Received via electronic mail 01/25/2022

PRINTED: 01/04/2022 FORM APPROVED

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE S COMPL	ETED
		HAL076027	B. WING		R 12/17/2021	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE		
NORTH PO	OINTE		EMAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		sure Section conducted an survey and a complaint comber 15, 2021 to				
D 367	10A NCAC 13F .1004 Administration	4(j) Medication	D 367			
	(j) The resident's me	4 Medication Administration		Resident's MAR was updated t amount of insulin admir		12/17/202
	following: (1) resident's name; (2) name of the medi	e accurate and include the cation or treatment order; age or quantity of medication		RCC audited all MARs to ensure per physicians ord	•	12/20/202 12/24/20
	or treatment; (5) reason or justifica	Iministering the medication tion for the administration of nents as needed (PRN) and		RCC will audit all MARs monthly accurate per physicians		1/1/2022 Ongoin
	documenting the resu (6) date and time of a (7) documentation of	ulting effect on the resident; administration;		Administrator will audit at least 5 monthly x3 months, then rando ensure they are accurate as per p	mly thereafter to	1/1/2022 Ongoin
	the medication or treasignature equivalent	the person administering atment. If initials are used, a to those initials is to be ntained with the medication		QI department will audit at least o as needed basis		2/1/2022 Ongoin
	facility failed to ensur 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:					
ion of Hea DRATORY L	Ith Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	10 TITLE	/- >	(X6) DATE
E FORM	1 cr	- vgz	6899 QI	PPS11		3 - 22

