STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL076027	B. WING		R 12/17/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NORTH P	DINTE	1195 PINE	IEW ROAD		
		RANDLEM	AN, NC 27317		
(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 000	Initial Comments		D 000		
	_	sure Section conducted an survey and a complaint cember 15, 2021 to			
D 367	10A NCAC 13F .1004 Administration	l(j) Medication	D 367		
	D 367  10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).				
	facility failed to ensure records were complete	as evidenced by: and record reviews the e medication administration te and accurate for 1 of 1 ) with an order for sliding			
	The findings are:				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		
				R	
		HAL076027	B. WING		12/17/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
	=	1195 PIN	EVIEW ROAD		
NORTH P	DINTE	RANDLE	MAN, NC 27317	•	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
				DEFICIENCY)	
D 367	Continued From page	e 1	D 367		
	Review of Resident #	5's current FL2 dated			
	05/18/21 revealed:				
	-Diagnoses included	diabetes mellitus type II.			
		to check fingerstick blood			
	sugar (FSBS) 3 times	•			
		for Novolog insulin, with			
	-	B times a day with meals per ed on FSBS results as			
	•	give zero units; FSBS			
		; FSBS 251-300, give 4			
	units; FSBS 301-350,				
	351-400, give 8 units;	FSBS 401-450 give 10			
		apid acting insulin used to			
	treat high blood sugar	r).			
	Review of Resident #	5's signed physician's			
		1 and 11/15/21 revealed:			
		to check FSBS 3 times a			
	day with meals.				
		for Novolog insulin, with			
		I times a day with meals per			
	<u> </u>	in (SSI) scale based on			
		ws: FSBS 0-200, give zero			
	units; FSBS 201-250,	; FSBS 301-350, give 6			
		give 8 units; and FSBS			
	401-450 give 10 units	•			
	Ü				
	Review of Resident #	5's October 2021 electronic			
	medication administra	ation record (eMAR)			
	revealed:				
		for check FSBS 3 times daily			
		n, 11:30am, and 4:30pm og insulin per SSI: FSBS			
		s; FSBS 201-250, give 2			
		give 4 units; FSBS 301 to			
		3S 351 to 400, give 8 units;			
		00, give 10 units; scheduled			
		5:00am, 11:30am, and			

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STATE FORM 9PPS11 If continuation sheet 2 of 19

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	<del></del>	_	
		HAL076027	B. WING		R 12/17/2021	
			DESC. OF 1	TE 710 0005	12/11/2021	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	NE, ZIP CODE		
NORTH P	OINTE		VIEW ROAD IAN, NC 27317			
0(1) 15	STIMMADA ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON OVE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
D 367	Continued From page	e 2	D 367			
D 367	4:30pmFSBS values ranged -There was a space of medication aide's (Mobtained and the result of documenting the second of the s	In from 113 to 487.  In the Novolog entry for the A) initials that a FSBS was alt of the FSBS and 2 spaces site of administration.  If 93 opportunities when reater than 200 and Novolog d.  In on the eMAR to document by SSI administered.  It is solven ber 2021 eMAR  If or check FSBS 3 times daily and 11:30am, and 4:30pm by an initial per SSI: FSBS is; FSBS 201-250, give 2 and initials to 400, give 8 units; by an initials that a FSBS was alt of the FSBS and 2 spaces site of administration.  If on the eMAR to document by an initials that a FSBS was alt of the FSBS and 2 spaces site of administration.  If on opportunities when reater than 200 and Novolog d.  In on the eMAR to document by SSI administered.  It is becember 2021 eMAR	D 367			
	medication aide's (Ma obtained and the result for documenting the substitution of the	A) initials that a FSBS was ult of the FSBS and 2 spaces site of administration.  f 90 opportunities when reater than 200 and Novolog d.  on the eMAR to document				
	from 12/01/21 to 12/1 -There was an entry f scheduled for 6:00am daily and inject Novol	5/21 revealed: for check FSBS 3 times daily				

