3 large chunks of a thick cut of pork loin with gravy, whipped sweet potatoes, corn bread, fat free chocolate ice cream with no added sugar, milk, and regular orange juice. Interview with Resident #9 on 06/09/21 at 12:58 pm revealed: -He was not able to eat the large chunks of pork loin. -He usually had to have staff cut his meat up for him. -He did not usually have any trouble swallowing his food.					
	06/09/21 at 12:59 pm -She assisted in the orange of section of the consistency with section of the consistency of the consis	dining hall during her shifts. ny he was served whole i/09/21. esident #9 had an order for				
	-All the residents rece	eived the same meal except				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
							R-C
		HAL076032		B. WING		06	5/11/2021
	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	6 OF ARCHDALE	ARCHDAL	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 310	D 310 Continued From page 73 for one that she knew of who received a pureed		D 310				
	mealWhen she served Re	esident #9, she normal es of meat because no	ly				
	Refer to interview with 10:28 am.	h a cook on 06/09/21 a	at				
	Refer to interview with a second cook on 06/10/21 at 8:57 am. Refer to interview with the facility's Primary Care Provider (PCP) on 06/10/21 at 9:26 am.						
			Care				
	Refer to interview with Administrator-in-Charpm.	h the ge (AIC) on 06/11/21 a	at 1:59				
	revealed: -She used the regular resident mealsShe did not have any diet orders, and no or use a therapeutic meresidents with a thera -The cook who was trand she was just "lea -For residents who hadid not add any sugar -For residents who hadid not add any salt to -She did not cook any -She had not prepare consistency or ground -She prepared all means -She was and she was just "lea -For residents who had in the salt to -She did not cook any -She had not prepare consistency or ground -She prepared all means -She prepared all means -She prepared -She prepared -She and not prepared -She prepared -Sh	y guidance for therape ne told her she needed nu to prepare meals for peutic diet. raining her was out on rning as she goes." ad diet orders for NCS, or to their meals. ad diet orders for NAS, or their foods. y meals with salt. d any meals with a MS	utic I to or leave , she she				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RED:) MULTIPLE BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL076032	В. У	WING		R-C 06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDRESS	S, CITY, STAT	TE, ZIP CODE	
			303 ALDRIDGE			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	ARCHDALE, NO	27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
	am revealed: -There was not a diet -She was trained by the days in April 2021She used the regulathe residents and did a therapeutic menu for physician's orders for residents who have consistency, she chosure it was managea		sility. 3 als for to use			
	the MS foods were sure -For residents who has sugar-free cookies, we -For residents who had in ot add any salt to Interview with the fact (PCP) on 06/10/21 at	oft as possible. ad diet orders for a NC ything with sugar and so vater, and unsweetened ad diet orders for NAS, to their meals. sility's Primary Care Pro t 9:26 am revealed:	S diet, erved d tea. she ovider			
	about a month and sithe residentsShe did not know reserved therapeutic di-She expected all restherapeutic diets as continuous with the Ad on 06/11/21 at 1:59 p. She had been worki-The cooks used the residentsShe did not know eaby the facility should each diet.	sidents to be served ordered by the PCP. ministrator-in-Charge (and revealed: ng as AIC for two week regular menu to serve arch therapeutic diet offer have a matching menuter, the vegetables had a produced to the servered	r with AIC) as. all the ered for			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076032		B. WING		R-C 06/11/202	21
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	-
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE CON	(X5) MPLETE DATE
D 310	Continued From page -For a pureed diet, for added to a blender fo -She did not think the -She did not know wh residents with NCS di	od and liquid should b r a baby food consiste cooks used salt to co at cooks were serving	ency. ok.	D 310			
D 338	10A NCAC 13F .0909 10A NCAC 13F .0909 An adult care home s all residents guarante Declaration of Reside and may be exercised	Resident Rights hall assure that the rig ed under G.S. 131D-2 nts' Rights, are mainta	21,	D 338			
	This Rule is not met a TYPE A2 VIOLATION Based on interviews a facility failed to ensure neglect related to 1 of with known allergies to consisting of fish.	and record reviews the e a resident was free f 1 sampled resident (a	from #16)				
	The findings are: Review of Resident # 03/27/21 revealed: -Diagnoses included / behavioral disturbance hypertension, chronic history of bronchitis, r hypercholesterolemia conjunctivitis -There was no docum Review of Resident # 04/13/21 revealed Re fish, celery, and straw	Alzheimer's disease wes, atrial fibrillation, kidney disease stage hinitis, hypothyroidism, and history of allerginentation regarding allerdist diet order dated sident #16 was allergines.	rith 3, n, c ergies.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '		· /	E SURVEY PLETED		
				A. BUILDING: _			
		HAL076032		B. WING		l	R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTU D	OINTE ACCIOTED I IVING	OF ADOLIDALE	303 ALDRII	DGE ROAD			
NORTHP	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDALE	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 338	Continued From page	÷ 76		D 338			
	-	eutic diet list dated 04/ 6 was allergic to fish,					
	Review of Resident # emergency room (ER 06/02/21 revealed: -Resident #16 was se abdominal pain and a -Resident #16's diagn -Resident #16 had an) visit summary dated een on 06/02/21 for in allergic reaction. nosis was an upset sto	mach.				
	revealed: -Resident #16 was see-Resident #16 was seevaluation on 06/02/2 and an allergic reactice-Resident #16 was all accidentally served fish-After eating the fish, complaining of abdom that she presented with a hoarse voiceBenadryl was adminishe was sent to the heresident #16 was diswith no new ordersResident #16 had no	gress Note dated 06/0 een for a hospital followent to the hospital for 1 due to abdominal paton. lergic to fish and was sh at mealtime on 06/0 Resident #16 began hinal pain and staff rep th altered mental statu	v-up. ain 02/21. corted us and 6 and facility				
	patty during lunchResident #16 was all containing products.	revealed: spected of eating a fis					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING			R-C 5/ 11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	LDRIDGE ROAD			
MOKIIII .	OINTE AGGIOTED EIVING	ARCH	IDALE, NC 27263			
(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 (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	e 77	D 338			
	-Staff asked Resident scratchy and her resp -Resident #16 was ac	I range including oxygen. t #16 if her throat hurt or felt conse was "No." dministered Benadryl 25mg d on 15-minute checks.				
	dated 06/02/21 with na-Staff notified a medic Resident #16 compla different and having of -Resident #16's PCP instructed staff to sen hospital emergency re- -Resident #16 did not distress. She was ver and ambulated to the	cation aide (MA) that ined of her throat feeling lifficulty breathing. was notified, and the PCP d Resident #16 to the local pom.				
	am revealed: -She was allergic to fi -She recently ate fish staff because she did -Her stomach started fishHer throat got itchy a -"We caught it in time -She thought if she ha throat would have clo	that was served to her by not know it was fish. hurting after she ate the and staff gave her medicine. " ad eaten too much, then her sed up. ople serving and sometimes				
	(SCUC) on 06/10/21 and -She was sitting in he the Activities Director plate and asked her to -She tasted the meat					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			1		R-C
		HAL076032	B. WING		06/11/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		303 ALD	RIDGE ROAD		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE ARCHDA	LE, NC 27263		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 338	Continued From page	e 78	D 338		
	and had eaten fish.				
		Resident #16 and Resident			
		fine, but she was worried			
	about her stomach.	,			
	-She looked at Resid	ent #16's throat and there			
	was no redness or irr	itation.			
	-The MA on duty gave	e Resident #16 a Benadryl			
	and put her on 15-min				
	-A personal care aide (PCA) later came to her and reported Resident #16 was having difficulty				
	breathing and swallowingThe MA called Resident #16's PCP and was				
	hospital ER.	esident #16 to the local			
	•	left with emergency medical			
		went to Resident #16's room			
	, ,	ar to be in any distress or			
		#16 walked to the stretcher			
	so EMS could take he				
	-The fried fish had be	en served for lunch.			
		I taken the bag of fish out of			
	_	at it would fit in the freezer			
	and did not label the	bag.			
		on 06/10/21 at 2:19 pm			
	revealed:	diagtiona with horses			
		edications with lunch on			
		f the PCAs picked up a			
		eat, and said, "This is fish." ready eaten some of the fish			
	and her plate was rer				
		n uneaten piece of the meat			
	and said that it was fi				
		Resident #16's record and			
		tanding order for Benadryl			
	and administered Ber	nadryl to Resident #16.			
	-A PCA told her Resid	dent #16 was having a hard			
		er throat felt like it was			
	swelling.				
	-She called Resident	#16's PCP and was	1		

