

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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D 000	Initial Comments The Adult Care Licensure Section and the Haywood County Department of Social Services conducted an annual survey and complaint investigation on 05/30/23-06/02/23. The complaint investigation was initiated by the Haywood County Department of Social Services on 05/08/23.	D 000		
D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #9) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services.</p> <p>The findings are:</p> <p>1. Review of Resident #9's current FL2 dated 05/17/23 revealed diagnoses included non-pressure chronic ulcer of right foot, venous insufficiency, diabetes mellitus type 2, lymphedema, and morbid obesity.</p>	D 234		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 234	<p>Continued From page 1</p> <p>Review of Resident #9's Resident Register revealed an admission date of 09/07/22.</p> <p>Review of Resident #9's TB skin testing record revealed: -There was documentation of a TB skin test placed on 09/19/22. -The skin test was read as negative on 10/03/22 (14 days later).</p> <p>Review of Resident #9's record revealed there was no documentation of a second TB skin test.</p> <p>Interview with Resident #9 on 06/01/23 at 11:55am revealed: -He had lived at a local skilled nursing facility (SNF) for 5 months prior to admission in the current facility. -He received TB skin testing at the SNF where he resided. -He denied having any symptoms associated with an active TB infection.</p> <p>Interview with the Administrator on 05/31/23 at 2:41pm revealed: -They did not receive Resident #9's two-step TB skin test results from the local SNF where he resided prior to the admission to this facility. -She did not call the local SNF to request prior TB skin test results. -They performed a first step TB skin test on 09/19/22. -She could find no documentation of a second step TB skin test was done for Resident #9.</p> <p>Refer to the interview with the Administrator on 05/31/23 at 2:43pm.</p> <p>2. Review of Resident #2's current FL2 dated</p>	D 234		

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D 234	<p>Continued From page 2</p> <p>05/09/23 revealed diagnoses included diabetes mellitus type 2, chronic obstructive pulmonary disease, bipolar disorder, depression, anxiety disorder, developmental disorder, hypertension, gastroesophageal reflux disease, and hypothyroidism.</p> <p>Review of Resident #2's Resident Register revealed an admission date of 01/07/20.</p> <p>Review of Resident #2's tuberculosis (TB) skin testing revealed: -There was documentation of a TB skin test placed on 01/03/20 and read as negative on 01/05/20. -There was documentation of a TB skin test placed on 08/13/20 and read as negative on 09/04/20 (22 days later).</p> <p>Review of Resident #2's record revealed there was no documentation of additional TB skin testing.</p> <p>Interview with Resident #2 on 05/30/23 at 4:53pm revealed: -He received a TB skin test during a local hospital admission before residing at the facility. -He remembered the facility administered a TB skin test after he was admitted.</p> <p>Refer to the interview with the Administrator on 05/31/23 at 2:43pm.</p> <p>Interview with the Administrator on 05/31/23 at 2:43pm revealed: -When a resident was admitted to the facility, the primary care provider (PCP) would place a TB skin test. -Three days later, staff would take a photo of the TB skin test site and send it to the PCP.</p>	D 234		

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D 234	Continued From page 3 -The PCP would read the test based on the photo. -The next time the PCP visited the facility, the PCP would document the TB skin test results and sign and date the results. -That was why there was a long delay between the documented placement date and read date.	D 234		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure referral and follow-up for 1 of 3 sampled residents (Resident #9) related to failure to notify a prescriber of missed doses of a medication used to treat infection, failure to schedule an appointment with a vascular physician, a missed appointment with an infectious disease physician, and missed appointments at a weight loss clinic. The findings are: Review of Resident #9's current FL2 dated 05/17/23 revealed diagnoses included non-pressure chronic ulcer of right foot, venous insufficiency, diabetes mellitus type 2, lymphedema, and morbid obesity. 1. Review of Resident #9's Physician's Assistant (PA) order dated 05/24/23 revealed Augmentin (used to treat bacterial infection) 875-125mg 1 tablet every 12 hours for 7 days.	D 273		

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D 273	<p>Continued From page 4</p> <p>Review of Resident #9's Infectious Disease Physician order dated 05/31/23 revealed discontinue Augmentin.</p> <p>Review of Resident #9's May 2023 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Augmentin 875-125mg 1 tablet every 12 hours for 7 days with a written date of 05/24/23 and a stop date of 06/02/23 scheduled at 8:00am and 8:00pm. -The Augmentin was documented as administered starting 05/27/23 at 8:00pm to 05/31/23 at 8:00am for 8 occurrences out of 8 opportunities.</p> <p>Observation of Resident #9's medications on 05/31/23 at 3:19pm revealed: -There was one bubble pack of Augmentin 875-125mg tablets that was labeled with a dispense date of 05/24/23, and instructions to administer one tablet every 12 hours for seven days. -There were 6 tablets of Augmentin 875-125mg remaining in the bubble pack.</p> <p>Telephone interview with the facility's contracted pharmacy representative on 05/31/23 at 11:32am revealed: -They received an electronic prescription for Resident #9 on 05/24/23 for Augmentin 875-125mg 1 tablet every 12 hours for 7 days. -They dispensed 14 tablets of Augmentin 875-125mg for Resident #9 on 05/24/23. -The Augmentin 875-125mg was delivered to the facility late in the evening on 05/24/23 and signed for by the receiving staff on the delivery sheet.</p> <p>Interview with Resident #9 on 06/02/23 at 9:00am revealed:</p>	D 273		

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D 273	<p>Continued From page 5</p> <p>-On 05/27/23, he spoke to the evening shift medication aide (MA) and explained to her he had not yet started the antibiotic the PA ordered for him on 05/24/23.</p> <p>-The MA looked in the medication cart and found the Augmentin which had arrived from the pharmacy, but had not been administered.</p> <p>-The MA started the first dose of Augmentin at 8:00pm on 05/27/23.</p> <p>Interview with the Administrator on 06/02/23 at 9:40am revealed:</p> <p>-Resident #9's Augmentin order was entered into the eMAR system by the contracted pharmacy on 05/24/23, however the medication aide on duty did not approve the order in the eMAR system.</p> <p>-The Augmentin order was not approved in the eMAR system until 05/27/23.</p> <p>-Resident #9 received the first dose of Augmentin on 05/27/23 at 8:00pm.</p> <p>-The Augmentin was delivered to the facility on 05/24/23 late in the evening.</p> <p>-The Augmentin should have been administered starting at 8:00am on 05/25/23.</p> <p>-It was the facility's policy to administer medications as they were prescribed.</p> <p>-If a medication was not administered as ordered, it was facility policy to notify the prescriber to let them know the medication was not administered as ordered.</p> <p>-She nor the staff had notified Resident #9's Physician's Assistant who prescribed the Augmentin know it was not started until 05/27/23 at 8:00pm.</p> <p>Telephone interview with Resident #9's PA's office representative on 06/02/23 at 10:37am revealed there had been no documented communication with their office notifying Resident #9's PA the Augmentin prescribed for Resident #9 on</p>	D 273		

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D 273	<p>Continued From page 6</p> <p>05/24/23 was not started until 05/27/23.</p> <p>2. Review of Resident #9's wound clinic note dated 05/19/23 revealed Resident #9's orthopedic physician recommended during the 05/10/23 visit to follow-up with a vascular physician to ensure adequate blood flow prior to the next scheduled follow-up appointment in 1 month.</p> <p>Interview with Resident #9 on 06/02/23 at 9:00am and 11:09am revealed:</p> <ul style="list-style-type: none"> -He had not been to see his vascular physician for an evaluation of blood flow to his right foot. -The orthopedic surgeon had wanted the vascular assessment prior to his follow-up visit scheduled for 06/05/23. -He was told by the orthopedic surgeon if he did not see a vascular physician before the orthopedic follow-up, it might delay surgery on his right foot wound. -He reminded a medication aide (MA) 2 weeks after his orthopedic appointment an appointment needed to be made with the vascular physician prior to seeing the orthopedic physician again at the first of June 2023. -The MAs were responsible for making his medical appointments and arranging transportation to those appointments. <p>Telephone interview with Resident #9's vascular physician's scheduling representative on 06/02/23 at 10:05am revealed:</p> <ul style="list-style-type: none"> -They had not received a referral for Resident #9 to see a vascular physician at their office. -Resident #9 did not currently have an appointment to see a vascular physician at their office. <p>Interview with the MA on 06/02/23 at 9:15am revealed:</p>	D 273		