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STATE FORM 9PPS11 If continuation sheet 3 of 19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		HAL076027	B. WING		R <b>12/17/2021</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE	1195 PINE	VIEW ROAD			
NORTH		RANDLEN	MAN, NC 27317	•		
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
D 367	units; FSBS 251-300 350, give 6 units; FSI FSBS greater than 40 for administration at 6 4:30pmFSBS values ranged -There was a space of medication aide's (Moditained and the rest for documenting the si -There were 39 out of FSBS results were gi SSI was administered -There was no space the amount of Novolod Review of Resident # Reviews for medication 10/25/21 revealed the recommendation to of amount of Novolog Si the eMAR.  Telephone interview of facility's contracted prevealed: -The pharmacy's medication orders for -The pharmacy receive physician's orders for dated 05/18/21, 07/15 FSBS 3 times daily si 11:30am, and 4:30pn insulin per SSI: FSBS FSBS 201-250, give 5 4 units; FSBS 301 to to 400, give 8 units; F 10 units; scheduled for 11:30am, and 4:30pn	give 4 units; FSBS 301 to 38 351 to 400, give 8 units; 20, give 10 units; scheduled 3:00am, 11:30am, and 3:00am, a	D 367			

Division of Health Service Regulation

STATE FORM 9PPS11 If continuation sheet 4 of 19

DIVISION	n Health Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
					R	
			B. WING		1	
		HAL076027	B: Wiito		12/1	7/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1195 PINE	VIEW ROAD			
NORTH P	OINTE		MAN, NC 27317	•		
			HAN, NC 27317			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
17.0		,	IAG	DEFICIENCY)		
			+			
D 367	Continued From page	e 4	D 367			
	the eMAR system but	t did not designate a place to				
	_	t of insulin administered.				
	-The facility was resp					
	_					
		accuracy and completeness				
	•	acy if eMAR revisions were				
	needed.					
		nentation the facility notified				
		missing site for documenting				
		g administered with the				
	sliding scale.					
		sident Care Coordinator				
	(RCC) on 12/16/21 at					
	-She was responsible					
		curacy but had not done				
	audits of the eMARs.					
		ld by MAs about the lack of				
	a space to document	the amount of Novolog SSI				
	administered to Resid					
	-The pharmacy was r	esponsible to enter				
	medications on the el	MAR correctly and audit the				
	eMARs with Quarterly	y Pharmacy Reviews.				
	Interview with the Adr	ministrator on 12/16/21 at				
	5:00pm revealed:					
	-She expected eMAR	s to be complete and				
	accurate for Resident	#5's Novolog				
	administration.					
	-The RCC was respo	nsible for ensuring eMARs				
	were complete and a					
	•					
	Interview with a MA o	n 12/16/21 at 8:18am				
	revealed:					
	-Resident #5's eMAR	did not have a place to				
	document the amoun					
	administered.	3				
		the RCC more than 1 time				
		ce to document the amount				
	of Novolog administe					
		d Novolog SSI almost always				
	. Collabilit #0 10001VEC	a i to voilog o'or airriost aiways	1			1

Division of Health Service Regulation

STATE FORM 9PPS11 If continuation sheet 5 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING				
		HAL076027	B. WING		R 12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		EVIEW ROAD			
		RANDLE	MAN, NC 27317			
(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 367	Continued From page	e 5	D 367			
D 367	before his meals.  -The RCC would be repharmacy for correctined in the RCC and documentation for Residual informed the RCC and documentation for Residual informed the RCC and documentation for Residual informed the amount administered to Residual informed the amount administered to Residual informed information informed information informed information informed information infor	responsible to contact the ng the residents' eMARs. cumentation for when she out missing eMAR esident #5's Novolog.  Ind MA on 12/17/21 at  Ino place on the eMAR to to to f Novolog SSI dent #5 after checking his es for documenting the site of a ty received Novolog SSI cause his FSBS was over 00 when she checked it. It defends the amount of the insuling the amount of the insuling the RCC was responsible or accuracy and should had the town was missing. I space on the eMAR that ocumenting the amount of deper sliding scale. To the insuling the amount of the insuling the ins	D 367			
	almost all his meals.	ed Novolog SSI before id not have to get an insulin				
	shot before his meal,					

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STATE FORM 9PPS11 If continuation sheet 6 of 19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING		R	
HAL076027			B. WING		12/17/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
NORTH P	OINTE		VIEW ROAD		
	OLUMBA DV OT		AN, NC 27317		
(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 367	Continued From page	e 6	D 367		
		interviews with Resident vider (PCP) on 12/17/21 at was unsuccessful.			
D 421	10A NCAC 13F .1104 Resident's Personal F		D 421		
	Personal Funds (c) A record of each to the resident's personal Funds (b) of this resident, legal represons the resident, if not with two witnesses' si verifying the accuracy	Accounting For Resident's transaction involving the use anal funds according to Rule shall be signed by the entative or payee or marked adjudicated incompetent, gnatures at least monthly of the disbursement of record shall be maintained			
	facility failed to docun the personal needs al the cost of care with a the resident, marked responsible person w	and record reviews, the nent a resident's receipt of llowance after payment of a statement being signed by			
	The findings are:				
	Review of Residen revealed she was adr	t #4's Resident Register nitted 11/28/18.			
		4's current FL2 dated agnoses included congestive asion and chronic respiratory			