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7410 1 2741	or correction.	BERTIN IS A TON HOMBER.	A. BUILDING: _		OOM LETES
					R-C
		HAL076032	B. WING		06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		303 ALDRI	DGE ROAD		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE ARCHDALI	E, NC 27263		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 338	Continued From page	e 79	D 338		
	hospital ER. -After EMS arrived, R	sident #16 to the local resident #16 started acting resident #16 started acting			
	Interview with a cook on 06/10/21 at 2:36 pm revealed: -She was working, but she was still in training on 06/02/21.				
	-She prepared the lunch meal on 06/02/21"It was chicken." -Staff kept telling her the meat served for lunch on 06/02/21 was fish, but she thought it was chicken.				
		lastic bag in the freezer and			
		to took the plastic bag out of			
		ed and she cooked it in the			
	Interview with Resident #16's family member on 06/10/21 at 4:58 pm revealed: -Resident #16 had an allergy to fish.				
	-Staff called her on 06 Resident #16 had eat trouble breathing -Staff told her Reside	en fish and was having			
	continued to be stable send her with EMS to	e, but they were going to			
	emergency roomShe was unable to ta	alk on 06/02/21 so she called			
	back on 06/03/21 and talked to the Resident Care Coordinator (RCC).				
	Resident #16 chicken				
	-She was told the RC office to taste the mea	C brought a plate to her at and it was fish.			
	-The RCC told her sh	e was concerned about ach and that a PCA reported			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION		E SURVEY PLETED	
		HAL076032		B. WING			R-C 6/11/2021
	ROVIDER OR SUPPLIER	G OF ARCHDALE	STREET ADDR 303 ALDRID ARCHDALE		TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 338	Resident #16's throaton - The RCC told her the appear to be in any control - The RCC told her the fish out of the original freezer in plastic pactilities and labeled. Interview with the AD revealed: -She had gone to the was taken back to the One of the PCAs had the lunch meal that we sandwich. -The cook was present thought the meat ware resident #16 had an she felt like she was a fish on 06/02/21 after staff. -Resident #16 was a fish on 06/02/21 after staff. -Resident #16 was a due to staff reporting the hoarse voice, and Reabdominal pain. -Resident #16 did not she saw her on 06/02/21 at 4:36 president #16 had an one brought the she did not know whith the cook said the mere resident #16 on 06/05/21.	the felt funny. In the Resident #16 did not distress. In e dietary staff had take all packaging and kept in the kaging without it being to on 06/11/21 at 8:40 at the SCU after the lunch in the SCU. In disked for a sandwick was left over and it was the sent in the SCU and said so chicken. In allergy to fish and state going to throw up. It is to the local hospital altered mental status, the sident #16 complaining the thave any complaints 3/21. In inistrator-in-Charge (on revealed: in allergy to fish. Immeat to her on 06/02/2/2 ether it was fish or not, that was served to serve the to the to the served to the that was served to serve the to the served to serve the to the served to serve the that was served to serve the served to ser	en the n the	D 338			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-0	С
		HAL076032	B. WING		06/1	1/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH PO	DINTE ASSISTED LIVING	OF ARCHDALE	DGE ROAD E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 338	Benadryl and when s breathing was fineThe cook who prepa was still in training. The facility failed to e from neglect related t known allergy to fish, staff. This resulted in symptoms of an allerg started hurting, her threported resident to h breathing, and Reside hospital for evaluation substantial risk of ser neglect and constitute. The facility provided a accordance with G.S. this violation.	nsure one resident was free o Resident (#16), with a being served fish by dietary the resident displaying gic reaction: her stomach roat became itchy, staff lave some difficulty with ent #16 was sent to the local n. The failure resulted in ious physical harm and es a Type A2 Violation.	D 338			
D 358	(a) An adult care hor preparation and admit prescription and non-by staff are in accord.(1) orders by a licens which are maintained	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING			R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	
NODTU D	OINTE 40010TED 11/11/10	05 45015415	303 ALDRII	GE ROAD			
NORTHP	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDALE	, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 82		D 358			
	reviews, the facility fa were administered as	ns, interviews and recor- iled to ensure medication ordered for 1 of 5 sampledication used to decrease.	ons pled				
	Policy (no date) reveating and treatments will be accordance with the proders. -Documentation will be administers medication to the residents on the -Staff will provide documentations and before sident. -The MAR will include Omissions and refusations and refusations.	otion and non-prescriptice administered in prescribing practitioner's the provided by staff who one and performs treatment facility MAR. The identity makes the following information of the following information of medications or ason for omissions will	on, nents other on:				
	05/25/21 revealed: -Diagnoses included I depression and anxie with impaired mobility gastroesophageal, hy and obesityThere was an order f (Janumet) 50-500mg daily. (used to treat di	ty, cerebrovascular acc r, diabetes mellitus II, rpertension, hyperlipide for sitagliptin-metformin 1 tablet with meals twic labetes)	mia, ce				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL076032	B. WING		06/11/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREE	TADDRESS, CITY, STA	TE, ZIP CODE	
NODTH D	DINTE ASSISTED LIVING	303 AI	DRIDGE ROAD		
NORTH P	SINTE ASSISTED LIVING	ARCH	DALE, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 83	D 358		
	50-500mg 1 tablet with	th meals twice daily.			
	Review of Resident #1's Resident Register dated 06/03/21 revealed Resident #1 was admitted to the facility on 06/03/21.				
	Review of Resident #1's Medication Administration Record (MAR) for June 2021 revealed: -There was an entry for Janumet 50-50mg 1 tablet twice daily, but there were no scheduled times for administrationThere was no documentation Janumet was administered twice daily from 06/03/21 through 06/09/21.				
		t1's blood sugar monitoring realed Resident #1's blood 0 to 156.			
	Interview with a pharmacist with the facility contracted pharmacy on 06/11/21 at 8:14 am revealed: -There was an order for Janumet 50-500mg 1 tablet twice daily with meals dated 05/25/21. -Janumet was dispensed to the facility on 06/07/21 with a quantity of 56 tablets.				
	on 06/10/21 at 2:11 p Janumet 50-500mg w	ent #1's medication on hand om revealed 56 tablets of were dispensed by the t1 and there was a quantity org.			
	pm revealed: -She was taking Janu	ent #1 on 06/10/21 at 1:45 umet to treat her diabetes. etting any medication with			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING		I	R-C 6/11/2021
	PROVIDER OR SUPPLIER	303 ALD	DDRESS, CITY, STATE RIDGE ROAD ALE, NC 27263	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Interview with a Medi 06/10/21 at 2:08 pm of the Resident #1 had an 1 tablet twice a day. She did not know who administered to Resident #1 had an 1 tablet twice a day. She did not know who administration times. Interview with a MA of revealed: She did not know who administered to Resident Had and contacting the phore of the MAR. She did not remembed Janumet to Resident Had and contacting the phore of the Mark and was not familiar who was not	cation Aide (MA) on revealed: order for Janumet 50-500mg my Janumet was not dent #1. et was on the medication MAR, but there were no on 06/11/21 at 9:59 am my Janumet was not dent #1. et husy and forgot to sign er if she administered #1. ole for ordering medication narmacy. ent #1's Primary Care 5/10/21 at 9:26 am revealed: d at the facility for 1 month with Resident #1. ot reat diabetes. ere was no documentation Janumet between 06/03/21 estick blood sugar levels in range so she would review eministrator-in-Charge (AIC) im revealed: mitted to the facility with	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL076032		B. WING		R-C 06/11/2021
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRI	RESS, CITY, STA DGE ROAD E, NC 27263	TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358	contact the pharmacy would be delivered.		cation	D 358		
D 367	(j) The resident's mer record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dosa administered; (4) instructions for admort reatment; (5) reason or justificate medications or treatmedocumenting the result (6) date and time of a (7) documentation of medications or treatmomission, including reference (8) name or initials of the medication or treasignature equivalent the documented and main administration record. This Rule is not met a Based on observation reviews, the facility farmedication administration.	Medication Administration accurate and include accurate and include action or treatment ordege or quantity of medication for the administration as needed (PRN) liting effect on the residential and the reason for fusals; and, the person administeritment. If initials are used those initials is to be nationed with the medication (MAR).	er; cation tion fon of and dent; or the ing sed, a ation	D 367		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIDE	EK.	A. BUILDING: _		COMP	LETED
		HAL076032		B. WING			R-C / 11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH D	OINTE ACCICTED I IVIN	C OF ADOUBAL F	303 ALDRII	DGE ROAD			
NORTHP	OINTE ASSISTED LIVIN	G OF ARCHDALE	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From pag	e 86		D 367			
	The findings are:						
	04/12/21 revealed di	nt #4's current FL2 dated agnoses included diabet tion, hypertension, and					
	04/12/21 revealed th	nt #4's current FL2 dated lere was an order for land nsulin used to treat high l s every morning.	tus				
	units every morning -There was no docur lantus insulin on 04/0 04/09/21, 04/10/21, 0 04/29/21.	for lantus insulin inject 1 scheduled for 8:00 am. mentation of administration 05/21, 04/06/21, 04/08/204/14/21, 04/21/21, and umented reasons for the	on of				
	units every morning -There was no docur lantus insulin on 05/ -There were no docu omissionsThe FSBS ranged fr Interview with a med at 9:30 am revealed: -After the MA checker	for lantus insulin inject 1 scheduled for 8:00 am. mentation of administration 14/21 and 05/21/21. Insented reasons for the from from 109 to 414.	on of 11/21 ed				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING			R-C / 11/2021
NAME OF P	ROVIDER OR SUPPLIER	SI	REET ADDRESS, CITY, S	STATE, ZIP CODE	·	
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	3 ALDRIDGE ROAD			
NOKITIF	OINTE ASSISTED LIVING	A	RCHDALE, NC 2726	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 87	D 367			
		ed to document their initial Rafter administering insulii				
	am revealed she doc	nd MA on 06/11/21 at 9:50 umented on the BSM log FSBS, but she documente tion on the MAR.				
	revealed: -She had worked son Resident #4 was miss FSBS and insulin adr -If it was not document doneShe did not recall if s	MA on 06/11/21 at 4:00 pr ne of the days in which sing documentation of a ninistration. nted, it was considered no she had checked Resident she was supposed to.	t			
	06/11/21 at 11:30 am -Sometimes the MAs checking a FSBS and -The MAs were supportand the MAR after ad	signed the BSM log after administering insulin. osed to initial the BSM log	not			
	Refer to interview with 06/11/21 at 9:30 am.	h a medication aide (MA) o	on			
	Refer to interview with at 9:50 am.	h a second MA on 06/11/2	1			
	Refer to interview with 4:00 pm.	h a third MA on 06/11/21 a	t			
	Refer to interview with Administrator-in-Char	h the ge on 06/11/21 at 11:30 a	m.			
	Refer to telephone in	terview with the				