Reviewed and acknowledged 01/31/22

Catherine Proter

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING;			
		HAL076027	B. WING	12	R 12/17/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
NORTH P	OINTE		VEVIEW ROAD EMAN, NC 27317				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDEN⊤IFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
D 367	Continued From pag	ie 1	D 367				
	Review of Resident :	#5's current FL2 dated					
	05/18/21 revealed:	S S Current T LZ dated					
	-Diagnoses included	diabetes mellitus type II.			,		
	-There was an order	to check fingerstick blood				1	
	sugar (FSBS) 3 time						
		for Novolog insulin, with					
		3 times a day with meals per					
1		ed on FSBS results as			·		
ļ		, give zero units; FSBS s; FSBS 251-300, give 4					
	units; FSBS 301-350						
		s; FSBS 401-450 give 10					
		apid acting insulin used to					
	treat high blood suga	• •					
		#5's signed physician's					
		1 and 11/15/21 revealed:					
		to check FSBS 3 times a					
	day with meals.	for Novolog insulin, with					
		3 times a day with meals per					
	-	lin (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 unit	S.					
1		#5's October 2021 electronic					
	medication administr revealed:	ation record (eMAR)					
		for check FSBS 3 times daily					
i	•	n, 11:30am, and 4:30pm					
		log insulin per SSI: FSBS					
l		s; FSBS 201-250, give 2					
	units; FSBS 251-300	, give 4 units; FSBS 301 to					
		BS 351 to 400, give 8 units;					
		00, give 10 units; scheduled					
	tor administration at (6:00am, 11:30am, and					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED		
		HAL076027	B. WING		12	R 2/17/2021		
NAME OF F	ROVIDER OR SUPPLIER	STREET A	ET ADDRESS, CITY, STATE, ZIP CODE					
NORTH P	OINTE		EVIEW ROAD MAN, NC 27317					
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CO (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY) DEFICIENCY		N SHOULD BE	(X5) COMPLETE DATE			
D 367	Continued From page	ə 2	D 367					
	4:30pm. -FSBS values ranged -There was a space of medication aide's (M/ obtained and the result for documenting the second -There was 67 out of FSBS results were gr SSI was administered -There was no space the amount of Novolo Review of Resident # revealed: -There was an entry for scheduled for 6:00am daily and inject Novol 0-200, give zero units units; FSBS 251-300, 350, give 6 units; FSE FSBS greater than 400 for administration at 64 4:30pm. -FSBS values ranged -There was a space of medication aide's (M/ obtained and the result for documenting the second -There was no space the amount of Novolo Review of Resident # from 12/01/21 to 12/1. -There was an entry for scheduled for 6:00am	 I from 113 to 487. In the Novolog entry for the A) initials that a FSBS was all of the FSBS and 2 spaces site of administration. I go opportunities when eater than 200 and Novolog I. In the eMAR to document g SSI administered. 5's November 2021 eMAR I or check FSBS 3 times daily a give 4 units; FSBS 201-250, give 2 give 4 units; FSBS 301 to 38 351 to 400, give 8 units; 100, give 10 units; scheduled 200am, 11:30am, and from 140 to 394. In the Novolog entry for the A) initials that a FSBS was all of the FSBS and 2 spaces ite of administration. go opportunities when eater than 200 and Novolog I. In the Novolog entry for the A) initials that a FSBS was all of the FSBS and 2 spaces ite of administration. go opportunities when eater than 200 and Novolog I. In the eMAR to document g SSI administered. 						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING;			E SURVEY PLETED
·····		HAL076027	B. W/NG		R 12/17/2021	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1195 PIN	EVIEW ROAD			
NORTH PO	DINTE	RANDLE	MAN, NC 27317			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
D 367	Continued From page	e 3	D 367			
1	units: FSBS 251-300	, give 4 units; FSBS 301 to				
		BS 351 to 400, give 8 units;				
		00, give 10 units; scheduled				
	-	5:00am, 11:30am, and				
	4:30pm.					
4	-FSBS values ranged	l from 176 to 367.				
	-There was a space of	on the Novolog entry for the				
	medication aide's (M	A) initials that a FSBS was				
l		ult of the FSBS and 2 spaces				
Î	for documenting the s					
		f 44 opportunities when				
1	-	reater than 200 and Novolog				
	SSI was administered					
	-	on the eMAR to document				
	the amount of Novolo	g SSI administered.				
ļ	Review of Resident #	5's Quarterly Pharmacy				
		ons dated 07/25/21 and				
		ere was no documentation or				
		orrect documentation for the				
	amount of Novolog S	SI administered missing on				
	the eMAR.					
	Telephone interview v	with a pharmacist at the				
		harmacy on 12/16/21 at 3:16				
	revealed:					ĺ
		lical record team enter				
	medication orders for	-				
i	• •	ved the FL2 and signed				
÷		Resident #5 Novolog SSI 5/21 and 11/15/21 for check				
	FSBS 3 times daily so					
	•	a daily and inject Novolog				
		6 0-200, give zero units;				
	•	2 units; FSBS 251-300, give				
		350, give 6 units; FSBS 351				
		SBS greater than 400, give				
		or administration at 6:00am,				
I	11:30am, and 4:30pm					
		ed the Novolog SSI order in				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
						R
···· ··· ·	•	HAL076027	B. WING		12	2/17/2021
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
IORTH P	DINTE		EVIEW ROAD MAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	'ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 367	Continued From pag	e 4	D 367			
	 D 367 Continued From page 4 the eMAR system but did not designate a place to document the amount of insulin administered. The facility was responsible to review the residents' eMAR for accuracy and completeness and notify the pharmacy if eMAR revisions were needed. There was no documentation the facility notified the pharmacy of the missing site for documenting the amount of Novolog administered with the sliding scale. Interview with the Resident Care Coordinator (RCC) on 12/16/21 at 4:00pm revealed: She was responsible to audit eMARs for completeness and accuracy but had not done audits of the eMARs. She had not been told by MAs about the lack of a space to document the amount of Novolog SSI administered to Resident #5. The pharmacy was responsible to enter medications on the eMAR correctly and audit the 					
	Interview with the Adi 5:00pm revealed: -She expected eMAF accurate for Residem administration. -The RCC was respo were complete and a Interview with a MA or revealed: -Resident #5's eMAR document the amount	onsible for ensuring eMARs occurate. on 12/16/21 at 8:18am t did not have a place to				
	that there was no pla of Novolog administe	the RCC more than 1 time ce to document the amount red per sliding scale. d Novolog SSI almost always				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		HAL076027		12	/17/2021	
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
IORTH PC	DINTE		IEVIEW ROAD EMAN, NC 27317			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
D 367	Continued From page 5		D 367			· · · · · · · · · · · · · · · · · · ·
	before his meals.					
1		responsible to contact the				•
i		ing the residents' eMARs.				1
		cumentation for when she				
	informed the RCC at	pout missing eMAR				;
	documentation for Re	esident #5's Novolog.				
						1
		nd MA on 12/17/21 at				
	11:36am revealed:					
		no place on the eMAR to				
	document the amoun	-				•
	FSBS.	dent #5 after checking his				
		s for documenting the site of				•
	-There were 2 spaces for documenting the site of administration.					
	-Resident #5 routinely received Novolog SSI					
		cause his FSBS was over				
	almost always over 200 when she checked it.					
	•	d the RCC that Resident				
	#5's Novolog SSI ent	ry on the eMAR was missing				
ļ	the place to documer	nt the amount of the insulin				
	administered becaus	e the RCC was responsible				1
		or accuracy and should had	ļ l			
	know the documentar	-				
		I space on the eMAR that	ŧ l			1
		cumenting the amount of				
	Novolog administered	o per silding scale.				
		for documenting the amount				1
	of insulin administere	=				
						:
		nt #5 on 12/17/21 at 1:22pm				i
!	revealed:					
1		BS 3 times a day routinely.				
1		d Novolog insulin according				
	to the FSBS result an	-				1
	almost all his meals.	ed Novolog SSI before				
		id not have to get an insulin				:
	shot before his meal,	-				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LETED	
	· · · ·	HAL076027	B. WING		R 12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
NORTH P	OINTE		EVIEW ROAD MAN, NC 2731	7		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 367	Continued From page	€ 6	D 367			
	#5's primary care pro	vider (PCP) on 12/17/21 at				
D 421	Continued From page 6 Attempted telephone interviews with Resident #5's primary care provider (PCP) on 12/17/21 at 10:32am and 2:02pm was unsuccessful. 10A NCAC 13F .1104(c) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. The record shall be maintained in the home. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to document a resident's receipt of the personal needs allowance after payment of the cost of care with a statement being signed by the resident, marked by the resident or responsible person with two witnesses signatures for 4 of 4 sampled residents (#4, #6, #7 and #8).		D 421	Compliance Director/Designee re- trained Office Manager and Administrator on process of accounting for resident trust funds including a record of each transaction involving the use of personal funds and assuring that the record is signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. Office Manager will keep a record of all transactions of personal funds on resident funds sheet and assure that at least monthly they resident funds sheet is signed verifying the accuracy of the disbursement of the funds for each resident. Administrator will audit a sampling of at least 5 resident trust funds monthly to assure that a record of each transaction involving the use of personal funds is kept and the record is signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures.	12/20/202 12/24/202 12/24/202 0ngoing	
	revealed she was adr Review of Resident # 05/18/21 revealed dia					

