TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED		
		HAL013007	B. WING		11/	11/20/2018	
NAME OF F	ROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE			
CAREMO	OR RETIREMENT CI	INTER	AREMOOR PLA POLIS, NC 280				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 000	Initial Comments		D 000				
		ensure Section and the epartment of Social Services al survey on					
D 321	10A NCAC 13F .09 And Services	06(a) Other Resident Care	D 321				
	Services (a) Transportation. assure the provisio residents of adult c resources and activ to the nearest appr services agencies, facilities, and religio choice. The reside additional fee for the transportation may	06 Other Resident Care And The administrator shall n of transportation for the are homes to necessary vities, including transportation opriate health facilities, social shopping and recreational ous activities of the resident's nt shall not be charged any is service. Sources of include community resources unteer programs, family s facility vehicles.					
	facility failed to ass transportation for h sampled residents dermatologist appo	s and record review, the	,				
	The findings are:						
	07/11/18 revealed:	ident #3's current FL2 dated					

TATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	л. · ·	PLE CONSTRUCTION G:		E SURVEY PLETED
		HAL013007	B. WING		11/2	20/2018
AME OF I	PROVIDER OR SUPPLIER		REET ADDRESS, CITY			
AREMO	DOR RETIREMENT CI	ENTER	76 CAREMOOR PI			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 321	Continued From pa	ige 1	D 321			
		ed included Stelara (used ction every three months physician office.				
		t #3's Care Plan dated he had a right leg above ed a wheelchair for	knee			
	office medical assis revealed: -The facility had re- appointments for R months. -The physician wou for appointments du the injections he wa months. -The facility had ca Resident #3's appo	w with the dermatologist's stant on 11/19/18 at 12:10 scheduled several esident #3 in the past few and like to see the Reside ue to treating his psorias as administered every the nceled or re-scheduled intments for 03/15/18, , 05/14/18, 10/30/18, and	0pm w nt #3 is and ree			
	(RCC) on 11/20/18 -She was responsit family to inform the appointments. -The facility did hav it was not wheelcha -Resident #3 had a dermatologist on 1 ⁻ -Resident #3's fami dermatologist appo -The physician's off	ve a van for transportation air accessible. n appointment with the 1/19/18. ily had taken him to the intment. fice knew the facility only	nt #3 n but			
aion of LL	to physician appoin	s were canceled it was d	-			

Division	of Health Service Re	egulation				APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	HAL013007		B. WING		11/2	20/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	OOR RETIREMENT CI	ENTED 4876 CAR	REMOOR PLA	CE		
CAREIN	JOR RETIREMENT CI	ENTER KANNAP	OLIS, NC 280	081		
(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 321	Continued From pa	ige 2	D 321			
	Continued From page 2 rehabilitation center. -The physician office had canceled some of the appointments for Resident #3. -She kept a record of appointments in a notebook that was not part of the appointment calendar book. -Resident #3's appointment scheduled for 04/30/18 was rescheduled because it was made on a Monday. -Resident #3's appointment scheduled for 05/10/18 was rescheduled "I am not sure why." -Resident #3's appointment scheduled for 05/14/18 was rescheduled "I am not sure why." -Resident #3's appointment scheduled for 05/14/18 was rescheduled "I am not sure why." -Resident #3's appointment scheduled for 10/30/18 was rescheduled for 11/06/18. -Resident #3's appointment scheduled for 11/06/18 was rescheduled for 11/19/18.					
	Resident #3 reveal -On 05/01/18, there appointment made 1:40pm. -On 03/15/18, there with the dermatolog -There was docume physician office had in in 1 week".	e was an entry for an with the dermatologist at e was an appointment entry gist at 10:00am. entation 03/15/18 the d "canceled, will try to get him ion on 03/15/18, "Family is				
wision of L	Telephone interview member on 11/20/1 -He had transporte dermatologist appo -Resident #3 could a private vehicle. -He could not recal	w with Resident #3's family 18 at 9:45am revealed: d Resident #3 to the intment on 11/19/18. stand, turn and sit himself into I the facility informing him or iey (POA) for Resident #3 of				