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AND LEAN OF CONNECTION IDENTIFICATION NOWIDEN.  A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	₹	
D 14910	17/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
NORTH POINTE 1195 PINEVIEW ROAD		
RANDLEMAN, NC 27317		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 421 Continued From page 7 D 421		
Review of Resident #4's personal funds ledger from October 2021 to December 2021 revealed: -In October 2021 there was a beginning balance of \$5.08 and an ending balance of \$3.08, in November 2021 there was a beginning balance of \$3.08 and an ending balance of \$5.0.8 and in December there was a beginning balance of \$56.08 and an ending balance of \$56.08 and in December there was a beginning balance of \$56.08 and an ending balance of \$56.08 on 12/15/21The Special Assistance received was \$128.00 monthlyThere was documentation of cash withdrawal transactions of \$100 on 10/08/21, \$30 on 10/08/21, \$30 on 10/08/21, \$30 on 10/02/21, \$75 on 11/10/21, \$20 on 12/06/21, \$20 on 12/08/21, \$50 on 12/13/21 and \$10 on 12/15/21There were no signatures or initials where Resident #4 had documented transactionsThere was no second witness signature.  Interview with Resident #4 on 12/17/21 at 12:35pm revealed: -Resident #4 bad ocumented transactionsThe last time Resident #4 asked for personal funds was about one week agoResident #4 thought she had \$94.00 in her personal fundsShe and staff had never signed when she took her money from her account.  Refer to the telephone interview with the Business Office Manager (BOM) dated 12/17/21 at 11:21am.  Refer to the interview with the Administrator dated 12/17/21 at 11:52am.		

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
		HAL076027	B. WING		R 12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•	
		1195 PINE	VIEW ROAD	•		
NORTH P	DINTE	RANDLE	MAN, NC 27317	•		
(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 APPROVIDERICIENCY)	D BE COMPLETE	
D 421	Continued From page	e 8	D 421			
	revealed he was adm	nitted 03/12/21.				
	revealed he was admitted 03/12/21.  Review of Resident #6's current FL2 dated 05/18/21 revealed diagnoses included congestive heart failure, chronic anemia and chronic kidney disease.					
	from October 2021 to -October 2021 there \$395.90 and an endir November 2021 there \$461.90 and an endir December 2021 there \$527.90 and an endir 12/07/21The Special Assistar monthlyThere was no docum transactions for the m 2021-December 2022 -There were no signa Resident #6 had docum	1. tures or initials where umented transactions.				
	Resident #6 had documented transactionsThere was no second witness signature.  Interview with Resident #6 on 12/17/21 at 10:50am revealed: -He had about \$100.00 in his wallet that the Administrator kept for him after he bought a TV and some other itemsHe went to the Administrator or the Business Office Manager (BOM) when he wanted to withdraw his moneyHe did not sign to take his money because the amount he had was kept in the computerHe had not seen the BOM or Administrator sign a ledger for a few months, he could not remember the date.					
	Refer to the telephon	e interview with the				

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STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL076027	B. WING		R 12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		VIEW ROAD			
			AN, NC 27317			
(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 421	Continued From page	9	D 421			
	Business Office Mana at 11:21am.	ager (BOM) dated 12/17/21				
	Refer to the interview 12/17/21 at 11:52am.	with the Administrator dated				
	3. Review of Residen revealed she was adm	t #7's Resident Register mitted 08/05/20.				
	08/04/20 revealed dia	7's current FL2 dated agnoses included oidemia and depression.				
	from October 2021 to -In October 2021 ther of \$0.50 and an endir November 2021 there \$0.50 and an ending December 2021 there \$0.50 and an ending 12/10/21.  -The Special Assistar monthly and a credit(12/07/21.  -There was documen transactions for \$50 co 10/20/21, \$20 on 11/0 on 11/22/21 and \$20.	nce received was \$66.00 deposit) of \$30.73 on tation of cash withdrawal on 10/11/21, \$16 on 09/21, \$10 on 11/16/21, \$36 on 12/13/21. tures or initials where umented transactions.				
	resident fund account	nt #7 on 12/17/21 at I about \$1.00 or less in her t after she bought cigarettes. hinistrator or the Business I) when she wanted to				