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PRINTED: 07/02/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				, 50.15to. <u> </u>		R-	C
		HAL076032		B. WING		1	1/2021
NAME OF P	ROVIDER OR SUPPLIER	5	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
NODTU D	OINTE ACCIOTED I IVING	OF ABOURALE	303 ALDRID	GE ROAD			
NORTHP	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDALE	, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From page	e 88		D 367			
	Administrator on 06/1	1/21 at 2:45 pm.					
		ns, interviews, and record was not interviewable.	ı				
	04/12/21 revealed the	t #4's current FL2 dated ere was an order for eat anxiety) 0.25mg twice	e				
	daily scheduled for 8: - There was no docur of lorazepam on 04/0 8:00 pm, 04/06/21 at pm, 04/11/21 at 8:00 04/15/21 at 8:00 pm, 04/19/21 at 8:00 pm, 8:00 pm, and 04/22/2 -The MAR did not refl lorazepam was given previously scheduled -There was no docur lorazepam on 04/01/2 8:00 pm, 04/05/21 at pm, 04/09/21 at 8:00 04/12/21 at 8:00 pm, 04/17/21 at 8:00 pm, 04/20/21 at 8:00 pm, 04/24/21 at 8:00 pm, 04/28/21 at 8:00 pm,	for lorazepam 0.25mg twi 00 am and 8:00 pm. mentation of administration 3/21 at 8:00 pm, 04/04/2/8:00 pm, 04/08/21 at 8:00 pm, 04/14/21 at 8:00 pm, 04/16/21 at 8:00 pm, 04/21/21 at 8:00 am and 1 at 8:00 pm. lect the actual time the as the lorazepam was at 8:00 am and 2:00 pm. hentation of administration 21 at 8:00 pm, 04/02/21 at 8:00 pm, 04/10/21 at 8:00 pm, 04/10/21 at 8:00 pm, 04/13/21 at 8:00 pm, 04/13/21 at 8:00 pm, 04/13/21 at 8:00 pm, 04/13/21 at 8:00 pm, 04/23/21 at 8:00 pm, 04/23/21 at 8:00 pm,	on 1 at 0 , n of ut 0				
	(CDR) dated for loraz revealed Lorazepam	4's Controlled Drug Reco epam received on 03/16/ was documented as bein 21 at 8:00 pm, 04/04/21 a	/21 Ig				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				A. BUILDING: _			
		HAL076032		B. WING		I	R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTUB	OINTE 40010TED 1 N/IN/	05 45005415	303 ALDRII	DGE ROAD			
NORTHP	OINTE ASSISTED LIVING	6 OF ARCHDALE	ARCHDALE	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	e 89		D 367			
	pm, 04/11/21 at 8:00 04/15/21 at 8:00 pm, 04/19/21 at 8:00 pm, 8:00 pm, and 04/22/2	04/21/21 at 8:00 am ai 1 at 8:00 pm.	om, nd				
	hand at the facility on revealed:	·					
	-The first two blister p with the 8:00 am blist	ilable for administration backs were filled on 05/ er pack having 15 of 2	/11/21 8				
	having 24 of 28 rema	•					
	on 06/08/21 and both	ister packs were dispe the 8:00 am blister pa er pack had 28 of 28 ta	ck				
	at 9:30 am revealed:	cation aide (MA) on 06 the CDR when she sig					
		azepam. were rushed to get all ered and forgot to sign	the				
	Interview with a MA o revealed:	n 06/11/21 at 9:50 am					
	out Resident #4's lora	•					
		had been administerir hift to all the residents. to rush.	•				
	-Sometimes they forg administering medica	ot to sign the MAR afte tions.	er				
	06/11/21 at 11:30 am	ministrator-in-Charge o revealed: ntrolled drugs had bee					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
						R-C
		HAL076032	B. WING		06	/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	ALDRIDGE ROAD			
	CLIMMADV CT		HDALE, NC 27263	DDOV/DEDIS DI AN OF	CORRECTION	0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 367	Continued From page	90	D 367			
	signed out on the (CE MAR.	OR) but not signed on the				
	-No one was currently	y auditing the MARs.				
	Refer to interview with 06/11/21 at 9:30 am.	h a medication aide (MA) on				
	Refer to interview with at 9:50 am.	h a second MA on 06/11/21				
	Refer to interview with 4:00 pm.	h a third MA on 06/11/21 at				
	Refer to interview witl Administrator-in-Char	h the ge on 06/11/21 at 11:30 am.				
	Refer to telephone int Administrator on 06/1					
		ns, interviews, and record was not interviewable.				
	c. Review of Residen 04/12/21 revealed the metoprolol 25 mg give					
	Review of Resident # revealed:	·				
	tablet twice daily sche	for metoprolol 25mg give $\frac{1}{2}$ eduled for 8:00 am and 8:00				
	metoprolol on 04/02/2 8:00 pm, 04/14/21 at pm, and 04/21/21 at 8	nentation of administration of 21 at 8:00 pm, 04/13/21 at 8:00 pm, 04/18/21 at 8:00 3:00 pm. mented reasons for the				
	omissions.	HORIOG FOGOOIIS TOT LITE				
	Review of Resident #	4's May 2021 MAR				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 .		(X3) DATE SURVEY COMPLETED	
	HAL076032		B. WING			R-C 6/11/2021
ROVIDER OR SUPPLIER	G OF ARCHDALE	303 ALDRII	DGE ROAD	TE, ZIP CODE		
(EACH DEFICIENC	Y MUST BE PRECEDED BY F	ULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETE DATE
-There was an entry fitablet twice daily schepmThere was no docume toprolol on 05/08/2 05/01/21 through 05/3 -There were no documentsions. Refer to interview wit 06/11/21 at 9:30 am. Refer to interview wit at 9:50 am. Refer to interview wit 4:00 pm. Refer to telephone in Administrator on 06/1 Based on observation reviews, Resident #4 2. Review of Resident revealed diagnoses in	for metoprolol 25mg giveduled for 8:00 am and an entation of administrated at 8:00 am and on 30/21 at 8:00 pm. mented reasons for the ham a medication aide (Market at a second MA on 06/11/21 at the arge on 06/11/21 at 11:30 terview with the 1/21 at 2:45 pm. Instantial interviews, and recovers and interviewable at #5's FL2 dated 01/04 included gastroesophage.	d 8:00 ation of e 1A) on 11/21 21 at 30 am. ord .	D 367			
essential hypertensio Alzheimer's/dementia disorder, arthropathy. Review of Resident a (PCP) Progress note	n, anxiety disorder, n, lumbar degenerative #5's Primary Care Producted 06/03/21 reveal	vider				
	Continued From page -There was an entry f tablet twice daily sche pmThere was no docum metoprolol on 05/08/2 05/01/21 through 05/3 -There were no docum omissions. Refer to interview with 06/11/21 at 9:30 am. Refer to interview with at 9:50 am. Refer to interview with Administrator-in-Char Refer to telephone int Administrator on 06/1 Based on observation reviews, Resident #4 2. Review of Resident reflux disorder (GERI essential hypertensio Alzheimer's/demential disorder, arthropathy. Review of Resident #4 Review of Resident #4 Review of Resident #4 Review of Resident #4 Review of Resident #4	ROVIDER OR SUPPLIER DINTE ASSISTED LIVING OF ARCHDALE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PREGULATORY OR LSC IDENTIFYING INFORMAT) Continued From page 91 -There was an entry for metoprolol 25mg gitablet twice daily scheduled for 8:00 am and pm. -There was no documentation of administrate metoprolol on 05/08/21 at 8:00 am and on 05/01/21 through 05/30/21 at 8:00 pm. -There were no documented reasons for the omissions. Refer to interview with a medication aide (Mo6/11/21 at 9:30 am. Refer to interview with a second MA on 06/11/4:00 pm. Refer to interview with a third MA on 06/11/4:00 pm. Refer to telephone interview with the Administrator-in-Charge on 06/11/21 at 11:30 Refer to telephone interview with the Administrator on 06/11/21 at 2:45 pm. Based on observations, interviews, and recreviews, Resident #4 was not interviewable of the prevented diagnoses included gastroesophare flux disorder (GERD), major cognitive disessential hypertension, anxiety disorder, Alzheimer's/dementia, lumbar degenerative disorder, arthropathy. Review of Resident #5's Primary Care Provented in the properties of the properti	ROVIDER OR SUPPLIER STREET ADD 303 ALDRI ARCHDALI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 91 -There was an entry for metoprolol 25mg give ½ tablet twice daily scheduled for 8:00 am and 8:00 pm. -There was no documentation of administration of metoprolol on 05/08/21 at 8:00 am and on 05/01/21 through 05/30/21 at 8:00 pm. -There were no documented reasons for the omissions. Refer to interview with a medication aide (MA) on 06/11/21 at 9:30 am. Refer to interview with a second MA on 06/11/21 at 4:00 pm. Refer to interview with a third MA on 06/11/21 at 4:00 pm. Refer to telephone interview with the Administrator-in-Charge on 06/11/21 at 2:45 pm. Based on observations, interviews, and record reviews, Resident #4 was not interviewable. 2. Review of Resident #5's FL2 dated 01/04/21 revealed diagnoses included gastroesophageal reflux disorder (GERD), major cognitive disorder, essential hypertension, anxiety disorder, Alzheimer's/dementia, lumbar degenerative disorder, arthropathy. Review of Resident #5's Primary Care Provider (PCP) Progress note dated 06/03/21 revealed	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 91 -There was an entry for metoprolol 25mg give ½ tablet twice daily scheduled for 8:00 am and 8:00 pm. -There was no documentation of administration of metoprolol on 05/08/21 at 8:00 am and on 05/01/21 through 05/30/21 at 8:00 pm. -There were no documented reasons for the omissions. Refer to interview with a medication aide (MA) on 06/11/21 at 9:30 am. Refer to interview with a third MA on 06/11/21 at 4:00 pm. Refer to interview with the Administrator-in-Charge on 06/11/21 at 11:30 am. Refer to telephone interview with the Administrator on 06/11/21 at 2:45 pm. Based on observations, interviews, and record reviews, Resident #4 was not interviewable. 2. Review of Resident #5's FL2 dated 01/04/21 revealed diagnoses included gastroesophageal reflux disorder (GERD), major cognitive disorder, essential hypertension, anxiety disorder, Alzheimer's/dementia, lumbar degenerative disorder, arthropathy. Review of Resident #5's Primary Care Provider (PCP) Progress note dated 06/03/21 revealed	ROVIDER OR SUPPLIER TOINTE ASSISTED LIVING OF ARCHDALE SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 91 -There was an entry for metoprolol 25mg give ½ tablet twice daily scheduled for 8:00 am and 8:00 pm. -There was no documentation of administration of metoprolol 0 05/08/21 at 8:00 pm. -There were no documented reasons for the omissions. Refer to interview with a medication aide (MA) on 06/11/21 at 9:30 am. Refer to interview with a third MA on 06/11/21 at 4:00 pm. Refer to interview with a third MA on 06/11/21 at 4:00 pm. Refer to interview with a medication aide (MA) on 06/11/21 at 9:30 am. Refer to interview with a medication aide (MA) on 06/11/21 at 9:50 am. Refer to interview with the Administrator-in-Charge on 06/11/21 at 11:30 am. Refer to telephone interview with the Administrator on 06/11/21 at 2:45 pm. Based on observations, interviews, and record reviews, Resident #4 was not interviewable. 2. Review of Resident #5's FL2 dated 01/04/21 revealed diagnoses included gastroesophageal reflux disorder (GERD), major cognitive disorder, essential hypertension, anxiety disorder, Alzheimer's/dementia, lumbar degenerative disorder, arthropathy. Review of Resident #5's Primary Care Provider (PCP) Progress note dated 06/03/21 revealed	ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 303 ALDRIDGE ROAD ARCHDALE, NC 27283 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY PILL REGULATORY OR LSG LIGHTYMING INFORMATION) TAG CONTINUED From page 91 -There was an entry for metoprolol 25mg give ½ tablet twice daily scheduled for 8:00 am and 8:00 pm. -There was no documentation of administration of metoprolol on 05/09/21 at 8:00 am and on 05/01/21 through 05/30/21 at 8:00 pm. -There were no documented reasons for the omissions. Refer to interview with a medication aide (MA) on 06/11/21 at 9:30 am. Refer to interview with a second MA on 06/11/21 at 4:00 pm. Refer to interview with a third MA on 06/11/21 at 4:00 pm. Refer to interview with a third MA on 06/11/21 at 4:00 pm. Refer to interview with a third MA on 06/11/21 at 11:30 am. Refer to telephone interview with the Administrator on 06/11/21 at 2:45 pm. Based on observations, interviews, and record reviews, Resident #5's F12 dated 01/04/21 revealed diagnoses included gastroesophageal reflux disorder (GERD), major cognitive disorder, easential hypertension, anxiety disorder, Alzheimer's/dementia, lumbar degenerative disorder, arthropathy. Review of Resident #5's Primary Care Provider (PCP) Progress note dated 06/03/21 revealed