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	HAL013007		B. WING		11//	20/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
CAREMO	DOR RETIREMENT C	ENTER	REMOOR PLA OLIS, NC 280			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETI
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
D 321	Continued From pa	ge 3	D 321			
	Interview with the transportation staff on 11/20/18 at 9:50am revealed: -She was the housekeeper and also did transportation. -The only time transportation was available for resident's physician appointments were on Tuesday and Thursday. -The medication aides (MA) would inform her when Resident #3 had an appointment so she could take him in the facility van. -She had not transported Resident #3 to any appointments lately because the family was taking him now. -She only transported residents on Tuesday and Thursday to appointments because "the physician comes here on Wednesday and sometimes on Fridays."					
	attorney (POA) on -She did not know of physician appointm -The facility called h the physician's app -She lived in anothe family that lived clo -The facility used to	11/20/.18 at 11:30am revealed of any missed or re-scheduled ents for Resident #3. her to transport Resident #3 to ointment. er county and would contact se to transport Resident #3. o transport to the physician's onger provided transportation,				
	11/20/18 at 12:35pr -She did not know of appointments for R -The RCC and the appointment sched	of any missed or re-scheduled esident #3. MAs handle all the uling. /an for transportation and it				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED 11/20/2018	
		HAL013007	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
CAREMO	OOR RETIREMENT C	ENTER	REMOOR PLA			
		KANNA	POLIS, NC 280		000000000	
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
D 321	Continued From pa	age 4	D 321			
		ent #3's current FL2 dated diagnosis that included menta priasis.	I			
	Review of Resident #3's Care Plan dated 05/30/18 revealed he had a right leg above knee amputation and used a wheelchair for ambulation.					
	revealed: -Transportation was and Thursday for p appointments for al -There was not any residents now unles hour for the transpo- -"We do not have the	II the residents. / transportation provide to the ss the resident paid \$25.00 ar ortation fee. he staff to provide n staff stays 2-3 hours waiting	n			
	member on 11/20/1 -He had transported dermatologist apported -Resident #3's POA Resident #3 to the 11/19/18 because in they had to pay \$25 transport. -The POA had recent	w with Resident #3's family 18 at 9:45am revealed: d Resident #3 to the bintment on 11/19/18. A contacted him to transport dermatologist appointment or f the family could not transpor 5.00 an hour for the facility to eived a letter from the facility anges in transportation in				
	11/20/18 at 11:30ar -The facility called I the physician's app -She lived in anothe	her to transport Resident #3 to	5			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL013007	B. WING		11/20/2018	
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
		4876 C4	AREMOOR PLA			
CAREMO	DOR RETIREMENT CI	ENTER KANNA	POLIS, NC 280	181		
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 321	Continued From pa	ige 5	D 321			
	office but they no lo "unless you pay for -She had received Administrator in Au would now be a cha transportation. -She relied on fami the facility to transp did not want to pay -She had not spoke anyone else at the "That's just the way -Resident #3 had lin years and was extra	a letter from the facility gust 2018 informing residents arge of \$25.00 per hour for ly members that lived close to bort Resident #3, because she the \$25.00 for transportation. en to the Administrator or facility because she thought <i>i</i> it is." ved at the facility for several emely happy at the facility.				
	residents POA and -Effective 10/01/18, charge a fee for tra spending 2-4 hours placing a hardship \$25.00 per hour to expense. You will b statement for any tr continue to transpo appointment. We d inconvenience but transport without re	, it has become necessary to nsportation, our staff are s per doctor visits which is at the facility. The rate will be cover staff and the vehicle e billed monthly on your rips taken. As always you may rt your family members to any o apologize for any we cannot continue to	4			
	11/20/18 at 12:35pr -The facility did offer and Thursday to all -The facility had a v was in working con -She did know of the members had rece	er transportation on Tuesday the residents. /an for transportation and it				

	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					-	
		HAL013007	B. WING		11/	20/2018
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S			
AREMO	OOR RETIREMENT C	ENTER	CAREMOOR PLA APOLIS, NC 280			
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
D 321	Continued From pa	age 6	D 321			
	side not the assiste	ed living side.				
		Administrator on 11/20/18 at				
	12:50pm revealed: -He had sent the le	etter to all the resident's famil	y			
	member in regards to the transportation fee of \$25.00 per hour.					
	-He had not charged any of the residents or the		;			
	families, as of yet. -He thought it was	"ok" to charge \$25.00 per ho	bur			
	transportation for to	o the residents or the families	s			
	office for the appoint	the staff waiting in the docto ntments."	r			
	ealth Service Regulation					