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STATE FORM 9PPS11 If continuation sheet 10 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
A. BUILL		A. BUILDING				
HAL076027		HAL076027	B. WING		R 12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		/IEW ROAD			
			AN, NC 27317			
(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 421	Continued From page	<del>:</del> 10	D 421			
	account that was kep	e BOM or Administrator sign				
	Refer to the telephone Business Office Mana at 11:21am.	e interview with the ager (BOM) dated 12/17/21				
	Refer to the interview 12/17/21 at 11:52am.	with the Administrator dated				
	4. Review of Residen revealed he was adm	t #8's Resident Register itted 04/26/20.				
	Review of Resident # 05/18/21 revealed dia femoral neck fracture	gnoses included diabetes,				
	Review of Resident #8's personal funds ledger from October 2021 to December 2021 revealed: -In October 2021 there was a beginning balance of \$18.00, there was no beginning or ending balance documented in November 2021 and there was a beginning and ending balance of \$8.00 on 12/01/21.					
	October 2021, Noven 2021.	s(deposits) received in ober 2021 nor December				
	transactions for \$10 c	tures or initials where ımented transactions.				
	ago.	nt #8 on 12/17/21 at al funds about one month in the morning during				

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STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		7 % BOILDING		R		
HAL076027		B. WING		12/17/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTH P	OINTE		IEW ROAD			
			AN, NC 27317			
(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 421	Continued From page	e 11	D 421			
	personal fundsNeither he nor staff he received his mone date.  Refer to the telephone Business Office Mana at 11:21am.  Refer to the interview	ager (BOM) dated 12/17/21 with the Administrator dated				
	Telephone interview with the BOM on 12/17/21 at 11:21am revealed: -She and the Administrator had access to resident funds accountsShe had taken over responsibility for resident accounts about 3 weeks ago, the last week of November 2021The Administrator handled resident accounts before she took overThe resident accounts had been computerized since she began overseeing resident accountsThere was no place for her and the resident or responsible person to sign for receipt of fundsShe would tell the resident their balance when they withdrew money from their accountShe printed and mailed a balance statement to give to residents or mail to family members once a month.					
	11:52am revealed: -She and the BOM ha funds accountsThe facility stopped of	ministrator on 12/17/21 at ad access to the resident obtaining staff and person signatures in August				

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` ,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED			
				R			
		HAL076027	B. WING		12/17/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
		1195 PINE\	IEW ROAD				
NORTH PO	DINTE	RANDLEM	AN, NC 27317				
(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 COMPLETE		
D 421	Continued From page	2 12	D 421				
	-The resident account system had been computerized in a ledger system in August 2021 that did not allow for signaturesThe BOM had a new program since November 2021 for the resident funds accounts that did not allow for the residents and staff signatures to verify balances or transactions.						
D 423	10A NCAC 13F .1104(e) Accounting For Resident's Personal Funds		D 423				
	10A NCAC 13F .1104 Accounting For Resident's Personal Funds  (e) All or any portion of a resident's personal funds shall be available to the resident or his legal representative or payee upon request during regular office hours, except as provided in Rule .1105 of this Subchapter.						
	This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure all or any portion of resident personal funds were available for 4 of 4 sampled residents (Resident #4, #6, #7 and #8) during regular office hours.						
	The findings are:						
	1. Review of Resident #4's was admitted on 11/28/18.						
	Review of Resident #4's current FL2 dated 05/18/21 revealed diagnoses included congestive heart failure, hypertension and chronic respiratory failure.						
	from October 2021 to	4's personal funds ledger December 2021 revealed: e was a beginning balance					