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TATEMENT OF ND PLAN OF C	DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
		HAL076027	B. WING		1:	R 2/17/2021
AME OF PROV	IDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
ORTH POIN	TE		EVIEW ROAD MAN, NC 27317			
(X4) ID		ATEMENT OF DEFICIENCIES	ID :	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 421 C	ontinued From page	ə 7	D 421			
frc -Ir of No \$3 Do \$5 12 -T m -T tra 10 or 12 -T Re -T fun -T fun -Re -S he Re Bu at Re	om October 2021 the a October 2021 the \$5.08 and an ending by ember 2021 there 3.08 and an ending ecember there was 6.08 and an ending ecember there was 6.08 and an ending 2.15/21. he Special Assistant onthly. here was document insactions of \$100 of 2.2/21, \$75 on 11/2 1.2/08/21, \$50 on 2 2.15/21. here were no signate asident #4 had document here was no secont erview with Reside asident #4 sometime fore receiving her pro- he last time Reside inds was about one esident #4 thought rsonal funds. he and staff had ne r money from her an effer to the telephone isiness Office Mana- 11:21am.	nt #4 asked for personal week ago. she had \$94.00 in her wer signed when she took				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL076027	HAL076027 B. WING		R 12/17/2021	
	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE			
				., 21 0002		
iorth P	OINTE		EMAN, NC 27317			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	iD	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG	, , ,	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
D 421	Continued From pag	ge 8	D 421			
	revealed he was ad	mitted 03/12/21.				
		#6's current FL2 dated				
	1	iagnoses included congestive				
	disease.	c anemia and chronic kidney				:
	uisease.					
	Review of Resident	#6's personal funds ledger				
		o December 2021 revealed:				
	-October 2021 there	was a beginning balance of				
	\$395.90 and an end	ing balance of \$461.90, in				
		re was a beginning balance of				
		ing balance of \$527.90 and in				
		re was a beginning balance of				
		ing balance of \$593.90 on				
	12/07/21. -The Special Assista monthly.	nce received was \$66.00				
	•	mentation of cash withdrawal				
	transactions for the I					
	2021-December 202					
	-There were no sign	atures or initials where	E I			
		cumented transactions.				
	-There was no seco	nd witness signature.				
		ent #6 on 12/17/21 at				
	10:50am revealed:					
		.00 in his wallet that the				
		or him after he bought a TV				
	and some other item	is. inistrator or the Business				
		M) when he wanted to				
i	withdraw his money.					
•		ake his money because the				
l	-	kept in the computer.	ļ			
		BOM or Administrator sign				
:	a ledger for a few me	-				l l
	remember the date.					
	Defend (L. S. S. S.					
	Refer to the telephor	ne interview with the				