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D 273	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Resident #9 was already a patient at a vascular physician's office. -Resident #9 had not been seen by the vascular physician in 3 years, so the office was reviewing his "paperwork." -The facility had not yet made an appointment for Resident #9 to see the vascular physician. -She was unaware Resident #9 was supposed to see the vascular physician prior to returning to see the orthopedic physician on 06/05/23. <p>Telephone interview with Resident #9's wound clinic representative on 06/02/23 at 10:37am revealed:</p> <ul style="list-style-type: none"> -Resident #9's Physician's Assistant at the wound clinic expected Resident #9 and the facility staff to make an appointment to see a vascular physician prior to returning to see the orthopedic physician. -Resident #9 was already an established patient with a vascular physician, so there was no need for their office to have to send a new referral. <p>Interview with the Administrator on 06/02/23 at 11:15am revealed:</p> <ul style="list-style-type: none"> -The staff had experienced problems with Resident #9 making his own medical appointments. -The staff would call and find out appointments had already been made and they had not been made aware of those appointments. -The staff needed to coordinate Resident #9's appointments and transport to ensure someone was available to take Resident #9 to his appointments. -The staff took over scheduling all of Resident #9's appointments around 04/27/23. <p>Attempted telephone interview with Resident #9's orthopedic physician on 06/02/23 at 11:25am was</p>	D 273		

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D 273	<p>Continued From page 8</p> <p>unsuccessful.</p> <p>3. Interview with Resident #9 on 05/31/23 at 10:30am revealed: -He had missed an appointment with his infectious disease physician "a week or so ago." -He had missed the appointment due to a lack of transportation to the appointment. -He could have taken public transit to the appointment, however staff had "no clue" about the appointment and had not arranged for public transit to take him. -The Administrator had made the appointment and then "forgot about it."</p> <p>Telephone interview with Resident #9's infectious disease physician's scheduling representative on 05/31/23 at 11:42am revealed: -Resident #9 had an appointment scheduled for 05/23/23. -The appointment was missed and documented as a "no show." -Resident #9 had another appointment today (05/31/23) at 3:15pm.</p> <p>Review of Resident #9's Infectious Disease visit note dated 05/31/23 revealed: -The resident had no complaints on the 05/31/23 visit. -There was no purulent drainage or discharge from the wound. -There were no systemic symptoms of infection. -There was an order to discontinue all antibiotics. -Three or more tissue specimens should be submitted for aerobic and anaerobic cultures at the time of surgical intervention. -Bone specimens should be submitted for pathology. -In the interim, Resident #9 should continue local wound care as directed by the wound care center.</p>	D 273		

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D 273	<p>Continued From page 9</p> <p>-The resident will be cautiously observed off the antibiotics.</p> <p>Telephone interview with Resident #9's infectious disease physician's Registered Nurse (RN) on 06/01/23 at 4:19pm revealed:</p> <p>-Resident #9 had missed his appointment on 05/23/23 to see an infection disease physician. -The appointment was rescheduled for 05/31/23.</p> <p>Interview with the Administrator on 06/01/23 at 2:15pm revealed Resident #9 missed an appointment on 05/23/23 with his infectious disease physician because staff failed to arrange transport.</p> <p>4. Interview with Resident #9 on 05/31/23 at 10:30am revealed:</p> <p>-He missed five appointments at a nutrition counseling clinic. -The nutrition counseling appointments needed to be completed to help him to qualify for bariatric surgery (surgical procedures performed on the stomach or intestines to induce weight loss). -The nutrition counseling clinic would call him to tell him he had missed an appointment and there was not anything he could do about it.</p> <p>Telephone interview with Resident #9's nutrition counseling clinic on 05/31/23 at 3:31pm revealed:</p> <p>-Resident #9 had been scheduled for 6 visits, and had only attended one scheduled appointment on 11/01/22. -They did not perform gastric bypass surgery. -They could not approve someone for gastric bypass surgery. -Their clinic was available to help people lose weight.</p> <p>Telephone interview with Resident #9's Primary</p>	D 273		

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D 273	<p>Continued From page 10</p> <p>Care Provider's (PCP) triage services on 06/01/23 at 9:03am revealed:</p> <ul style="list-style-type: none"> -They were not notified Resident #9 did not complete the recommended visits at the weight loss clinic. -The PCP wanted Resident #9 to receive nutrition counseling in conjunction with continued use of Ozempic (used to treat type 2 diabetes but also helps with weight loss). -The long term goal for Resident #9 was bariatric surgery, but they were unable to do bariatric surgery with ongoing issues with the resident's right foot wound. <p>Interview with the Administrator on 06/01/23 at 1:50pm revealed:</p> <ul style="list-style-type: none"> -She took Resident #9 to the weight loss clinic appointment on 11/01/22. -The second appointment at the weight loss clinic had to be rescheduled because they did not have facility transport available. -The other appointments at the weight loss clinic were canceled because Resident #9 was going to the hyperbaric chamber (used to speed healing of wounds that won't heal) everyday for "a couple months." -The appointments had not been rescheduled. -The PCP was not notified concerning the missed appointments at the weight loss clinic. -She would notify Resident #9's PCP today (06/01/23) to let them know the appointments were missed and get their recommendation as to what to do next. 	D 273		
D 338	<p>10A NCAC 13F .0909 Resident Rights</p> <p>10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21,</p>	D 338		

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D 338	<p>Continued From page 11</p> <p>Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: TYPE A1 VIOLATION</p> <p>Based on the observations, interviews, and record reviews the facility failed to ensure the residents were kept free from exploitation related to 7 of 7 sampled residents (#1- #7) who received Medicare/Medicaid supplemental benefits on debit cards which were delivered to the facility by the United States Postal Service in sealed envelopes addressed to individual residents, removed from the sealed envelopes and used by facility staff to make purchases for all of the residents in the facility.</p> <p>The findings are:</p> <p>Interview with a previous medication aide (MA) on 05/08/23 at 10:10am revealed: -She stopped working at the facility around 03/01/23. -While employed at the facility, she observed administration using residents' Medicare/Medicaid supplemental benefits debit cards to purchase food from a local big box store for the entire facility. -The cards were kept in a box on the office desk.</p> <p>Observations with the current Administrator on 05/08/23 at 12:05pm revealed: -The cards were kept in a secondary office in a box on the desk. -Inside the box there was a stack of debit cards, some were duplicates, for seven residents (#1, #2, #3, #4, #5, #6 & #7). -The cards were issued by a medical insurance company for dually eligible Medicare and</p>	D 338		