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ((X3) DATE SURVEY COMPLETED	
				R-C
	HAL076032	B. WING		06/11/2021
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE	
NORTH POINTE ASSISTED LIVING	OF ARCHDALE	RIDGE ROAD LE, NC 27263		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
01/04/21 revealed the 100,000 u/gm ointment topically three times of Review of Resident #1 Notes revealed there in ystatin 100,00 u/gm bilateral breasts and a day. Review of Resident #1 revealed: -There was an entry into be applied under bilabdominal skin fold twoen the two administered or 05/14/21 at 8:00 am, and the twoen the contracted pharmatical the contracted ph	t #5's current FL2 dated are was an order for nystatin int. Apply to affected areas laily, as needed for redness. 5's April 2021 Progress was a subsequent order for cream to be applied under abdominal skin fold twice a day. 6's May 2021 MAR hystatin 100,000 u/gm cream lateral breasts and vice a day. hentation of nystatin cream in 05/10/21 at 8:00 pm, and 05/30/21 at 8:00 pm. ent #5's medications on lat:34 am revealed there was lygm cream on hand. cation aide (MA) on revealed: supply of nystatin cream from acy on 06/09/21 before that medicine should be in m. as on 06/10/21 at 2:03 pm #5's nystatin cream had morning of 06/10/21. to have ointment or cream	D 367		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMPLETED
		HAL076032	B. WING		R-C 06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	ATE, ZIP CODE	
		303 /	ALDRIDGE ROAD		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE ARC	HDALE, NC 27263		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
D 367	Continued From page	e 93	D 367		
	Observation of Resid	ent #5's nystatin cream as delivered on 06/10/21 at dication had been received			
	pm revealed:	ent #5 on 06/10/21 at 2:16 tment applied as of 2:16 pm.			
	of the skin that were a				
	-	ide (PCA) was the one who plied ointment or powder.			
	revealed: -When she works, ny applied as prescribed -Resident #5 has been but not sure how long -She told multiple star affected areas under abdomen, and groin.	en out of nystatin ointment			
	6/9/21 at 3:36 pm rev -There were two bottl hand on 06/09/21.	es of nystatin powder on macy last filled nystatin			
	redness of her skinShe had MAs order I -Resident #5's medicathat evening.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING			R-C 5/ 11/2021
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	C OE ADCHDALE	303 ALDRII	OGE ROAD			
NORTH	OINTE ASSISTED LIVING	3 OF ARCHDALE	ARCHDALE	, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 367	Continued From page	e 94		D 367			
	make sure it was take	en care of".					
	Refer to interview wit 06/11/21 at 9:30 am.	h a medication aide (M	1A) on				
	Refer to interview wit at 9:50 am.	h a second MA on 06/	11/21				
	Refer to interview wit 4:00 pm.	h a third MA on 06/11/	21 at				
	Refer to interview wit Administrator-in-Char	h the rge on 06/11/21 at 11:3	30 am.				
	Refer to telephone in Administrator on 06/1						
	01/04/21 revealed the hydrocortisone cream	nt #5's current FL2 date ere was an order for n/aloe 1% to be applied reas on face every day	d				
	1% to be applied topi face every day. -There was no docun	hydrocortisone cream/a ically to multiple areas nentation of hydrocortis administered on 04/0	on sone				
	1% to be applied topi face every day. -There was no docun cream/aloe 1% being 05/12/21, 05/19/21, 0	hydrocortisone cream/sically to multiple areas nentation of hydrocortis administered on 05/105/20/21, 05/23/21.	on sone 1/21,				
		lent #5's medications o 11:36 am revealed the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
	HAL076032	B. WING			R-C 6/11/2021	
NAME OF PROVIDER OR SUPPLIER NORTH POINTE ASSISTED LIVING O	303 ALD	DDRESS, CITY, STATE RIDGE ROAD ALE, NC 27263	, ZIP CODE			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Refer to interview with a at 9:50 am. Refer to interview with a 4:00 pm. Refer to interview with the Administrator-in-Charge Refer to telephone interview with a medical at 9:30 am revealed sor rushed to get all medical forgot to sign the MAR. Interview with a second am revealed she did not the MAR meant but it cowas administered and remean the medication will revealed when the MAR supposed to review the	am/Aloe on hand. a medication aide (MA) on a second MA on 06/11/21 a third MA on 06/11/21 at the a on 06/11/21 at 11:30 am. Eview with the 21 at 2:45 pm. Tion aide (MA) on 06/11/21 metimes the MAs were ations administered and I MA on 06/11/21 at 9:50 at know what the blanks on ould be the medication not documented or it could as not given. A on 06/11/21 at 4:00 pm came to work, they were MAR, from the previous why the medication was nere was no eack of the MAR. Inistrator-in-Charge on evealed:	D 367				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
				A. BOILDING.			₹-C	
HAL076032				B. WING			06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRII					
	Г		ARCHDALI	E, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIC		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 367	Continued From page	96		D 367				
	-No one was currently -She was responsible were accurate and re administered.	for ensuring the MARs						
	06/11/21 at 2:45 pm r -Its was "safe to say, documented".							
D 464	10A NCAC 13F.1307 Profile & Care Plan	Special Care Unit Res.		D 464				
	10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following: (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.							
	This Rule is not met	as evidenced by:						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				7 11 20122 11 101 _			R-C
		HAL076032		B. WING			5/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE		DGE ROAD E, NC 27263			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMAT		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 464	Continued From page	97		D 464			
	Based on record revie facility failed to ensure (#2, #4) residing in a had a resident profile	e 2 of 2 sampled resid Special Care Unit (SC	lents				
	The findings are:						
	01/19/21 revealed: -Diagnoses included of fracture, and dysphage	ed as the recommende	ght hip				
	Review of Resident #2's Resident Register revealed an admission date of 01/08/21. Review of Resident #2's Care Plan revealed it had been completed on 01/19/21.						
			d it				
	Review of Resident # was no resident profil #2.						
	Refer to the interview with the Special Care Unit Coordinator (SCUC) on 06/11/21 at 11:00 am.						
	Refer to the interview Administrator-in-Char pm.		at 4:50				
	2. Review of Residen 04/12/21 revealed: -Diagnoses included of stroke, atrial fibrillation hypertensionSpecial Care Unit (Strecommended level of Resident #4 was contacted.)	dementia, history of a n, diabetes mellitus, a CU) was documented f care.	nd				