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	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY LETED
	<u></u>	HAL076027				17/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
NORTH P	OINTE		EVIEW 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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
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 Resident #7's Resident Register revealed she was admitted 08/05/20.					
	Review of Resident # 08/04/20 revealed dia hypertension, hyperlip					
	from October 2021 to -In October 2021 ther of \$0.50 and an endir November 2021 there \$0.50 and an ending	7's personal funds ledger December 2021 revealed: e was a beginning balance g balance of \$0.50, in was a beginning balance of balance of \$0.50 and in was a beginning balance of				
	12/10/21.	ce received was \$66.00				
	-There was document transactions for \$50 c 10/20/21, \$20 on 11/0 on 11/22/21 and \$20 c	9/21, \$10 on 11/16/21, \$36 on 12/13/21.				
:	-There were no signa Resident #7 had docu -There was no second	imented transactions.				
	resident fund account	about \$1.00 or less in her after she bought cigarettes. inistrator or the Business				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE C		(X3) DATE SURVE COMPLETED	
			A. BUILDING:		R	
		HAL076027	B. WING		12/17/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
NORTH P	DINTE		IEVIEW ROAD EMAN, NC 27317			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE # DEFICIENCY)	SHOULD BE CO	(X5) OMPLETI DATE
D 421	Continued From pag	je 10	D 421	· · · · · · · · · · · · · · · · · · ·		
	account that was ke	ne BOM or Administrator sign				
	Refer to the telephon Business Office Mar at 11:21am.	ne interview with the ager (BOM) dated 12/17/21				
	Refer to the interview 12/17/21 at 11:52am	v with the Administrator dated 				
	4. Review of Resider revealed he was adr	nt #8's Resident Register nitted 04/26/20.				
		#8's current FL2 dated agnoses included diabetes, e and acute CVA.			• • :	
	from October 2021 te -In October 2021 the of \$18.00, there was	#8's personal funds ledger o December 2021 revealed: re was a beginning balance no beginning or ending I in November 2021 and				
	there was a beginnin \$8.00 on 12/01/21.	ig and ending balance of				
: 	October 2021, Nove 2021.	its(deposits) received in mber 2021 nor December				
	transactions for \$10	ntation of cash withdrawal on 12/01/21. atures or initials where				
		umented transactions.				
	10:30am revealed:	ent #8 on 12/17/21 at nal funds about one month				
1	ago. -He asked for \$50.00) in the morning during			;	

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:			E SURVEY PLETED
		HAL076027	B. WING	B. WING		2/17/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
NORTH P	OINTE		IEVIEW ROAD			
			MAN, NC 27317		. <u>.</u>	
(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) COMPLET DATE
D 421	Continued From page	e 11	D 421			
	personal funds. -Neither he nor staff h	v much money he had in his nad signed for months when ey, he was unsure of the				
:	Refer to the telephon 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				
	11:21am revealed: -She and the Adminis resident funds account -She had taken over the accounts about 3 week November 2021. -The Administrator has before she took over. -The resident account since she began over -There was no place the responsible person to -She would tell the real they withdrew money -She printed and mail	nts. responsibility for resident eks ago, the last week of undled resident accounts ts had been computerized rseeing resident accounts. for her and the resident or o sign for receipt of funds. sident their balance when				
-	11:52am revealed: -She and the BOM ha funds accounts. -The facility stopped of	ninistrator on 12/17/21 at ad access to the resident obtaining staff and person signatures in August				

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If continuation sheet 12 of 19

