STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R		
			A. BUILDING:			
		HAL013044	B. WING		09/16/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN RD, NC 28027	I BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
	Cabarrus County De	nsure Section and the partment of Social Services p survey on 09/16/19.				
D 423	10A NCAC 13F .1104(e) Accounting For Resident's Personal Funds		D 423			
	Personal Funds (e) All or any portion funds shall be available legal representative of	4 Accounting For Resident's of a resident's personal ble to the resident or his or payee upon request during except as provided in Rule pter.				
	facility failed to assur	as evidenced by: and record reviews the re 1 of 7 sampled residents counting of how personal				
	The findings are:					
	revealed: -Diagnoses included Pulmonary Disease, history of alcohol abu	anxiety/depression and				
		#2's Resident Register t was admitted on 06/02/10.				
	dated 08/13/2011 rev -She was her own re					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
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		HAL013044	B. WING		09	R / 16/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE LIVIN	IG CENTER OF CONCO	RD	RREN C. COLEMAN	I BLVD.		
			RD, NC 28027	PROVIDER'S PLAN OF	CORRECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 423	Continued From page	e 1	D 423			
	Interview with Resident #2 on 09/16/19 at 9:40am revealed:					
	-She had received personal funds in the past. -She stopped getting personal funds about a year					
	ago.					
	-She thought the money was going to pay pharmacy bills.					
	Review of Resident #2's Personal Funds Account revealed:					
	-There was documentation that Resident #2					
	received payment of \$66.00 for personal funds on					
	01/10/19, 02/08/19 and 03/08/19.					
	-There was documentation of Resident #2 's					
	signature each time she received personal funds. -There was documentation of the business office					
	manager's initials each time Resident #2 received					
	personal funds.					
	Interview with the Business office Manager (BOM) on 09/16/19 at 12:40pm revealed:					
	-There was no documentation that Resident #2					
	had received persona					
	-There was no docun	nentation of how Resident				
	#2's money was sper					
		make enough money each				
		ost of care and therefore did				
	not get personal fund	is. ceived \$1089.00 each month				
	and total cost of care					
	-Resident #2's family paid \$30.00 each month to					
	pay for an outstanding cost of care bill.					
	-She did not have any contract outlining details					
	about the payments.					
		w long the family member				
	had been paying on t	ne outstanding bill.				
		respondence to the Adult				
	Home Specialist date					
	representative from t	he local Department of				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:				
		HAL013044	B. WING		09	R 09/16/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE LIVIN	G CENTER OF CONCO	RD	RREN C. COLEMAN	BLVD.			
	CLIMMADY CT		RD, NC 28027	PROVIDER'S PLAN OF			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 423	Continued From page	e 2	D 423				
	Social Services revea	aled:					
		d supplemental assistance in					
	addition to Medicaid.						
	-Resident #2 had been recertified in August and a						
	letter was sent to the facility on 08/06/19.						
	-Resident #2 now received a total of \$1248.00						
	each month and was recertified to receive that						
	amount through July	2020.					
	Interview with the BOM on 09/16/19 at 1:46pm						
	revealed:						
	-She did not have any paperwork documenting						
	Resident #2's recertification period or pay						
	increase.						
	-She did not know that Resident #2 now received						
	\$1248.00.						
	-Resident #2's account had not been updated						
	since June 2019.						
	-She was aware that The Department of Social						
	Services usually sent a packet of paperwork that						
	•	for recertification, but she					
	had no documentatio						
	completed that papel	work on Resident #2.					
		with Resident #2's family					
	member on 09/16/19						
		inding balance at the facility					
		e made arrangements in					
		0.00 a month in order to pay					
	Resident #2's debt.	hoing a privato pay resident					
	-Resident #2 stopped being a private pay resident in August 2019.						
	-He used to pay Resident #2's pharmacy bill but						
	the facility was responsible for that now.						
		esidents were supposed to					
		ds, but he never kept track of					
	that.						
		t #2 received personal funds					
	-	d not know if she received it					
	now.						

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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:				
		HAL013044	B. WING		09	R 9/16/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE LIVIN	IG CENTER OF CONCO	RD	RREN C. COLEMAN	BLVD.			
	SUMMARY S		RD, NC 28027	PROVIDER'S PLAN (
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 423	Continued From pag	e 3	D 423				
	revealed: -She received money October, November of just not quite sure wh -The previous BOM of other residents, that pharmacy bill and sh personal funds until t -The previous BOM t informed when she w personal funds again get money, she assue the pharmacy. -She needed her mo and occasional cand canteen. -A family member pa and "I hate that, I real him and that is just m -She could use the m	came and told her, along with she had an outstanding e would not receive her that bill was paid off. told her that she would be would start getting her and since she still did not med she still owed money to ney for cigarettes, toiletries y bars from the 3rd floor id for everything she needed ally do cause it's cutting into ot fair." noney because "I'd like to f independence, but I don't					
	Interview with the Ad 3:03pm revealed: -It was the BOM's re- all recertifications an -There was a month facility did not have a corporate office hand time. -He did not understa account had been ov corporate office audit survey. -"It is not our compar	ministrator on 09/16/19 at sponsibility to keep track of d resident accounts. lapse during which the a BOM and the facility's dled all the books during that and how Resident #2's verlooked as the facility's ted the books after the last hy policy to tell anyone that rsonal funds to pay an					

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Division of Health Service Regulati STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
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		HAL013044	B. WING		09	/16/2019	
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			RD, NC 28027				
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