Division of Health Service Regulation

STATE FORM 6899 FS6R11 If continuation sheet 98 of 120

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				B. WING		R-0	
		HAL076032		B. WING		06/1	1/2021
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRII ARCHDALE	E, NC 27263			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 464	Continued From page 98			D 464			
	Review of Resident #4's Care Plan revealed it had been completed on 09/17/20.						
	Review of Resident #4's record revealed there was no current resident profile completed since 01/21/21. Refer to the interview with the Special Care Unit Coordinator (SCUC) on 06/11/21 at 11:00 am. Refer to the interview with the Administrator-in-Charge (AIC) on 06/11/21 at 4:50 pm. Interview with the Special Care Unit Coordinator (SCUC) on 06/11/21 at 11:00 am revealed: -She was responsible for the quarterly resident profilesShe did not know why the previous SCUC had not completed the quarterly profile for Resident #4.						
	on 06/11/21 at 4:50 p -The SCUC was resp quarterly resident pro	onsible for ensuring th files were completed. y Resident #4's quarte	е				
D 465	10A NCAC 13F .1308	(a) Special Care Unit	Staff	D 465			
	(a) Staff shall be pres sufficient number to n residents; but at no til one staff person, who training requirements	me shall there be less meets the orientation	mes in than and				

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PRINTED: 07/02/2021 FORM APPROVED

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	
HAL076032		B. WI	NG			R-C 06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STR	EET ADDRESS,	CITY, STAT	FE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	ALDRIDGE R CHDALE, NC				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID REFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 465	additional resident; ar 10 residents on third s time for each addition	our of staff time for each nd one staff person for up to shift and .8 hours of staff al resident.	D 4	65			
	facility failed to assure staff were present at a of residents residing i	as evidenced by: ews and interviews, the e the minimum number of all times to meet the needs in the Special Care Unit lifts sampled for 14 days in					
	The findings are: Review of the facility's 2021 license from the Division of Health Service Regulation revealed the facility was licensed for a Special Care Unit (SCU) with a capacity of 20 beds and an Assisted Living with a capacity of 56 beds.		d				
	05/09/21 revealed: -There was a SCU ce required 13.6 staff ho -There was a census unit, which required 1 -There should have between the SCU and Review of the Employ 05/09/21 revealed: -There were 17.43 tot second shift between -There was a shortagilt could not be deterring the second shift between -There was a shortagilt could not be deterring the second shift between -There was a shortagilt could not be deterring the second shift between -There was a shortagilt could not be deterring the second shift between -There was a shortagilt could not be deterring the second shift between -There was a shortagilt could not be deterring the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shortagilt could not be determined to the second shift between -There was a shorta	of 22 residents in the AL 6 staff hours on third shift. een a total of 29.6 hours d AL unit on third shift. ree Time Detail dated hal staff hours provided on the SCU and the AL unit.					

Division of Health Service Regulation

STATE FORM 6899 FS6R11 If continuation sheet 100 of 120

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
HAL076032		B. WING		l l	-C 11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
NODTU D	OINTE ACCIOTED I IVINI	303 ALI	ORIDGE ROAD			
NORTHP	OINTE ASSISTED LIVING	ARCHD	ALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page 100		D 465			
5 403	Review of the Reside 05/10/21 revealed: -There was a SCU corequired 15 staff hour-There was a census unit, which required 1-There should have between the SCU and Review of the Employ 05/10/21 revealed: -There were 24.65 to first shift between the -There was a shortage-It could not be determined.	ent Bed List Report dated ensus of 15 residents, which rs on first shift. of 22 residents in the AL 16 staff hours on first shift. been a total 31 of hours d AL unit on first shift. yee Time Detail dated etal staff hours provided on e SCU and the AL unit.	D 400			
	05/10/21 revealed: -There was a SCU corequired 15 staff hourThere was a census required 16 staff hourThere should have between the SCU and Review of the Employ 05/10/21 revealed: -There were 22.65 to second shift between -There was a shortageIt could not be determaded to the second shift. Review of the Reside Review of the Reside Review of the Reside Review as a SCU on Second shift.	of 22 in the AL unit, which ors on second shift. Deen a total of 31 hours of AL unit on second shift. The area of AL unit on second shift. The area of AL unit on second shift. The area of AL unit of AL unit of AL unit of AL unit. The area of AL unit				
	05/11/21 revealed: -There was a SCU cerequired 15 staff hour	ensus of 15 residents, which rs on first shift.				