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D 338	<p>Continued From page 12</p> <p>Medicaid recipients.</p> <ul style="list-style-type: none"> -The cards had the first and last names of each resident with an identifying account number and security code on each. <p>Interviews with the current Administrator on 05/08/23 at 12:05pm and 3:00pm and on 06/02/23 at 10:40am revealed:</p> <ul style="list-style-type: none"> -She became the Administrator on 05/21/22. -She stated she and the previous Administrator used the cards "All the time". -She used the cards to purchase things such as over the counter (OTC) medications like aspirin, acetaminophen, cough syrup, laxatives, and incontinence supplies from a local retail store. -The items she purchased with cards were to restock OTC medications on the medication carts and incontinence supplies used by any of the residents in the facility when they needed them. -When she made online purchases, she entered the necessary debit card information. -It was like "Russian roulette" because she never knew which cards would have funds on them to complete a purchase. -She did not know that using the cards to purchase supplies for the facility was exploitation of the residents' benefits. -The previous Administrator trained her to obtain supplies for the facility by purchasing items from the local retail stores and online with the cards. -She was not certain but thought she started placing the orders for the facility around January 2023. -The previous Administrator was placing the orders prior to training her on how to use the cards. -The supplemental benefit debit cards came in the mail and were given to her by the Administrator. 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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D 338	<p>Continued From page 13</p> <p>Observations on 5/9/23 at 1:00pm revealed: -The medication cart was stocked with OTC medications with the local retail brand name on them. -The refrigerator, freezer and pantry were stocked with food items with the local retail brand name on them.</p> <p>Review of the facility's purchase receipts from a local retail store revealed: -On 04/05/23, a purchase for \$83.55 was paid with Resident #3's debit card. -On 04/10/23, a purchase for \$274.35 was paid with Resident #3's and Resident #1's debit card. -On 04/17/23, a purchase for \$119.67 was paid with Resident #1's and 2's debit card. -On 04/27/23, a purchase for \$29.07 was paid with Resident #2's debit card. -On 05/01/23, a purchase for \$315.15 was paid with Resident #1's and Resident #2's debit cards. -On 05/03/23, a purchase for \$127.78 was paid with Resident #2's and Resident #3's debit cards. -On 05/05/23, a purchase for \$129.89 was paid with Resident #2's and Resident #3's debit cards.</p> <p>1.Review of Resident #1's current FL2 dated 05/17/23 revealed: -Diagnoses included hyperlipidemia, hypertension, hyperglycemia, gastroesophageal reflux disease, generalized anxiety disorder, insomnia, and depression. -She was intermittently disoriented.</p> <p>Review of Resident #1's Resident Register revealed: -An admission date of 08/20/18. -She was her own responsible person. -Resident #1's memory was documented as adequate. -Under part D 2 request for assistance: Resident</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 14</p> <p>#1 did not sign for or request that the facility manage her personal funds.</p> <p>-Under part D 4 request for assistance: Resident #1 did not sign for or request that the facility open or assist in handling mail.</p> <p>-The Resident Register was signed by Resident #1 and the previous Administrator but not dated.</p> <p>-There was no signed documentation for assistance with the resident's supplemental benefit debit card.</p> <p>Review of Resident #1's Resident Admission Agreement dated 08/18/19 revealed:</p> <p>-Resident was her own responsible person.</p> <p>-Under the section titled: Resident's Personal Funds Management Election: Resident#1 signed to authorize the community to manage her personal funds following procedures outlined in the resident agreement and by state regulations.</p> <p>-Under the section titled Mail Management: Resident #1 signed authorizing the facility to open and assist with all mail.</p> <p>-There was no signed documentation for assistance with the resident's supplemental benefit debit card.</p> <p>Interviews with Resident #1 on 05/11/23 at 1:12pm and on 06/01/23 at 9:44am revealed:</p> <p>-The facility managed her finances on her behalf.</p> <p>-The current Administrator returned her supplemental benefit debit card to her on 05/8/23.</p> <p>-She knew that she had a card but was never allowed to use it.</p> <p>-The previous administrator pressured her into turning the debit card over to the previous administrator a long time ago.</p> <p>-The previous administrator told her if she did not turn in the debit card that she would lose her Medicaid benefits.</p> <p>-She did not have enough money to purchase the</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 15</p> <p>things that she needed like clothing, shoes, and haircuts. -She was very happy to have the card back, so she could purchase deodorant, soap, and snacks for herself. -She stated she received \$70 every month, which was given to her by the former and current Administrator. -She stated the current Administrator did offer her a receipt, but she did not always take it.</p> <p>Review of Resident #1's itemized pharmacy bill from 05/25/22 to 04/17/23 revealed: -A pharmacy charge on 05/25/22 of \$3.00, and on 04/10/23 of \$13.15 for clonazepam (used to treat anxiety) 0.5mg. -A pharmacy charge on 05/25/22 of \$3.50 for acetaminophen (used to relieve pain and fever) 325mg. -A pharmacy charge on 11/11/22 of \$3.34, on 12/12/22 of \$3.45, on 01/10/22 of \$3.45, on 02/10/23 of \$3.45, and on 03/13/23 of \$3.45 for Senna (used to treat constipation) 8.6mg. -A pharmacy charge on 05/25/22 of \$4.02, on 07/13/22 of \$4.68, on 08/12/22 of \$3.71, on 09/13/22 of \$3.71, on 11/11/22 of \$3.71, on 12/12/22 of \$3.71, on 01/14/23 of \$3.71 on 02/10/23 of \$3.71, and on 03/13/23 of \$3.71 for vitamin B-12 (used to prevent anemia) 1000units. -A pharmacy charge on 05/25/22 of \$6.49 for guaifenesin (used to relieve chest congestion). -A pharmacy charge on 05/25/22 of \$25.79 for budesonide (used to prevent difficulty with breathing, wheezing and cough). -A pharmacy charge on 05/25/22 of \$27.36 for a nebulizer.</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed:</p>	D 338		

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D 338	<p>Continued From page 16</p> <p>-The pharmacy had not been paid consistently since 2020.</p> <p>-Resident #1 had a balance of \$1180.59.</p> <p>-Last payment made to the pharmacy was in April of 2021 for \$40.00.</p> <p>Interview with a previous medication aide (MA) on 05/08/23 at 10:10am revealed she heard Resident #1 ask for her supplemental debit card back, but the previous Administration would not give it back to her.</p> <p>Refer to Telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to Interview with the current Administrator on 05/09/23 at 10:15am.</p> <p>Refer to Interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <p>2. Review of Resident #2's current FL2 dated 05/09/23 revealed: Diagnoses of bipolar disorder, depression, hyperlipidemia, chronic obstructive pulmonary disease, diabetes, gastroesophageal reflux disease, diverticulitis, hypertension, hypothyroidism.</p> <p>-He was oriented.</p> <p>Review of Resident #2's Resident Register revealed: -An admission date of 01/07/20. -He was his own responsible person. -Resident #1's memory was listed as significant loss-must be directed. -Resident #2 signed for the facility to handle his personal funds. -Resident #2 requested for the facility open or</p>	D 338		

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D 338	<p>Continued From page 17</p> <p>assist in handling mail.</p> <p>-Resident Register was signed by the previous Administrator on 01/08/20 with no resident signature.</p> <p>-There was no signed documentation for assistance with the resident's supplemental benefit debit card.</p> <p>Review or Resident #2's Admission Agreement dated 01/27/20 revealed:</p> <p>-Resident #2 was his own responsible person.</p> <p>-Under the section titled Resident's Personal Funds Management Election: Resident #2 signed to authorize the community to manage the his personal funds following procedures outlined in the resident agreement and by state regulations.</p> <p>-Resident #2 signed authorizing the facility to open and assist with all mail that appeared to be essential for financial and medical need.</p> <p>-There was no signed documentation for assistance with the resident's supplemental benefit debit card.</p> <p>Interview with Resident #2 on 5/10/23 at 12:45pm revealed:</p> <p>-He was confused and stressed out by the situation.</p> <p>-His debit card was returned to him on 5/8/23 and he was told he would get \$305.00 each month.</p> <p>-He saw the debit card once when he first arrived to the facility about 3 or 4 years ago.</p> <p>-He never used the debit card since becoming a resident at the facility.</p> <p>-He did not know why he stopped getting his card.</p> <p>-The previous Administrator told him that she needed to keep the debit card in order to pay his co-pays.</p> <p>-The previous Administrator would only give him \$66.00 each month to buy things he needed.</p> <p>-He was very happy that he has the debit card so</p>	D 338		

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D 338	<p>Continued From page 18</p> <p>he can buy things that he needs like diabetic shoes, compression socks, hygiene supplies, and sugar free snacks.</p> <p>Review of Resident #2's itemized pharmacy bill from 05/30/22 to 04/24/23 revealed:</p> <p>-A pharmacy charge on 07/15/22 of \$3.75, on 08/12/22 of \$3.68, and on 09/15/22 of \$3.68 for Vitamin B-12 (used to prevent anemia).</p> <p>-A pharmacy charge on 10/06/22 of \$16.47, on 02/20/23 of \$4.00, on 03/28/23 of \$4.00, and on 04/19/23 of \$4.00 for triamcinolone (used to treat itching).</p> <p>-A pharmacy charge on 10/27/22 of \$4.13, on 10/26/23 of \$4.29, on 11/07/22 of \$4.29, on 11/11/22 of \$4.19, on 11/30/22 of \$4.19, on 12/27/22 of \$4.19, and on 01/27/23 of \$4.29 for an itch relief cream.</p> <p>-A pharmacy charge on 01/10/23 of \$4.00, on 01/10/23 of \$4.00, on 02/10/23 of \$4.00 on 03/13/23 of \$4.00 on 04/10/23 of \$4.00, and on 04/10/23 of \$4.00 for lithium carbonate (used to treat bipolar disorder).</p> <p>-A pharmacy charge on 01/10/23 of \$4.00, on 02/10/23 of \$4.00, on 03/13/23 of \$4.00 and on 04/10/23 of \$4.00 for fluoxetine (used to treat depression).</p> <p>-A pharmacy charge on 01/10/23 of \$4.00, on 02/10/23 of \$4.00, on 03/13/23 and on 04/10/23 of \$4.00 for atorvastatin (used to lower cholesterol).</p> <p>-A pharmacy charge on 01/10/23 of \$4.00, 02/10/23 of \$4.00, on 03/13/23 of \$4.00 and on 04/10/23 of \$4.00 for metformin (used to treat diabetes).</p> <p>-A pharmacy charge on 01/13/23 of \$4.00, on 02/10/23 of \$4.00, on 03/13/23 of \$4.00, and on 04/10/23 of \$4.00 for trazodone (to treat depression, anxiety, and insomnia).</p> <p>-A pharmacy charge on 01/13/23 of \$4.00, on</p>	D 338		