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			B. WNG		R	
		HAL076027			12/17/2021	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST. NEVIEW ROAD	ATE, ZIP CODE		
NORTH P	OINTE		EMAN, NC 2731	7		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 421	Continued From page	je 12	D 421			
	that did not allow for -The BOM had a new 2021 for the residen	dger system in August 2021 signatures. w program since November t funds accounts that did not ts and staff signatures to	8	Compliance Director/Designee re-trained Office		
D 423	10A NCAC 13F .1104(e) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds		D 423	Manager and Administrator on expectations of reside personal funds being available to the resident or h legal representative or payee upon request during regular office hours except as provided in rule 10a NCAC 13F .1105.	is 12/24/202 1	
	funds shall be availa legal representative	n of a resident's personal ble to the resident or his or payee upon request during except as provided in Rule pter.		Activities Director will hold Resident Council meetin monthly to provide platform for residents to voice concerns within the community. Anyone seeking 1 private conversation will be provided time to do so Residents will also be provided with the corporate of number to be able to report any concerns.	1/1/2022 1 & 0 Ongoing	
	facility failed to ensu resident personal fur	and record reviews, the re all or any portion of nds were available for 4 of 4 Resident #4, #6, #7 and #8)		Compliance Director/QI Department will do randor interviews at least quarterly with residents to ensur residents are receiving personal funds upon reque during regular business hours as defined in 10a NC 13F .1104.	re & st Ongoing	
	The findings are:					
	1. Review of Resider 11/28/18.	nt #4's was admitted on				
	05/18/21 revealed di	#4's current FL2 dated agnoses included congestive nsion and chronic respiratory	And a second		:	
	from October 2021 to	#4's personal funds ledger o December 2021 revealed: re was a beginning balance			- - -	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED R				
		HAL076027	B. WING		12/17/2021			
NAME: OF PROVIDER OR SUPPLIER STREET /			ADDRESS, CITY, STATE, ZIP CODE					
NORTH P	OINTE		EVIEW ROAD 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 CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ION SHOULD BE COMPLET HE APPROPRIATE DATE			
D 423	Continued From page	e 13	D 423		· · · · ·			
	November 2021 there \$3.08 and an ending December there was \$56.08 and an ending 12/15/21. -The Special Assistant monthly. -There was document transactions of \$100 of 10/22/21, \$75 on 11/1 on 12/08/21, \$75 on 11/1 on 12/08/21, \$50 on 1 12/15/21. -There was an ending 12/15/21. Interview with Resider 12:35pm revealed: -Resident #4 sometim before receiving her p -The last time Resider funds was about one -Resident #4 asked for morning during busine -The first time Resider was told by the Busine that staff was waiting -The second time the post office and Reside personal funds. -Resident #4 thought personal funds.	10/21, \$20 on 12/06/21, \$20 12/13/21 and \$10 on a balance of \$84.08 on at #4 on 12/17/21 at hes had to ask several times bersonal funds. Int #4 asked for personal week ago. or personal funds in the ess hours. Int #4 asked for funds she ess Office Manager (BOM) to pay her bills first. Administrator was at the ent #4 was unable to get her e to get personal funds the or them. she had \$94.00 in her						
	Refer to the telephone Business Office Mana at 11:21am.	e interview with the lger (BOM) dated 12/17/21						
	Refer to the interview	with the Administrator dated						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING;		(X3) DATE SURVEY COMPLETED
. <u></u>		HAL076027	B. WNG		R 12/17/2021
VAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE
D 423	Continued From page	e 14	D 423		
	12/17/21 at 11:52am.				
	2. 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 v \$395.90 and an endir November 2021 there \$461.90 and an endir December 2021 there \$527.90 and an endir	6's personal funds ledger December 2021 revealed: was a beginning balance of g balance of \$461.90, in was a beginning balance of g balance of \$527.90 and in was a beginning balance of g balance of \$593.90 on			
-	monthly.				
	some other items.	00 in his wallet in the after he bought a TV and histrator or the Business			
	-There had been time on a weekday to requ account and was told busy and could not ge have to come back la -One day last month,	s when he went to the office lest his money from his by the BOM that she was et his money and he would ter. he was unsure of the date, ney for chewing tobacco			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL076027	8. WNG		12	R /1 7/2021	
VAME OF PROVIDER OR SUPPLIER STREET AI			ADDRESS, CITY, STATE, ZIP CODE			<u></u>	
	DINTE		IEVIEW ROAD EMAN, 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) COMPLETI DATE	
D 423	Continued From page	e 15	D 423				
	he would have to com his money. -He would get his mo back to the office 2 o money from his walle Refer to the telephon Business Office Mana at 11:21am. Refer to the interview 12/17/21 at 11:52am. 3. Review of Resident revealed she was add Review of Resident # 08/04/20 revealed dia hypertension, hyperlin Review of Resident # from October 2021 the of \$0.50 and an ending December 2021 there \$0.50 and an ending December 2021 there \$0.50 and an ending December 2021 there \$0.50 and an ending 12/10/21. -The Special Assistant	e interview with the ager (BOM) dated 12/17/21 with the Administrator dated at #7's Resident Register mitted on 08/05/20.			·		
	pay". -There was documen \$50.00 on 10/11/21, \$	e "Pharmacy Bill Son will tation of cash withdrawals of \$16.00 on 10/20/21, \$20.00 on 11/22/21 and \$20.00 on					
	Interview with Reside	ent #7 on 12/17/21 at					