Division of Health Service Regulation

STATE FORM 6899 FS6R11 If continuation sheet 101 of 120

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		R-C
HAL076032			B. WING		06/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE ASSISTED LIVING	GOF ARCHDALE	IDGE ROAD LE, NC 27263		
(X4) ID				PROVIDER'S PLAN OF CORRECTI	ON (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 465	Continued From page	e 101	D 465		
	required 16 staff hour -There should have b between the SCU and Review of the Employ 05/11/21 revealed: -There were 21.5 total	een a total of 31 hours d AL unit on first shift. yee Time Detail dated al staff hours provided on			
	-There was a shortag -It could not be detern	SCU and the AL unit. se of 9.5 hours. mined how many of the 21.5 sed were worked in the SCU			
	Review of the Resident Bed List Report dated 05/11/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on second shiftThere was a census of 22 in the AL unit, which required 16 staff hours on second shiftThere should have been a total of 31 hours between the SCU and AL unit on second shift.				
	05/11/21 revealed: -There were 15.65 to second shift between -There was a shortag -It could not be detern	mined how many of the s worked were worked in the			
	05/11/21 revealed: -There was a SCU ce required 13.6 staff ho -There was a census required 16 staff hour	of 22 in the AL unit, which rs on third shift. een a total of 29.6 hours			

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STATE FORM 6899 FS6R11 If continuation sheet 102 of 120

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 303 ALDRIDGE ROAD ARCHDALE, NC 27283 (X4) ID PREFIX TAG (X4) ID PREFIX TAG COMMENT REGULATORY OR ISC IDENTIFYING INFORMATION) D 465 Continued From page 102 D 465 Review of the Employee Time Detail dated 05/11/21 revealed: -There was a Shortage of 5.77It could not be determined how many of the 23.83 total staff hours on first shiftThere was a Shortage of 12.75There was a Shortage of 12.75It could not be determined how many of the 18.25 total staff hours on first shiftThere was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours on first shiftThere was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours on first shiftThere was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours on first shiftThere was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours on first shiftReview of the Employee Time Detail dated 05/12/21 revealed: -There was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours on first shiftReview of the Employee Time Detail dated 05/12/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on first shiftReview of the Employee Time Detail dated 05/12/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on first shiftThere was a SCU census of 15 residents, which required 15 staff hours on first shiftThere was a SCU census of 15 residents, which required 15 staff hours on first shift.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NORTH POINTE ASSISTED LIVING OF ARCHDALE CALID Comment Comm		HAL076032			B. WING		ı	-
PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 465 Continued From page 102 Review of the Employee Time Detail dated 05/11/21 revealed: -There were 23.83 total staff hours provided on third shift between the SCU and the AL unitThere was a shortage of 5.77It could not be determined how many of the SCU on third shift. Review of the Resident Bed List Report dated 05/12/21 revealed: -There was a sCU census of 15 residents, which required 15 staff hours on first shiftThere was a consus of 23 in the AL unit, which required 16 staff hours on first shift. Review of the Employee Time Detail dated 05/12/21 revealed: -There were 18.25 total staff hours provided on first shift between the SCU and AL unit on first shift. Review of the Employee Time Detail dated 05/12/21 revealed: -There were 18.25 total staff hours provided on first shift between the SCU and the AL unitThere were 18.25 total staff hours provided on first shift between the SCU and the AL unitThere were as a Shortage of 12.75It could not be determined how many of the 18.25 total staff hours worked were worked in the SCU on first shift. Review of the Resident Bed List Report dated 05/12/21 revealed: -There was a SCU census of 15 residents, which			G OF ARCHDALE	303 ALDRID	GE ROAD	TE, ZIP CODE		
Review of the Employee Time Detail dated 05/11/21 revealed: -There were 23.83 total staff hours provided on third shift between the SCU and the AL unit. -There was a shortage of 5.77. -It could not be determined how many of the 23.83 total staff hours worked were worked in the SCU on third shift. Review of the Resident Bed List Report dated 05/12/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on first shift. -There was a census of 23 in the AL unit, which required 16 staff hours on first shift. -There should have been a total of 31 hours between the SCU and AL unit on first shift. Review of the Employee Time Detail dated 05/12/21 revealed: -There were 18.25 total staff hours provided on first shift between the SCU and the AL unit. -There were 18.25 total staff hours provided on first shift between the SCU and the AL unit. -There was a shortage of 12.75. -It could not be determined how many of the 18.25 total staff hours worked were worked in the SCU on first shift. Review of the Resident Bed List Report dated 05/12/21 revealed: -There was a SCU census of 15 residents, which	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
05/11/21 revealed: -There were 23.83 total staff hours provided on third shift between the SCU and the AL unitThere was a shortage of 5.77It could not be determined how many of the 23.83 total staff hours worked were worked in the SCU on third shift. Review of the Resident Bed List Report dated 05/12/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on first shiftThere was a census of 23 in the AL unit, which required 16 staff hours on first shiftThere should have been a total of 31 hours between the SCU and AL unit on first shift. Review of the Employee Time Detail dated 05/12/21 revealed: -There were 18.25 total staff hours provided on first shift between the SCU and the AL unitThere was a shortage of 12.75It could not be determined how many of the 18.25 total staff hours worked were worked in the SCU on first shift. Review of the Resident Bed List Report dated 05/12/21 revealed: -There was a SCU census of 15 residents, which	D 465	D 465 Continued From page 102			D 465			
-There was a census of 23 in the AL unit, which required 16 staff hours on second shiftThere should have been a total of 31 hours between the SCU and AL unit on second shift. Review of the Employee Time Detail dated 05/12/21 revealed:		O5/11/21 revealed: -There were 23.83 to third shift between the There was a shortal recould not be dete 23.83 total staff hours SCU on third shift. Review of the Resid O5/12/21 revealed: -There was a SCU or required 15 staff hours required 16 staff hours required 16 staff hours required 16 staff hours required 16 staff hours should have between the SCU are Review of the Emplo O5/12/21 revealed: -There was a shortal recould not be dete 18.25 total staff hours SCU on first shift. Review of the Resid O5/12/21 revealed: -There was a SCU or required 15 staff hours SCU on first shift. Review of the Resid O5/12/21 revealed: -There was a SCU or required 15 staff hours required 15 staff hours required 16 staff hours requir	otal staff hours provided the SCU and the AL unit ge of 5.77. Irmined how many of the research were worked were worked the Bed List Report data tensus of 15 residents, are on first shift. Is of 23 in the AL unit, wars on first shift. In the AL unit on first shift. In the AL unit on first shift. In the AL unit on the AL unit, wars on the are total of 31 hours and AL unit on the AL unit. The second shift is of 23 in the AL unit, wars on second shift. In the AL unit, wars on second shift. In the AL unit, wars on second shift. In the AL unit on second shift.	e in the ded which s do n ded which which which which which which which which s				

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STATE FORM 6899 FS6R11 If continuation sheet 103 of 120

A. BUILDING:	R-C
HAL076032 B. WING	06/11/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
NORTH POINTE ASSISTED LIVING OF ARCHDALE 303 ALDRIDGE ROAD	
NORTH POINTE ASSISTED LIVING OF ARCHDALE ARCHDALE, NC 27263	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 465 Continued From page 103 second shift between the SCU and the AL unitThere was a shortage of 8.22 hoursIt could not be determined how many of the 22.78 total staff hours worked were worked in the SCU on second shift. Review of the Resident Bed List Report dated 05/13/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on second shiftThere was a census of 23 in the AL unit, which required 15 staff hours on second shiftThere should have been a total of 31 hours between the SCU and AL unit on second shift. Review of the Employee Time Detail dated 05/13/21 revealed: -There were 22.06 total staff hours provided on second shift between the SCU and the AL unitThere was a shortage of 8.94It could not be determined how many of the 22.06 total staff hours worked were worked in the SCU on second shift. Review of the Resident Bed List Report dated 05/13/21 revealed: -There was a SCU census of 15 residents, which required 15.6 staff hours on third shiftThere was a census of 23 in the AL unit, which required 16 staff hours on third shiftThere was a consus of 15 residents, which required 16 staff hours on third shiftThere should have been a total of 29.6 hours between the SCU and AL unit on third shiftReview of the Employee Time Detail dated 05/13/21 revealed: -There were 24.15 total staff hours provided on third shift between the SCU and the AL unitThere was a shortage of 5.45 hoursIt could not be determined how many of the	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. BOILBING.		R-C	
		HAL076032	B. WING		1	1/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	DGE ROAD E, NC 27263			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
D 465	Continued From page 104		D 465			
	SCU on third shift.					
	05/14/21 revealed: -There was a SCU cerequired 15 staff hour-There was a census required 16 staff hour-There should have between the SCU and Review of the Employ 05/14/21 revealed: -There were 21.75 to first shift between the -There was a shortage-It could not be deterning the staff of the	of 23 in the AL unit, which is on first shift. een a total of 31 hours d AL unit on first shift. yee Time Detail dated tal staff hours provided on SCU and the AL unit.				
	05/14/21 revealed: -There was a SCU cerequired 15 staff hour-There was a census required 16 staff hour-There should have between the SCU and Review of the Employ 05/14/21 revealed: -There were 22.62 to second shift between -There was a shortage-It could not be determed 22.62 total staff hours SCU on second shift.	of 23 in the AL unit, which is on second shift. een a total of 31 hours id AL unit on second shift. yee Time Detail dated tal staff hours provided on the SCU and the AL unit. e of 8.38 hours. mined how many of the sworked were worked in the				
	22.62 total staff hours SCU on second shift.	s worked were worked in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COM		
HAL076032		B. WING			R-C 11/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	LDRIDGE ROAD				
HORITI	OINTE AGGIOTED EIVING	ARCH	IDALE, NC 27263				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 465	D 465 Continued From page 105		D 465				
	-There was a SCU corequired 13.6 staff hor- There was a census required 16 staff hour- There should have be	ensus of 15 residents, which burs on third shift. of 23 in the AL unit, which					
	05/14/21 revealed: -There were 8 total si shift between the SC -There was a shortag -It could not be determined.						
	Review of the Resident Bed List Report dated 05/15/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on first shiftThere was a census of 23 in the AL unit, which required 16 staff hours on first shiftThere should have been a total of 31 hours between the SCU and AL unit on first shift.						
	05/15/21 revealed: -There were 15.25 to first shift between the -There was a shortag -It could not be detern 15.25 total staff hours SCU on first shift.	mined how many of the s worked were worked in the					
	05/15/21 revealed: -There was a SCU corequired 15 staff hour	of 23 in the AL unit, which					