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D 338	<p>Continued From page 19</p> <p>02/10/23 of \$4.00, on 03/13/23 of \$4.00 and on 04/10/23 of \$4.00 for levothyroxine (used to treat an underactive thyroid gland).</p> <p>-A pharmacy charge on 02/03/23 of \$3.35, on 02/10/23 of \$4.04, on 02/13/23 of \$4.44, on 03/13/23 of \$4.39, on and on 04/10/23 of \$4.30 for valerian root (used to treat insomnia).</p> <p>-A pharmacy charge on 02/10/23 of \$4.00, on 03/13/23 of \$4.00, and on 04/10/23 of \$4.00 for prazosin (used to treat hypertension).</p> <p>-A pharmacy charge on 02/22/23 of \$4.00 for mupirocin (used to treat bacterial skin infections).</p> <p>-A pharmacy charge on 02/24/23 of \$4.00 for doxycycline (sued to treat bacterial infections).</p> <p>-A pharmacy charge on 03/28/23 of \$4.00 for cetirizine (used to treat allergy symptoms).</p> <p>-A pharmacy charge on 03/28/23 of \$4.00 for fluticasone (used to relieve allergy symptoms).</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed:</p> <p>-The pharmacy had not been paid consistently since 2020.</p> <p>-Resident #2 had a balance of \$331.44.</p> <p>-Last payment made to the pharmacy was in January of 2022 for \$31.71.</p> <p>Refer to the telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to the interview with the current Administrator on 05/09/23 at 10:15am.</p> <p>Refer to the interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <p>3. Review of Resident #3's FL-2 dated 05/09/23</p>	D 338		

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D 338	<p>Continued From page 20</p> <p>revealed:</p> <ul style="list-style-type: none"> -The resident had a diagnosis of seizure disorder and brain trauma. -He was oriented. -He was ambulatory and did not need assistance with bathing or dressing. <p>Review of Resident #3's Resident Register revealed:</p> <ul style="list-style-type: none"> -There was no admission date documented. -He was his own responsible person. -Under part C 2 memory: Resident #1's memory was documented as adequate. -Under part D 2 request for assistance: Resident #2 did not sign to authorize the facility to handle his personal funds. -Under part D 4 request for assistance: Resident #2 did not sign or request that the facility open or assist in handling mail. -Resident #3's signature was on the document, with no signature date listed. -There was no Administrator signature on the document. -There was no signed documentation for assistance with the resident's supplemental benefit debit card. <p>Review or Resident #3's Admission Agreement dated 04/05/18 revealed:</p> <ul style="list-style-type: none"> -Resident was his own responsible person. -Under the section titled: Resident's Personal Funds Management Election: Resident #3 did not sign to authorize the community to manage his personal funds. -Under the section titled: Mail Management: Resident#3 did not sign authorizing the facility to open and assist with all mail. -There was no signed documentation for assistance with the resident's supplemental benefit debit card. 	D 338		

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D 338	<p>Continued From page 21</p> <p>Interview with Resident #3 on 05/09/23 at 9:35am revealed: -The facility returned his supplemental benefit debit card on 05/08/23. -He never saw this card before. -He was his own responsible person and managed his own funds.</p> <p>Interview with Resident #3 on 5/11/23 at 1:00pm revealed: -He was angry that the administrator had his debit card and thought that law enforcement should come to the facility. -He knew that what the administrator did was wrong. -He was happy to have his card back because it would help him buy things that he needed like food and snacks.</p> <p>Review of Resident #3's itemized pharmacy bill from 05/13/22 to 04/10/23 revealed: -A pharmacy bill on 11/11/22 of \$3.71, on 01/10/23 of \$3.71, on 02/10/23 of \$3.71, and on 03/13/23 of \$3.71 for vitamin B-12 (used to prevent anemia).</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed: -The pharmacy had not been paid consistently since 2020. -Resident #3 had a balance of \$12.70. -Payments were made to the pharmacy in October of 2021 for \$31.71 and May of 2023 for \$18.55.</p> <p>b. Review of Resident #3's Resident Agreement, dated 04/03/18 revealed: -On page 32, Addendum G, indicated by the</p>	D 338		

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D 338	<p>Continued From page 22</p> <p>resident that the facility was not authorized to open any mail on his behalf. -He requested to handle and manage all responsibilities for his mail.</p> <p>Interview with Resident #3 on 5/9/23 at 9:35am revealed: -The facility only gave him personal letters with stamps on the envelope. -He had not received any mail from Social Security, Medicare, and Medicaid. -The facility returned his supplemental debit card on 05/08/23.</p> <p>Interview with the previous Administrator on 5/12/23 at 12:50pm revealed: -There was an opened Medicaid Letter 5097 requesting a new FL2 for Resident #3 on her desk. -She was assisting Resident #3 with his Medicaid recertification. -The AHS explained that all mail must be delivered to Resident #3 promptly and unopened according to page 32 of his Resident Agreement.</p> <p>Refer to the telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to the interview with the previous Administrator on 05/09/23 at 10:15am.</p> <p>Refer to the interviews with the current Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <p>4. Review of Resident #4's current FL2 dated 05/17/23 revealed: -Diagnoses of bipolar, mood disorder, anxiety, hepatitis c and chronic obstructive pulmonary</p>	D 338		