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DIVISION	n Health Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
				R	2	
HAL076027		B. WING		12/1	7/2021	
			•			
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
	=	1195 PINE\	/IEW ROAD			
NORTH PO	JINTE	RANDLEM	AN, NC 27317			
	OLIMANA DV OT		1			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)		(X5) COMPLETE
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
IAG		,	IAG	DEFICIENCY)		
			<del> </del>			
D 423	Continued From page	e 13	D 423			
	. •					
		ng balance of \$3.08, in				
	November 2021 there	was a beginning balance of				
	\$3.08 and an ending	balance of \$56.08 and in				
		a beginning balance of				
		balance of \$84.08 on				
	12/15/21.	y balance of \$04.00 off				
	,					
	•	ice received was \$128.00				
	monthly.					
	-There was document	tation of cash withdrawal				
	transactions of \$100 on 10/08/21, \$30 on					
	10/22/21, \$75 on 11/10/21, \$20 on 12/06/21, \$20					
	on 12/08/21, \$50 on 12/13/21 and \$10 on					
	12/15/21.					
	-There was an ending balance of \$84.08 on					
	12/15/21.					
	Interview with Reside	nt #4 on 12/17/21 at				
	12:35pm revealed:					
	•	nes had to ask several times				
	before receiving her p					
		nt #4 asked for personal				
	funds was about one	_				
		or personal funds in the				
	morning during busine					
	-The first time Reside	nt #4 asked for funds she				
	was told by the Busin	ess Office Manager (BOM)				
	that staff was waiting					
	•	Administrator was at the				
		ent #4 was unable to get her				
	=	ent #4 was unable to get nei				
	personal funds.					
		e to get personal funds the				
	third time she asked f	or them.				
	-Resident #4 thought	she had \$94.00 in her				
	personal funds.					
	•					
	Refer to the telephone	e interview with the				
		ager (BOM) dated 12/17/21				
	at 11:21am.					
			I			

Division of Health Service Regulation

Refer to the interview with the Administrator dated

STATE FORM 9PPS11 If continuation sheet 14 of 19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		[` '			(X3) DATE SURVEY COMPLETED	
		A. BUILDING:	A. BUILDING:			
		HAL076027	B. WING		12	R 2 <b>/17/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
		1195 PIN	EVIEW ROAD			
NORTH P	OINTE	RANDLE	MAN, NC 27317			
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 423	Continued From page 14		D 423			
	12/17/21 at 11:52am.					
	Review of Residen revealed he was adm	t #6's Resident Register itted 03/12/21.				
	05/18/21 revealed dia	6's current FL2 dated agnoses included congestive anemia and chronic kidney				
	from October 2021 to -October 2021 there was \$395.90 and an endir November 2021 there \$461.90 and an endir December 2021 there \$527.90 and an endir 12/07/21.  -The Special Assistar monthly.					
	some other items.  -He went to the Admi Office Manager (BON withdraw his moneyThere had been time on a weekday to requ account and was told busy and could not go have to come back la -One day last month,	20 in his wallet in the after he bought a TV and nistrator or the Business (1) when he wanted to es when he went to the office lest his money from his by the BOM that she was et his money and he would				

Division of Health Service Regulation

STATE FORM 9PPS11 If continuation sheet 15 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. Bolebiko.		R	
		HAL076027	B. WING		12/17/2021	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADD			TE, ZIP CODE		
NORTH P	DINTE	1195 PINE	VIEW ROAD			
			MAN, NC 27317			
(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 423	Continued From page 15		D 423			
	and was told by the BOM that she was busy and he would have to come back another day to get his money.  -He would get his money but usually had to go back to the office 2 or 3 times before he got money from his wallet.  Refer to the telephone interview with the Business Office Manager (BOM) dated 12/17/21 at 11:21am.  Refer to the interview with the Administrator dated 12/17/21 at 11:52am.					
	3. Review of Resident #7's Resident Register revealed she was admitted on 08/05/20.					
	Review of Resident #7's current FL2 dated 08/04/20 revealed diagnoses included hypertension, hyperlipidemia and depression.					
	Review of Resident #7's personal funds ledger from October 2021 to December 2021 revealed: -In October 2021 there was a beginning balance of \$0.50 and an ending balance of \$0.50, in November 2021 there was a beginning balance of \$0.50 and an ending balance of \$0.50 and in December 2021 there was a beginning balance of \$0.50 and an ending balance of \$46.50 on 12/10/21.					
	-The Special Assistance received was \$66.00 monthly and one credit (deposit) of \$30.73 on 12/07/21 with the note "Pharmacy Bill Son will pay".  -There was documentation of cash withdrawals of \$50.00 on 10/11/21, \$16.00 on 10/20/21, \$20.00 on 11/09/21, \$36.00 on 11/22/21 and \$20.00 on 12/13/21.					
	Interview with Reside	nt #7 on 12/17/21 at				