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STATE FORM 6899 FS6R11 If continuation sheet 106 of 120

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:				
HAL076032			B. WING			R-C 06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	LDRIDGE ROAD DALE, NC 27263				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
D 465	465 Continued From page 106		D 465				
		een a total of 31 hours d AL unit on second shift.					
	Review of the Employ 05/15/21 revealed:	yee Time Detail dated					
	-There were 15.5 total staff hours provided on second shift between the SCU and the AL unitThere was a shortage of 15.5 hours.						
	-It could not be determined how many of the 15.5 total staff hours worked were worked in the SCU on second shift.						
	Review of the Resident Bed List Report dated 05/15/21 revealed: -There was a SCU census of 15 residents, which required 13.6 staff hours on third shiftThere was a census of 23 in the AL unit, which required 16 staff hours on third shift.						
		een a total of 29.6 hours d AL unit on third shift.					
	05/15/21 revealed:	yee Time Detail dated					
	-There were 23.15 total staff hours provided on third shift between the SCU and the AL unitThere was a shortage of 6.45 hours.						
		mined how many of the s worked were worked in the					
	05/16/21 revealed:	ent Bed List Report dated					
	required 15 staff hour	of 23 in the AL unit, which					
	required 16 staff hour -There should have between the SCU and	een a total of 31 hours					
	Review of the Employ	yee Time Detail dated					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		D WING			R-C	
		HAL076032	B. WING		06/	11/2021
NAME OF P	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, ST	ATE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE	ALDRIDGE ROAD			
		ARC	HDALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 107	D 465			
	05/16/21 revealed: -There were 15.75 to first shift between the -There was a shortag-It could not be determined.	otal staff hours provided on e SCU and the AL unit.				
	Review of the Resident Bed List Report dated 05/16/21 revealed: -There was a SCU census of 15 residents, which required 15 staff hours on second shift. -There was a census of 23 residents in the AL unit, which required 16 staff hours on second shift. -There should have been a total of 31 staff hours					
		peen a total of 31 staff hours and the SCU on second shift				
	Review of the Employee Time Detail dated 05/16/21 revealed: -There were 15.3 total staff hours provided on second shift between the AL unit and the SCUThere was a shortage of 15.7 aide hoursIt could not be determined how many of the 15.3 total staff hours worked were worked in the SCU unit on second shift.					
	05/16/21 revealed: -There was a SCU corequired 13.6 staff hor-There was a census unit, which required 1-There should have be	ent Bed List Report dated ensus of 15 residents, which ours on third shift. s of 23 residents in the AL 16 staff hours on third shift. been a total of 29.6 hours d AL unit on third shift.				
	05/16/21 revealed:	yee Time Detail dated taff hours provided on third U and the AL unit.				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING			R-C 6/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRI	DGE ROAD			
	UNITE AGGIOTED EIVING	OFARONDALL	ARCHDALI	E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 108		D 465			
	-There was a shortag						
	05/17/21 revealed: -There was a SCU ce required 14 staff hour -There was a census required 16 staff hour	of 23 in the AL unit, wl s on first shift. een a total of 30 hours	vhich				
	Review of the Employee Time Detail dated 05/17/21 revealed: -There were 29.47 total staff hours provided on first shift between the SCU and the AL unitThere was a shortage of 0.53 staff hoursIt could not be determined how many of the 29.47 total staff hours worked were worked in the SCU on first shift.)				
	05/17/21 revealed: -There was a SCU ce required 14 staff hour -There was a census required 16 staff hour -There should have b between the SCU and	of 23 in the AL unit, whis on second shift. een a total of 30 hours d AL unit on second sh	which				
	second shift between -There was a shortag -It could not be deterr	ll staff hours provided of the SCU and the AL u	nit. e 22.9				

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STATE FORM 6899 FS6R11 If continuation sheet 109 of 120

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
						R-C
		HAL076032	B. WING			6/11/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
NODTH D	OINTE ASSISTED LIVING	303 ALE	RIDGE ROAD			
NORTH	OINTE ASSISTED LIVING	ARCHD	ALE, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 109	D 465			
	O5/17/21 revealed: -There was a SCU cerequired 12.8 staff houred 16 staff houred 17/21 revealed: -There were 7.72 total third shift between the SCU and 17/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a SCU cerequired 14 staff houred 18/21 revealed: -There was a SCU cerequired 16 staff houred 16 staff houred 17/21 revealed: -There was a census required 16 staff houred 18/21 revealed: -There was a census required 16 staff houred 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed: -There was a shortage-lt could not be deterned 18/21 revealed:	of 23 in the AL unit, which are on third shift. Internal a total of 28.8 hours of AL unit on third shift. If yee Time Detail dated If all staff hours provided on the SCU and the AL unit. If yee of 21.08 hours. If yee a total of 30 hours of 14 residents, which are on first shift. If yee a total of 30 hours of AL unit on first shift. If yee Time Detail dated If yee Time Detail dated				
	Review of the Reside 05/18/21 revealed:	ent Bed List Report dated				

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STATE FORM 6899 FS6R11 If continuation sheet 110 of 120