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D 338	<p>Continued From page 23</p> <p>disease. -She was oriented.</p> <p>Review of Resident #4's Resident Register revealed: -An admission date of 03/01/16. -She was her own responsible person. -Under part C 2 memory: Resident #1's memory was listed as adequate. -Under part D 2 request for assistance: Resident #2 signed for the facility to handle his personal funds. -The document was signed by Resident #4 but was not dated. -The document was signed and dated by the previous Administrator on 05/24/16. -There was no signed documentation for assistance with the resident's supplemental benefit debit card. -There was no documentation addressing Resident #4's mail.</p> <p>Review of Resident #4's record revealed there was no documentation of an Admission Agreement.</p> <p>Interview with Resident #4 on 05/03/23 at 9:00am and on 06/01/23 at 11:02am revealed: -The facility managed her finances for the last seven years. -Her supplemental benefits debit card was returned to her on 05/08/23 and she was told she would get \$280.00 every month. -She never saw this card before and did not know she had it. -She was very happy to have the card because now she could buy shampoo and dairy free milk products, which she had not been able to afford while living in the facility. -She allowed the facility to open all her mail.</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	<p>Continued From page 24</p> <p>Review of Resident #4's itemized pharmacy bill from 04/27/22 to 04/24/23 revealed:</p> <ul style="list-style-type: none"> -A pharmacy charge on 01/10/22 of \$3.14, on 08/12/22 of \$3.14, on 09/13/22 of \$3.14, on 11/11/22 of \$3.14, on 12/22/22 of \$3.14, on 02/10/22 of \$3.14, and on 03/13/23 of \$3.14 for aspirin (used to reduce fever and relieve mild pain) 81mg. -A pharmacy charge on 05/25/22 of \$3.50 for acetaminophen 325mg. -A pharmacy charge on 07/13/22 of \$4.35 on 08/12/22 of \$4.35, 09/09/22 of \$4.35, 09/13/22 of \$4.35, 11/11/22 of \$4.35, 12/12/22 of \$4.35, 01/10/23 of \$4.35, 02/10/10/23 of \$4.35, 03/13/23 of \$4.35, and 03/13/23 of \$3.92 for Senna 8.6mg. -A pharmacy charge on 07/01/22 of \$3.85, 07/13/22 of \$3.85, 08/12/22 of \$3.85, 09/13/22 of \$3.85, 11/11/22 of \$3.85, 12/22/22 of \$3.85, 12/22/22 of \$3.85, 02/10/22 of \$3.85, 02/10/22 of \$3.85, 03/13/23 of \$3.85, and 04/10/23 of \$3.21 for pain relief 500mg. -A pharmacy charge on 03/16/23 of \$3.98, 04/10/23 of \$3.98 for loratadine (to relieve allergies). -A pharmacy charge on 03/06/23 of \$68.37, and 04/12/23 of \$98.90 for incontinence underwear. -A pharmacy charge on 10/27/22 of \$6.91 for chloraseptic sore throat (used to relieve sore throat symptoms). -A pharmacy charge on 11/21/22 of \$31.51, 12/05/22 of \$32.51, and 01/16/23 of \$32.51 for Ensure (used to treat muscular hypertrophy and weight loss). -A pharmacy charge on 06/28/23 of \$13.43, 07/13/22 of \$13.43, 08/12/22 of \$13.47, 09/13/22 of \$13.47, 11/11/22 of \$13.47, 12/12/22 of \$13.47, and 01/20/23 of \$53.88 (rebill) for zolpidem (used to treat sleep problems). -A pharmacy charge on 04/29/22 of \$19.12, 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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D 338	<p>Continued From page 25</p> <p>05/03/22 of \$11.06, and 07/01/22 of \$4.00 for polyethylene glycol (used to treat occasional constipation).</p> <p>-A pharmacy charge on 05/10/22 of \$4.52 for an enema (used to cleanse/empty the bowel).</p> <p>-A pharmacy charge on 05/13/22 of \$5.69 for jobst anti-em/GP stocking (used to prevent blood clots).</p> <p>-A pharmacy charge on 05/31/22 of \$15.07 for oxycodone (used to relieve moderate to severe pain).</p> <p>-A pharmacy charge on 07/01/22 of \$4.80 for milk of magnesia (used to treat occasional constipation, heartburn and upset stomach).</p> <p>-A pharmacy charge on 07/01/22 of \$4.00 for nicotine (used to treat addiction to or dependence on smoking cigarettes).</p> <p>-A pharmacy charge on 07/01/22 of \$6.88 for simethicone (used to treat flatulence).</p> <p>-A pharmacy charge on 07/01/22 of \$5.06 for mintox maximum (used to treat upset stomach and heartburn).</p> <p>-A pharmacy charge on 07/01/22 of \$5.88 for calcium antacid (used to treat heartburn, indigestion and upset stomach).</p> <p>-A pharmacy charge on 07/19/22 of \$14.17 for ondansetron (used to treat nausea and vomiting).</p> <p>-A pharmacy charge on 08/31/22 of \$24.49 for baza protect cream (used to treat skin irritation).</p> <p>-A pharmacy charge on 11/07/22 of \$46.47 for lidocaine pain relief (used to prevent pain).</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed:</p> <p>-The pharmacy had not been paid consistently since 2020.</p> <p>-Resident #4 had a balance of \$638.51.</p> <p>-Payments were made to the pharmacy in January of 2022 for \$26.45 and in March of 2023</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 26 for \$75.00.</p> <p>Refer to the telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to the interview with the current Administrator on 05/09/23 at 10:15am.</p> <p>Refer to the interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <p>5. Review of Resident #5's current FL2 dated 05/17/23 revealed: -Diagnoses of chronic obstructive pulmonary disease, depression, gastroesophageal reflux disease and traumatic brain injury. -He was intermittently disoriented.</p> <p>Review of Resident #5's Resident Register revealed: -An admission date of 01/05/21. -He was his own responsible person. -Under part C 2 memory: Resident #5 was documented as forgetful-Needs reminders. -Under Resident Personal Funds Management Election, Resident did not sign to authorize the facility to handle his funds. -There was not a section documented addressing resident's mail. -There were no signatures signed on the Resident Register. -There was no signed documentation for assistance with the resident's supplemental benefit debit card.</p> <p>Review or Resident #5's undated Admission Agreement revealed: -Resident was his own responsible person.</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 27</p> <ul style="list-style-type: none"> -Under the section titled: Resident's Personal Funds Management Election: The section was blank without a signature. -Under the section titled: Mail Management: The section was blank without a signature. -There was no signed documentation for assistance with the resident's supplemental benefit debit card. <p>Interview with Resident #5 on 05/11/23 at 1:30pm and on 06/01/23 at 10:35am revealed:</p> <ul style="list-style-type: none"> -He had been at the facility for 3-4 years. -The facility gave him a supplemental benefit debit card on 5/8/23 and he put it in his wallet. -He had never seen the card before. -His mail was sent to his personal P.O. Box. -He had not received any mail at the facility. -He did not know if mail addressed to him had been sent to the facility. -He had never given the facility permission to open mail. -He handled his own finances. <p>Review of Resident #5's itemized pharmacy bill from 05/05/22 to 04/10/23 revealed:</p> <ul style="list-style-type: none"> -A pharmacy charge on 02/10/23 of \$3.45, 02/13/23 of \$3.90 and 03/13/23 of \$3.90 for Senna 8.6mg -A pharmacy charge on 04/06/23 of \$8.99 for antifungal powder. -A pharmacy charge on 05/05/22 of \$19.58 for ureacin cream (used to treat dry, rough, scaly, itchy skin and skin irritations). -A pharmacy charge on 05/25/22 of \$8.38 for jobst anti-em/GP stocking (used to prevent blood clots). -A pharmacy charge on 07/25/22 of \$7.32, on 07/25/22 of \$7.32, 10/20/22 of \$8.81, 11/14/22 of \$8.81, 12/06/22 of \$8.81, 12/27/22 of \$8.81, 01/02/223 of \$8.81, 02/02/23 of \$8.81 and 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 28</p> <p>04/06/23 of \$8.99 for zeasorb powder (to treat skin infections such as athlete's foot).</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed: -The pharmacy had not been paid consistently since 2020. -Resident #5 had a balance of \$21.82. -There was a cash payment made by Resident #5 in May of 2023 for 60.00.</p> <p>Refer to the telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to the interview with the current Administrator on 05/09/23 at 10:15am.</p> <p>Refer to the interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <p>6. Review of Resident #6's current FL2 dated 05/09/23 revealed: -Diagnoses of tremors, bipolar disorder, dementia, history of alcoholism and schizophrenia. -He was intermittently disoriented.</p> <p>Review of Resident #6's Resident Register revealed: -An admission date of 02/14/20. -The County Department of Social Services was his guardian. -Under part C 2 memory: Resident #6's memory was listed as significant loss- must be directed. -Under part D request for assistance: The section was blank without a signature. -There was no signatures signed on the Resident</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 29</p> <p>Register.</p> <ul style="list-style-type: none"> -There was no signed documentation for assistance with the resident's supplemental benefit debit card. <p>Review of Resident #6's Admission Agreement dated 02/14/20 revealed:</p> <ul style="list-style-type: none"> -The County Department of Social Services was Resident #6's guardian. -The section titled: Resident's Personal Funds Management Election: The section was checked for the facility to manage the residents' personal funds following procedures outlined in the resident agreement and by state regulations which was signed by his guardian who was an employee with the County Department of Social Services. -The section titled: Mail Management: The section was blank without a signature. -There was no signed documentation for assistance with the resident's supplemental benefit debit card. <p>Interview with Resident #6's guardian on 05/11/23 at 1:00pm and on 06/02/23 at 8:47am revealed:</p> <ul style="list-style-type: none"> -Resident #6 was adjudicated as incompetent. -Resident #6 would not be able to answer any questions about finances. -The facility was supposed to manage the residents' funds. -No one from the facility made any attempt to inform her that he had a supplement benefit debit card. -She had not received any of Resident #6's mail. -She did not know if Resident #6 had received any money from the facility. -She had not asked the facility about any money given to Resident #6 and had not kept a record of any monies given to Resident #6 from the facility. 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 30</p> <p>Based on observations, interviews and record reviews, Resident #6 was not interviewable.</p> <p>Review of Resident #6's itemized pharmacy bill from 05/05/22 to 04/10/23 revealed:</p> <ul style="list-style-type: none"> -A pharmacy charge on 07/04/22 of \$3.25 for acetaminophen 325mg. -A pharmacy charge on 01/10/23 of \$3.14, 02/10/23 of \$3.14, 03/13/23 of \$3.14 and 04/10/23 of \$3.1481 for aspirin 81mg. -A pharmacy charge on 05/02/22 of \$8.00, 05/23/22 of \$8.00, 06/08/22 of \$8.00, 06/22/22 of \$8.00, and 06/30/22 of \$8.00 for orajel (used to reduce pain or discomfort). -A pharmacy charge on 05/13/22 of \$3.22, 06/13/22, 07/13/22 of \$3.22, 08/23/22 of \$3.22, 09/13/22 of \$3.22, 10/11/22 of \$3.22, 11/11/22 of \$3.22, 12/12/22 of \$3.22, 01/10/23 of \$3.22, 02/10/22 of \$3.22, 03/13/22 of \$3.22 , and 04/10/22 of \$3.22 for ferrous sulfate (used to treat and prevent iron deficiency anemia). -A pharmacy charge on 07/13/22 of \$13.36, 08/22/22 of \$13.36, 09/13/22 of \$13.36, 10/11/22 of \$13.36, 11/11/22 of \$13.356, and 12/12/22 of \$13.36 for tramadol (used to treat moderate to severe pain). -A pharmacy charge on 07/15/22 of \$3.75, 08/12/22 of \$3.68, 09/13/22 of \$3.68, 10/11/22 of \$3.68, 11/11/22 of \$3.68, 01/10/22 of \$3.68, 02/10/22 of \$3.68, 03/13/22 of \$3.68, and 04/10/22 of \$3.68 for vitamin B-12 (used to treat anemia). -A pharmacy charge on 12/05/22 of \$15.32 for benzonatate (used to relieve cough). -A pharmacy charge on 03/16/22 of \$9.92 for freeze it relief (used to relieve minor muscle or joint pain). <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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D 338	<p>Continued From page 31</p> <p>1:58pm revealed: -The pharmacy had not been paid consistently since 2020. -Resident #6 had a balance of \$66.41. -His guardian from the County Department of Social Services made a payment of \$1121.00 in May of 2023. -Previous payments were made to the pharmacy in January of 2022 for \$60.00 and in March of 2023 for \$75.00.</p> <p>Refer to the telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to the interview with the current Administrator on 05/09/23 at 10:15am.</p> <p>Refer to the interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <p>7. Review of Resident #7's record revealed: -There was an FL2 dated 03/17/19 with diagnoses that included ischemic heart disease, bradycardia, hyperlipidemia, chronic obstructive pulmonary disease, and gastroesophageal reflux disease, he was oriented, and an admission date of 12/10/17.</p> <p>Review of Resident #7's record revealed: -The resident passed away on 04/08/22. -There was no provided documentation of a Resident Register. -There was no provided documentation of an Admission Agreement. -There were no additional documents available for Resident #7 prior to the exit of the survey on 06/02/23.</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 32</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy had written off Resident #7's pharmacy bill of \$1623.16 in June of 2022 due to pharmacy never receiving any payments from the facility for Resident #7. -The pharmacy did not turn Resident #7's pharmacy bill over to collections. <p>Refer to the telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am.</p> <p>Refer to the interview with the current Administrator on 05/09/23 at 10:15am.</p> <p>Refer to the interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am.</p> <hr/> <p>Telephone interview with the Supplemental Benefit Agency's Supervisor on 05/11/23 at 9:00am revealed:</p> <ul style="list-style-type: none"> -The supplemental benefit debit cards were a benefit for dually eligible Medicare and Medicaid recipients. -The cards were to be used like a debit card for utilities, food, and over the counter medications or hygiene supplies. -They were intended to be used by the individual only. -The benefit started around 3 years ago, the card holders would not have any medical copays, if they presented the cards at the doctor's office and pharmacy. -The deposits to the beneficiaries' cards were made monthly for \$280.00 or \$305.00. any of these unused funds roll over month to month. -If someone other than the card holder used the 	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 33</p> <p>card for their advantage, it would be considered fraud and should be reported to the agency and law enforcement.</p> <p>Interview with the current Administrator on 05/09/23 at 10:15am revealed: -She did not know how much money was deposited on the residents' supplemental benefit debit cards. -The facility purchased about \$800.00 in supplies from the local retail store with debit cards. -The items purchased were used for the entire facility for meals and snacks. -The previous Administrator paid all bills. -The debit cards came in the mail and were given to her by the Administrator.</p> <p>Interviews with the previous Administrator on 05/08/23 at 3:38pm, and 05/11/23 at 10:00am revealed: -She kept all seven of the residents' supplement benefit debit cards when they were received in the mail. -One of the seven residents were deceased. -She did not give the residents the mailed cards to open upon receipt. -She could not remember how long she had the cards but guessed maybe since 2021. -One time she assisted Resident #1 with making an online order using her card otherwise she could not recall allowing the residents to use the cards themselves. -Her business partner suggested using the cards to purchase OTC medications and food, so they could cut down on resident costs. -She used the residents' cards to purchase these items from a local retail store. -The OTC medications and food were not given to the card holders but everyone in the facility. -She estimated all seven residents' benefits</p>	D 338		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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D 338	<p>Continued From page 34</p> <p>combined could equal about \$50,000.00 that was not made available to them and used to lower the facility's cost for OTC medications and food since 2021.</p> <ul style="list-style-type: none"> -She did not know why the pharmacy bills were so high. -The pharmacy threatened to stop providing medications if she did not pay. -Her business partner paid the bills for the facility. -She used the cards in this manner to help all the residents. <p>_____</p> <p>The facility failed to ensure seven residents were free from financial exploitation by not allowing them access to their supplement benefit debit cards which had monthly funds of \$280 to \$305 for the past two years and utilized the funds to lower the facility's operational cost for OTC medications and food. The residents were not allowed to receive their cards when they were mailed to the facility because the Administrator kept the residents cards upon opening their personal mail. This failure resulted in exploitation and constitutes an A1 violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/8/23 for this violation.</p> <p>THE CORRECTION DATE FOR THIS A1 VIOLATION SHALL NOT EXCEED JULY 2, 2023.</p>	D 338		
D 420	<p>10A NCAC 13F .1104(b) Accounting For Resident's Personal Funds</p> <p>10A NCAC 13F .1104 Accounting For Resident's Personal Funds (b) Upon the written authorization of the resident or his legal representative or payee, an</p>	D 420		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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D 420	<p>Continued From page 35</p> <p>administrator or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or his legal representative or payee.</p> <p>This Rule is not met as evidenced by: TYPE A1 VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to act as a responsible representative payee for Social Security funds by not accurately handling and accounting for the monies received on the behalf of 4 of 6 residents (#1, #2, #4, & #6) a long with not providing an accurate record of monies received, disbursed and the balance on hand was available upon request of the resident or their legal representative or payee.</p> <p>The findings are:</p> <p>Interview with the Pharmacist and the Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy did not receive consistent payment from the facility for these residents' medications. -The pharmacy sent the facility a spreadsheet of resident balances which was delivered with the facility's monthly medication orders. -When the facility paid towards a resident's pharmacy bill, the facility wrote on the spreadsheet the amount to be paid towards the resident account, beside the resident's name. -One check was written by the facility to pay for the residents that had payment amounts filled out on the spreadsheet. 	D 420		