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AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R	
<u> </u>	·····	HAL076027	B. WING		12/17/2021	
NAME OF PROVIDER OR SUPPLIER STREET A		ADDRESS, CITY, STATE, ZIP CODE				
NORTH P	OINTE		IEVIEW ROAD EMAN, NC 27317			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		
D 423	Continued From pag	e 16	D 423			
	10:10am revealed:					
	-Residents could get	money from their accounts				
		:00pm to 4:00pm, it was				
		dent Council meeting a few			:	
		IId not remember the date. d about \$1.00 or less in her			:	
		It after she bought cigarettes.				
	-She went to the Administrator or the Business					
	Office Manager (BON	VI) when she wanted to				
	-	but most of the time had to				
	-	before she got her money	; i			
		Administrator would say				
	they were busy.	en 2:00pm and 4:00pm, she				
		ffice for money, but the BOM				
		Administrator said she did				
	not have access to th	ne computer to see how			•	
		d left so she could give her				
	money.					
	Refer to the telephon	e interview with the			1	
	Business Office Man	ager (BOM) dated 12/17/21				
	at 11:21am.					
	Defense the fature					
	12/17/21 at 11:52am.	with the Administrator dated				
	12/11/2 Hat 11.02am.					
	4. Review of Residen	nt #8's Resident Register				
	revealed he was adm					
	Review of Resident #	#8's current FL2 dated				
		agnoses included diabetes,				
	femoral neck fracture					
	Review of Resident #	#8's personal funds ledger				
		December 2021 revealed:				
	-In October 2021 the	re was a beginning balance				
		no beginning or ending				
:		in November 2021 and				
	there was a beginning alth Service Regulation	g and ending balance of	1			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL076027	B. WING		R 12/17/2021		
		- A		······	<u> 14</u>	21112021	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE			
NORTH P	OINTE						
			EMAN, NC 27317				
(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) COMPLETE DATE	
D 423	Continued From pag	e 17	D 423				
	\$8.00 on 12/01/21.						
	-There were no cred	its(deposits) received in mber 2021 nor December					
		ntation of a cash withdrawal n 12/01/21.					
	Interview with Resident #8 on 12/17/21 at 10:30am revealed:						
	-He asked for personal funds about one month ago.						
-	-He asked for \$50.00 in the morning during business hours.					:	
	by the Business Offic	d "it should be no problem" ce Manager (BOM). Iway but did not receive his					
	personal funds. -He did not know how personal funds.	v much money he had in his					
	Refer to the telephon Business Office Man 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					
	11:21am revealed:	with the BOM on 12/17/21 at					
	-She and the Adminis resident funds accou						
		responsibility for resident eks ago, the last week of					
	November 2021.	andled resident accounts					
	before she took over						
		rseeing resident accounts.				÷	
	-She would tell the re	esidents their balance when noney from their accounts.					

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If continuation sheet 18 of 19

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	·	(X3) DATE SURVEY COMPLETED R	
		HAL076027	A. BUILDING:			
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		12/17/2021	
NORTH PO			EVIEW ROAD			
		RANDLE	EMAN, NC 27317			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
D 423	Continued From pag	e 18	D 423			
		ne did not have money in s busy and could not give the he times they asked.				
	Interview with the Administrator on 12/17/21 at 11:52am revealed: -She and the BOM had access to the resident funds accounts. -Previously, the hours for residents to get their money was weekdays 2:00pm to 4:00pm, but she felt it was there right to get their money anytime and so removed the signs limiting banking hours. -Residents were allowed to get their money					
	anytime on weekday -The BOM had a new 2021 for the resident	s, if they had a balance. v program since November funds accounts that she did et to verify balances to give				
	when she was on the situation and she wo	d for money from their funds phone or taking care of a uld ask them to come back			- - 1	
	later.					
					•	
					·	

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