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ANDILAN	or connection	IDENTIFICATION NOT	NDEIX.	A. BUILDING:				
		HAL076032		B. WING		l l	R-C 6/11/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
NORTH P	OINTE ASSISTED LIVING	G OF ARCHDALE		DGE ROAD				
	0.11.11.15./.07	CATEMENT OF REFIGIENCIE		E, NC 27263	DDOVIDEDIO DI ANI OF	000000000000000000000000000000000000000	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE YMUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
D 465	Continued From page	e 110		D 465				
	required 14 staff hou							
	-There was a census		vhich					
	required 16 staff hour		· ·					
	between the SCU and							
	Review of the Employ	yee Time Detail dated						
	05/18/21 revealed:		•					
	-There were 26.7 total second shift between	•						
	-There was a shortag		unit.					
	-It could not be deter		ne 26.7					
	total staff hours work	ed were worked in the	SCU					
	on first shift.							
	Review of the Reside	ent Bed List Report da	ted					
	05/18/21 revealed: -There was a SCU ce	encue of 1/1 recidents	which					
	required 12.8 staff ho		WITIGH					
	-There was a census		vhich					
	required 16 staff hou							
	-There should have b							
	between the SCU and	d AL unit on third shift						
	Review of the Employ	yee Time Detail dated						
	05/18/21 revealed:	tal ataff barres mearida	ساما					
	-There were 14.03 to third shift between the	-						
	-There was a shortag							
	-It could not be deteri		ne					
	14.03 total staff hours	s worked were worked	d in the					
	SCU on third shift.							
	Review of the Reside	ent Bed List Report da	ted					
	05/19/21 revealed:	onoug of 44 manisher to	which					
	-There was a SCU ce required 14 staff hour		wnicn					
	-There was a census		vhich					
	required 16 staff hour							
	-There should have b		rs .					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL076032	B. WING		R-C 06/11/2021	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE	,	
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE	IDGE ROAD .E, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 465	shift between the SCU -There was a shortag -It could not be deterr total staff hours worke on first shift. Review of the Reside 05/19/21 revealed: -There was a SCU ce required 12.8 staff hour -There was a census required 16 staff hour -There should have b between the SCU and Review of the Employ 05/19/21 revealed: -There were 23.48 tot third shift between the -There was a shortag -It could not be deterr 23.48 total staff hours SCU on third shift. Review of the Reside 05/20/21 revealed: -There was a SCU ce required 14 staff hour -There was a census required 16 staff hour -There should have b between the SCU and	d AL unit on first shift. //ee Time Detail dated staff hours provided on first U and the AL unit. e of 7. mined how many of the 23 ed were worked in the SCU Int Bed List Report dated ensus of 14 residents, which urs on third shift. of 23 in the AL unit, which es on third shift. een a total of 28.8 hours d AL unit on third shift. //ee Time Detail dated tal staff hours provided on e SCU and the AL unit. e of 5.32 hours. mined how many of the es worked were worked in the ent Bed List Report dated ensus of 14 residents, which es on first shift. of 23 in the AL unit, which es on first shift. een a total of 30 hours d AL unit on first shift.	D 465			
	Review of the Employ 05/20/21 revealed:	/ee Time Detail dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED		
		HAL076032		B. WING			R-C 5/11/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	, ,	
NODTU D	OINTE ACCICTED I IVING	OF ADOUBALE	303 ALDRI	OGE ROAD			
NORTHP	OINTE ASSISTED LIVING	OF ARCHDALE	ARCHDALI	, NC 27263			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 465	Continued From page	e 112		D 465			
	first shift between the -There was a shortag -It could not be detern)				
	Review of the Resident Bed List Report dated 05/20/21 revealed: -There was a SCU census of 14 residents, which required 14 staff hours on second shift. -There was a census of 23 in the AL unit, which required 16 staff hours on second shift. -There should have been a total of 30 hours between the SCU and AL unit on second shift. Review of the Employee Time Detail dated 05/20/21 revealed: -There were 22.61 total staff hours provided on second shift between the SCU and the AL unit. -There was a shortage of 7.39 hours. -It could not be determined how many of the 22.61 total staff hours worked were worked in the SCU on second shift.						
			nit.				
	05/20/21 revealed: -There was a SCU ce required 12.8 staff ho -There was a census required 16 staff hour -There should have b	of 23 in the AL unit, wl	vhich				
	third shift between the -There was a shortag	ll staff hours provided o					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL076032	B. WING			R-C 5/ 11/2021
	ROVIDER OR SUPPLIER OINTE ASSISTED LIVING	303 ALC	ADDRESS, CITY, STATE PRIDGE ROAD ALE, NC 27263	E, ZIP CODE		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 465	total staff hours worked on third shift. Review of the Reside 05/21/21 revealed: -There was a SCU cerequired 15 staff hour-There was a census required 16 staff hour-There should have between the SCU and Review of the Employ 05/21/21 revealed: -There were 18 total shift between the SCU-There was a shortage-It could not be deterrated staff hours worked on first shift. Review of the Reside 05/21/21 revealed: -There was a SCU cerequired 15 staff hour-There was a census required 16 staff hour-There was a census required 16 staff hour-There should have between the SCU and Review of the Employ 05/21/21 revealed: -There were 15 total second shift between -There was a shortage-It could not be deterrated staff hours worked on second shift.	ed were worked in the SCU Int Bed List Report dated Insus of 15 residents, which is on first shift. Interest of 23 in the AL unit, which is on first shift. Interest of 31 hours in the AL unit on first shift. Interest of AL unit on first shift. Interest of AL unit on first of 13 hours. Interest of 13 hours. Interest of 13 hours. Interest of 15 residents, which is on second shift. Interest of 23 in the AL unit, which is on second shift. Interest of 23 in the AL unit, which is on second shift. Interest of 23 in the AL unit, which is on second shift. Interest of 23 in the AL unit, which is on second shift. Interest of 25 in the AL unit, which is on second shift. Interest of 25 in the AL unit on second shift. Interest of 26 in the AL unit on second shift. Interest of 27 in the AL unit on second shift. Interest of 28 in the AL unit on second shift. Interest of 28 in the AL unit on second shift. Interest of 28 in the AL unit on second shift. Interest of 28 in the AL unit on second shift. Interest of 28 in the AL unit on second shift.	D 465			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R-	_
		HAL076032		B. WING		06/1	1/2021
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	303 ALDRID ARCHDALE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 465	required 13.6 staff hourant required 16 staff hourant required 15 staff hourant required 15 staff hourant required 15 staff hourant required 15 staff hourant required 16 staf	ensus of 15 residents, we ure on third shift. of 23 in the AL unit, where on third shift. een a total of 29.6 hourd AL unit on third shift. yee Time Detail dated eaff hours provided on the Junit and the AL unit. e of 21.6 hours. mined how many of the end were worked in the Sunt Bed List Report date. ensus of 15 residents, were on first shift. of 23 in the AL unit, where on first shift. een a total of 31 hours date and the AL unit on first shift. yee Time Detail dated all staff hours provided of SCU and the AL unit.	ich rs nird 8 SCU d rhich ich	D 465	DEFICIENCY)		
	required 15 staff hour	ensus of 15 residents, we son second shift. of 23 in the AL unit, wh					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C	
		HAL076032	B. WING		06/11/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	DGE ROAD			
	CUMMARY CT		E, NC 27263	DROWDEDIC DI AN OF CORDECTIO	N	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 465	Continued From page	e 115	D 465			
		rs on second shift. een a total of 31 hours d AL unit on second shift.				
	Review of the Employ 05/22/21 revealed:	ee Time Detail dated				
	-There were 11.25 total staff hours provided on second shift between the SCU and the AL unitThere was a shortage of 19.75 hours.					
		mined how many of the s worked were worked in the				
	Review of the Reside 05/22/21 revealed:	nt Bed List Report dated				
	required 13.6 staff ho					
	required 16 staff hour					
		een a total of 29.6 hours d AL unit on third shift.				
	Review of the Employ 05/22/21 revealed:	ee Time Detail dated				
	-There were 10 total shift between the SCI -There was a shortag					
	-It could not be deterr	mined how many of the 10 ed were worked in the SCU				
	6/11/21 at 9:05 am re	onal care aide (PCA)) on vealed: time at the facility since				
	November 2020. -The facility was shor	•				
	-She had expressed of Administrator-in-Char	concerns to the previous ge and "they really didn't				
	have an answer". -"Sometimes I can't d	o my showers that are due,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-G	C
		HAL076032	B. WING			1/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	ATE, ZIP CODE		
NORTH P	DINTE ASSISTED LIVING	OF ARCHDALE	LDRIDGE ROAD IDALE, NC 27263			
(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 COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 465	Continued From page	: 116	D 465			
	do to being short-staff	fed.				
	am revealed: -The facility was short -"Some days, I am the -The facility being sho more difficultShe could get her job Interview with a third I revealed: -The SCU do not have -"I often work alone of -If there was another a was sporadic due to be	e only PCA on the unit". ort-staffed makes my job ordone but it took longer. PCA on 6/11/21 at 9:10 am e much staff. ver on the SCU unit". staff member on the SCU, it				
	Interview with a Resid revealed: -"The facility was sho -"I don't always get th					
	revealed there was no	isor on 6/11/21 at 11:22 am o floor schedule for either erify which staff worked on				
	personnel worked on -She was unsure if Ma resident care when st	revealed: of which side, SCU or AL, each shift. As helped PCAs with affing was short. ble proof of management				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					 	R-C
		HAL076032	B. WING			/11/2021
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADDRESS, CITY	, STATE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	OF ARCHDALE	03 ALDRIDGE ROA ARCHDALE, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
D 468	Continued From page	e 117	D 468			
D 468	10A NCAC 13F .1309 Orientation And Train	9 Special Care Unit Staff	D 468			
	10A NCAC 13F .1309 Orientation And Train	Special Care Unit Staffing				
	receive at least the fortraining: (1) Prior to establish administrator shall do 20 hours of training s be served for each spoperated. The administration plan to train other stated identifies content, texts schedules regarding (2) Within the first we employee assigned to special care unit shall orientation on the nature sidents. (3) Within six monther responsible for personsible for personsible for personsible for the training and content to the	distrator shall have in place of assigned to the unit that the sts, sources, evaluations at training achievement. Here of employment, each of perform duties in the late of complete six hours of the late of employment, staff and care and supervision omplete 20 hours of trainition being served in addit impetency requirements in both apter and the six hours of by this Rule. If or personal care and the unit shall complete at least geducation annually, of	e c c e a t ind			
		as evidenced by: and record reviews, the e 1 of 3 sampled staff (St	aff			

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R-C
06/11/2021
PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
NG DITY OA 272 ID EFFE AG S8

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PRINTED: 07/02/2021 FORM APPROVED

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-	С
		HAL076032	B. WING		06/1	1/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE ASSISTED LIVING	GOF ARCHDALE	DGE ROAD E, NC 27263			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D912	Continued From page	÷ 119	D912			
D912	relevant federal and s regulations. This Rule is not met a Based on observation interviews the facility residents received ca adequate, appropriate relevant federal and s regulations related to The findings are: 1. Based on interview facility failed to ensure neglect related to 1 of with known allergies t consisting of fish. [Re	d services which are e, and in compliance with state laws and rules and as evidenced by: as, record reviews and failed to ensure the re and services that were e and in compliance with state laws and rules and	D912			

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