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D 420	<p>Continued From page 36</p> <ul style="list-style-type: none"> -The facility made partial payments to the pharmacy. -The pharmacy had not received any payment from the facility for several residents since January of 2021. -The pharmacy did contact the current Administrator about past due balances in May of 2023. <p>1. Review of Resident #1's current FL2 dated 05/17/23 revealed:</p> <ul style="list-style-type: none"> -Diagnoses of hyperlipidemia, hypertension, hyperglycemia, gastroesophageal reflux disease, generalized anxiety disorder, insomnia, and depression. -She was intermittently disoriented. <p>Review of Resident #1's Resident Register revealed:</p> <ul style="list-style-type: none"> -An admission date of 08/20/18. -She was her own responsible person. -Under part C 2 memory: Resident #1's memory was listed as adequate. -Under part D 2 request for assistance: Resident #1 did not sign or request that the facility handle her personal funds. -The Resident Register signed by Resident #1 and the previous Administrator but not dated. <p>Review of Resident #1's Resident Admission Agreement dated 08/18/19 revealed:</p> <ul style="list-style-type: none"> -Resident was her own responsible person. -Under the section titled: Resident's Personal Funds Management Election: Resident#1 signed agreeing that the community will manage her personal funds following procedures outlined in the resident agreement and by state regulations. <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at</p>	D 420		