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STATE FORM 9PPS11 If continuation sheet 16 of 19

Division of Health Service Regulation						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
				R		
	HAL076027		B. WING		12/17/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STRFFT A	DDRESS, CITY, STAT	re. zip code		
	10115211 011 001 1 21211		EVIEW ROAD	, 2 3332		
NORTH P	OINTE		MAN, NC 27317			
040.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTIO	N 0/5	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE	
D 423	Continued From page	e 16	D 423			
	10:10am revealed:					
		money from their accounts				
	_	00pm to 4:00pm, it was				
	announced in a Resid	dent Council meeting a few				
	•	ld not remember the date.				
		d about \$1.00 or less in her				
		t after she bought cigarettes. ninistrator or the Business				
	Office Manager (BOM) when she wanted to withdraw her money, but most of the time had to go back 2 or 3 times before she got her money because the BOM or Administrator would say					
	they were busy.					
		n 2:00pm and 4:00pm, she				
		fice for money, but the BOM				
	_	Administrator said she did se computer to see how				
		d left so she could give her				
	money.					
	-					
	Refer to the telephon					
		ager (BOM) dated 12/17/21				
	at 11:21am.					
	Refer to the interview	with the Administrator dated				
	12/17/21 at 11:52am.					
	4. Review of Residen	t #8's Resident Register				
	revealed he was adm	nitted 04/26/20.				
	Deview of Deside 11	401a augmant El O deted				
	Review of Resident #8's current FL2 dated 05/18/21 revealed diagnoses included diabetes,					
	femoral neck fracture					
	.s.norar nook naokaro	dod.o ov. 1.				
	Review of Resident #	8's personal funds ledger				
	from October 2021 to	December 2021 revealed:				
		re was a beginning balance				
		no beginning or ending				
	balance documented	in November 2021 and				

there was a beginning and ending balance of

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DIVISION	or riealth Service Negu	iation	_		_	
_ ` · ·		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
HAL076027		B. WING				
		HAL0/602/			12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		1195 PIN	EVIEW ROAD			
NORTH P	OINTE	RANDLE	MAN, NC 27317			
	CUMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N O(E)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
D 423	Continued From page	2 17	D 423			
D 420		5 1 <i>1</i>	D 420			
	\$8.00 on 12/01/21.					
	-There were no credit	ts(deposits) received in				
	October 2021, Noven	nber 2021 nor December				
	2021.					
	-There was documen	tation of a cash withdrawal				
	transaction for \$10 or	า 12/01/21.				
	Interview with Reside	nt #8 on 12/17/21 at				
	10:30am revealed:					
	-He asked for personal funds about one month					
	ago.					
		in the morning during				
business hours.						
	-Resident #8 was told "it should be no problem" by the Business Office Manager (BOM).					
		way but did not receive his				
	personal funds.					
		much money he had in his				
	personal funds.					
	Defer to the telephon	a interview with the				
	Refer to the telephone	ager (BOM) dated 12/17/21				
	at 11:21am.	ager (BOW) dated 12/17/21				
	at 11.2 Iaiii.					
	Refer to the interview	with the Administrator dated				
	12/17/21 at 11:52am.					
	12/11/21 at 11.02am.					
	Telephone interview v	 with the BOM on 12/17/21 at				
	11:21am revealed:	2 0				
	-She and the Adminis	strator had access to				
	resident funds accour					
	-She had taken over responsibility for resident					
	accounts about 3 weeks ago, the last week of					
	November 2021.					
		andled resident accounts				
	before she took over.					
	-The resident accoun	ts have been computerized				
		rseeing resident accounts.				
		sidents their balance when				
residents withdrew money from their accounts.						

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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	
HAL076027		B. WING		12/17	//2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
NORTH P	OINTE		VIEW ROAD			
		RANDLEN	MAN, NC 27317			
(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 423	Continued From page	e 18	D 423			
D 423	-There were times sh petty cash or she was residents money at the Interview with the Adr 11:52am revealed: -She and the BOM has funds accountsPreviously, the hours money was weekdays felt it was there right than an an account where allow anytime on weekdays and so removed the series and so removed the series were allow anytime on weekdays and an account of the BOM had a new 2021 for the resident not have access to ye residents moneyResidents had asked when she was on the	e did not have money in s busy and could not give the	D 423			

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