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D 420	<p>Continued From page 37</p> <p>1:58pm revealed: -Resident #1 had a balance of \$1180.59. -Last payment made to the pharmacy was in April of 2021 for \$40.00.</p> <p>Review of Resident #1's Personal Funds Account ledger dated 09/05/18- 04/10/23 revealed: -The account did not show a deposit from for Special Assistance (SA) income nor did the account show a withdrawal for the cost of care. -The Administrator deposited \$66.00 every month. -Beginning 02/08/23, the deposited amount changed to \$70.00 monthly.</p> <p>Review of Resident #1's Personal Funds Account ledger dated 05/03/23- 05/29/23 revealed: -Documented Social Security deposits, SA withdrawals and cash withdrawals for Resident #1 with Resident #1's signature. -No witness signatures were documented on the ledger.</p> <p>Interview with Resident #1 on 05/01/23 at 11:55am revealed: -The facility managed her finances on her behalf. -She did not know how much she paid for her cost of care. -She did not know how much she received for SA. -The previous Administrator never provided her with a monthly statement, and she did not sign a ledger to show receipt of SA. -She received \$70.00 cash around the first of every month with a handwritten receipt. -She needed more money and would like more money. -She needed to buy new clothes and shoes, and she did not have the money to afford them.</p>	D 420		

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D 420	<p>Continued From page 38</p> <p>Interview with Long Term Care Medicaid Supervisor on 05/01/23 at 2:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 was not receiving any SA benefits. -Her benefits were terminated on 07/31/21 for failure to provide an updated FL2. -Resident #1 could have received \$90.00 each month for her personal needs allowance (PNA) beginning 01/01/22. -The facility had been getting paid for her cost of care with the resident's social security funds and personal care tasks funds billed to Medicaid. -If the facility would have updated Resident #1's FL2 accordingly, they could have collected \$8,866.00 in SA funds for Resident #1. <p>Interview with the current Administrator on 05/01/23 at 9:30am and on 06/02/10:40am revealed:</p> <ul style="list-style-type: none"> -The previous Administrator managed the accounts for the residents and the facility operating account in one account. -The previous Administrator told her that Resident #1 was receiving Special Assistance benefits. -The previous Administrator never documented receipt of Special Assistance for any resident in their personal funds account ledger. -Only the previous Administrator knew if Resident #1 received an SA deposit, because she did not have access to the operating account to view debits and credits. -She handled the funds residents paid for their cost of care and distributed their personal needs allowance (PNA) provided by the previous Administrator. -She did not know that Resident #1 was not receiving SA. -She did not know how the resident continued to receive her PNA deposits from the facility, she assumed the money must be coming out of Resident #1's Social Security benefits. 	D 420		

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D 420	<p>Continued From page 39</p> <p>-She became the Administrator on 05/21/23.</p> <p>Interview with the previous Administrator on 05/2/23 at 9:30am revealed:</p> <p>-She was not aware that Resident #1 was not receiving SA.</p> <p>-She gave the resident a handwritten receipt when they withdrew funds from her personal funds account.</p> <p>-She did not know the resident was potentially eligible for \$1,770.00 in PNA funds that the resident did not receive.</p> <p>-She did not know the facility failed to collect approximately \$8,866.00 in SA funds for Resident #1.</p> <p>Refer to the interview with the previous Administrator on 05/03/23 at 10:00am.</p> <p>2. Review of Resident #2's current FL2 dated 05/09/23 revealed:</p> <p>-Diagnoses included bipolar disorder, depression, hyperlipidemia, chronic obstructive pulmonary disease, diabetes, gastroesophageal reflux disease, diverticulosis, hypertension, hypothyroidism.</p> <p>-He was oriented.</p> <p>Review of Resident #2's Resident Register revealed:</p> <p>-An admission date of 01/07/20.</p> <p>-He was his own responsible person.</p> <p>-Under part C 2 Memory: Resident #1's memory was listed as significant loss-must be directed.</p> <p>-Under part D 2 request for assistance: Resident #2 did sign for the facility to handle his personal funds.</p> <p>-Resident Register was signed by the previous Administrator on 01/08/20 with no resident signature.</p>	D 420		

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D 420	<p>Continued From page 40</p> <p>Review or Resident #2's Admission Agreement dated 01/27/20 revealed: -Resident was his own responsible person. -Under the section titled Resident's Personal Funds Management Election: Resident #2 signed agreeing that the community will manage the his personal funds following procedures outlined in the resident agreement and by state regulations.</p> <p>Telephone interview with the Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed: -Resident #2 had a balance of \$331.44. -Last payment made to the pharmacy was in January of 2022 for \$31.71.</p> <p>Interview with Resident #2 on 05/02/23 at 1:00pm and on revealed: -The Administrator managed his finances. -He did not know how much he paid for his cost of care. -He did not know how much he received for SA. -He was never provided with a monthly statement. -He did not sign a ledger to show receipt of his PNA. -He currently received \$70.00 every month to buy the things that he needs. -When he received his money, he received a handwritten receipt completed by the previous Administrator or the current Administrator. -He did not know how much money was in his account since they did not provide a balance on a regular basis. -He did not have enough money to buy the things that he needed like sugar free snacks, clothing, and art supplies.</p> <p>Interview with Long Term Care Medicaid</p>	D 420		

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D 420	<p>Continued From page 41</p> <p>Supervisor on 05/01/23 at 2:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 was not receiving any SA benefits. -Resident #2 never received SA benefits since he was admitted to the facility on 01/07/20. -A SA application was received on 03/10/20, but later denied for failure to provide additional information. -Resident #2 was eligible for SA, but the previous Administrator never submitted a completed application for it. -The facility received funds for the cost of care with the resident's social security benefits. -Resident #2 could have been receiving an additional \$90.00 each month for his PNA if the SA application had been completed. -If his application would have been completed with additional information that was needed the facility could have collected \$14,839.00 in SA funds since 03/10/20 for Resident #2. <p>Review of Resident #2's Personal Funds Account ledger dated 4/3/2020-4/10/23 revealed:</p> <ul style="list-style-type: none"> -The previous Administrator deposited \$66.00 into the account every month. -On 2/3/23 the deposit amount changed to \$70.00 monthly. <p>Review of Resident #2's Personal Funds Account ledger dated 05/03/23- 05/29/23 revealed:</p> <ul style="list-style-type: none"> -Documented deposits and withdrawals for Resident #2 with Resident #2's signature. -No witness signatures were documented on the ledger. <p>Interview with current Administrator on 05/01/23 at 9:30am revealed:</p> <ul style="list-style-type: none"> -The previous administrator told her Resident #2 was receiving Special Assistance benefits. -She only handled the funds that residents bring in for their cost of care and gave out their PNA. 	D 420		

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D 420	<p>Continued From page 42</p> <p>-She did not know that Resident #2 was not receiving SA.</p> <p>-She did not know how the resident continues to receive PNA deposits from the facility.</p> <p>Interview with the previous Administrator on 05/02/23 at 9:30am revealed:</p> <p>-She was not aware that Resident #2 was not receiving SA.</p> <p>-She did not know the resident did not receive \$2,826.00 in PNA funds.</p> <p>-She did not know she failed to collect \$14,839.00 in SA funds to go towards the residents cost of care.</p> <p>Refer to the interview with the previous Administrator on 05/03/23 at 10:00am.</p> <p>Refer to the interview with the current Administrator on 05/01/23 at 9:30am</p> <p>3. Review of Resident #4's current FL2 dated 05/17/23 revealed:</p> <p>-Diagnoses included bipolar, mood disorder, anxiety, and chronic obstructive pulmonary disease.</p> <p>-She was oriented.</p> <p>Review of Resident #4's Resident Register revealed:</p> <p>-An admission date of 03/01/16.</p> <p>-She was her own responsible person.</p> <p>-Under part C 2 memory: Resident #1's memory was listed as adequate.</p> <p>-Under part D 2 request for assistance: Resident #2 did sign for the facility to handle his personal funds.</p> <p>-Resident Register signed by Resident #4 but was not dated.</p>	D 420		

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D 420	<p>Continued From page 43</p> <p>Review of Resident #4's record on 05/31/23 revealed there was no documentation of an Admission Agreement.</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -Resident #4 had a balance of \$638.51. -Payments were made to the pharmacy in January of 2022 for \$26.45 and in March of 2023 for \$75.00. <p>Review of Resident #4's Personal Funds Account ledger dated from 04/03/20-04/10/23 revealed:</p> <ul style="list-style-type: none"> -The facility deposited \$66.00 into the account every month. -On 02/03/23 the deposited amount changed to \$70.00 monthly. <p>Review of Resident #4's Personal Funds Account ledger dated 05/03/23- 05/29/23 revealed:</p> <ul style="list-style-type: none"> -Documented Social Security deposits, SA withdrawals and cash withdrawals for Resident #4 with Resident #4's signature. -No witness signatures documented on the ledger. <p>Interview with Resident #4 on 05/03/23 at 9:00am revealed:</p> <ul style="list-style-type: none"> -The Administrator managed all her finances. -The Administrator gave her \$70.00 each month. -She trusted the facility. -She had no money in her account. -Her family member used to give her \$50.00 a month so she could buy things, but the family member can no longer afford. -The facility managed her finances for the last seven years. -She was just given a pharmacy bill for \$563.33 -She did not know the last time that she got a 	D 420		

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D 420	<p>Continued From page 44</p> <p>pharmacy bill.</p> <p>-The facility was supposed to manage all her finances.</p> <p>-She was not able to pay the bill and did not have any family that can afford to assist with her costs.</p> <p>Interview with Long Term Care Medicaid Supervisor on 05/01/23 at 2:45pm revealed:</p> <p>-Resident #4 was a SA recipient.</p> <p>-Resident #4 PNA changed to \$90.00 each month on 01/01/22</p> <p>Interview with the current Administrator on 05/01/23 at 9:30am revealed:</p> <p>-The previous administrator managed the accounts for the residents and the facility operating account.</p> <p>-She did not know Resident #4 was not receiving the full PNA amount of \$90.00 per month.</p> <p>-She did not know how much money was owed to Resident #4.</p> <p>Refer to the interview with the previous Administrator on 05/03/23 at 10:00am.</p> <p>Refer to the interview with the current Administrator on 05/01/23 at 9:30am</p> <p>4. Review of Resident #6's current FL2 dated 05/09/23 revealed:</p> <p>-Diagnoses included tremors, bipolar disorder, dementia, history of alcoholism and schizophrenia.</p> <p>-He was intermittently disoriented.</p> <p>Review of Resident #6's Resident Register revealed:</p> <p>-An admission date of 02/14/20.</p> <p>-The County Department of Social Services was his guardian.</p>	D 420		

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D 420	<p>Continued From page 45</p> <p>-Under part C 2 memory: Resident #6's memory was listed as significant loss- must be directed. -There was no signature documented on the Resident Register.</p> <p>Review of Resident #6's Admission Agreement dated 02/14/20 revealed: -The County DSS was Resident #6's guardian. -The the section titled: Resident's Personal Funds Management Election: The section was checked for the facility to manage the residents' personal funds following procedures outlined in the resident agreement and by state regulations which was signed by Resident #6's guardian, an employee with County Department of Social Services.</p> <p>Telephone interview with Billing Office Manager at the facility's contracted pharmacy on 05/31/23 at 1:58pm revealed: -Resident #6 had a balance of \$66.41. -The County DSS made a payment of \$ 1121.00 in May of 2023. -Previous payments were made to the pharmacy in January of 2022 for \$60.00 and in March of 2023 for \$75.00.</p> <p>Review of Resident #6's Personal Funds Account ledger dated 04/03/20-04/10/23 revealed: -The facility deposited \$66.00 into the resident's account every month. -On 02/03/23 the deposit amount changed to \$70.00 monthly.</p> <p>Review of Resident #6's Personal Funds Account ledger dated 05/03/23- 05/29/23 revealed: -Documented Social Security deposits, SA withdrawals and cash withdrawals for Resident #6 with Resident #6's signature. -No witness signatures documented on the</p>	D 420		

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D 420	<p>Continued From page 46</p> <p>ledger.</p> <p>Interview with Long Term Care Medicaid Supervisor on 05/01/23 at 2:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #6 was an SA recipient. -The PNA amount changed from \$66.00 on 01/01/2022 to \$90.00 per month. -Resident #6 should be allowed to keep \$90.00 each month for his PNA. <p>Interview with Resident #6's guardian on 05/03/23 at 1:00pm and on 06/02/23 at 8:47am revealed:</p> <ul style="list-style-type: none"> -Resident #6 would not be able to answer any questions about finances. -The previous Administrator was supposed to manage the resident's funds. -She never received a statement, receipt, bills, or any documentation about his finances. -No one from the facility made any attempt to inform her that Resident #6 had a pharmacy bill of \$1,155.46. -Since the facility was the resident's representative payee it was their responsibility to make sure that his bills were paid. -She had not asked the facility about any money given to Resident #6 and had not kept a record of any monies given to Resident #6 by the facility. <p>Interview with the current Administrator on 05/01/23 at 9:30am revealed:</p> <ul style="list-style-type: none"> -She passed out pharmacy bills to all residents on 04/30/23. -She never passed out pharmacy bills before. -She did not provide residents with any statement. -She acknowledged that some residents have very large pharmacy bills, but the previous Administrator had never been concerned about this in the past. -She did not consider that the pharmacy may 	D 420		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786
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D 420	<p>Continued From page 47</p> <p>refuse to provide the facility with medications -She managed the financial accounts of 4 out of the 6 residents. -Residents were not provided with monthly statements of monies received and disbursed and the balance on hand. -She did not think that statements of accounting were necessary.</p> <p>Refer to interview with the previous Administrator on 05/03/23 at 10:00am:</p> <p>Refer to the interview with the current Administrator on 05/01/23 at 9:30am</p> <p>Interview with the previous Administrator on 05/03/23 at 10:00am revealed: -She was not aware she was giving out the incorrect PNA amount of \$70.00 instead of the correct amount of \$90.00. -On 01/01/23 she began distributing SA residents \$70.00 PNA instead of \$66.00 PNA. -She did not know that the new PNA rate was increased to \$90.00 on 01/01/22. -She did not keep a written ledger for resident SA funds, inform them of their benefit amount and make them sign with witnesses when they received their PNA. -She did not see the need to have a SA ledger. -She had a payment plan with the facility's contracted pharmacy and just asked residents to pay what they can. -She had not given out pharmacy bills in the past to the residents. -She would just collect whatever money she can by asking the Residents. -The facility owed \$30,441.91 to the Pharmacy.</p> <p>Interview with the current Administrator on 06/02/23 at 10:40am revealed:</p>	D 420		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023	
NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28786		
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D 420	<p>Continued From page 48</p> <ul style="list-style-type: none"> -The previous Administrator paid all the facility bills. -She had never opened the pharmacy invoices prior to May 2023. -She handled the funds that residents paid for their cost of care and gave out their PNA which had been provided by the previous Administrator. -She did not know two witness' signatures were required when resident funds were distributed. <p>_____</p> <p>Based on interviews and record reviews, the facility failed to protect 4 of 6 sampled residents from exploitation related to not acting as a responsible representative payee by inaccurately keeping a record of accounts for their monies received, dispersing their correct PNA monthly since 01/01/22, and ensuring their pharmacy bills were paid. This failure constitutes an A1 violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/12/23 for this violation.</p> <p>THE CORRECTION DATE FOR THIS TYPE A1 VIOLATION SHALL NOT EXCEED July 2, 2023.</p>	D 420		