STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067008	A. BUILDING: _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEMPTON OF JACKSONVILLE	3045 HENDERSON DRIVE EXTENSION JACKSONVILLE, NC 28546

(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 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on March 15, 2022 through March 16, 2022.	D 000	**10A NCAC 13F .0305(h)(4) Physical Environment** Staff training completed (4/7/2022) on audible alarms for seven exit doors. "Audible" alarms have been installed for the identified seven exit doors that alert time they open/close. The alarms are plugged into a working outlet so they would be no battery failure. We do have a full functioning generator in case of power loss.	
D 067	10A NCAC 13F .0305(h)(4) Physical Environment 10A NCAC 13F .0305 Physical Environment (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to ensure 2 of 7 exit doors accessible to residents on the Assisted Living (AL) unit was known to be constantly disoriented (#1,#3,#4) were equipped with a sounding device when the door was opened. The findings are: Observation upon entrance to the facility on 03/15/22 at 8:45am revealed the facility had 7 exit doors on the AL unit. Observations upon entrance to the facility on	D 067		

Received and acknowledged by M Hall 4/19/22.

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D 067	Continued From page 1 03/15/22 at 8:45am and intermittently through the day until 4:00pm revealed there was no alarm sounding device when the front/entrance door to the facility was opened. Observation of the exit door at the back of the facility on 03/15/22 at 8:45am and 9:15am revealed: -The door was unlocked. -There was no sounding device when the door was opened. -The door exited to a parking lot behind the facility. Observations upon entrance to the facility on 03/16/22 at 7:00am and intermittently throughout the day until 2:00pm there was no alarm sounding device when the front/entrance door to the facility was opened. Observation of the exit door at the back of the facility on 03/16/22 at 7:15am and 7:30am revealed: -The door was unlocked. -There was no sounding device when the door was opened. -The door exited to a parking lot behind the facility. 1.Review of Resident #1's FL-2 dated 07/31/21 revealed: -Diagnoses included dementia and hypertension. -She was semi-ambulatory. -She was constantly disoriented. -The resident resided on the AL unit. Review of Resident #1's care plan dated 07/02/21 revealed: -She was forgetful and needed reminders. -She did not have wandering behaviors.	D 067		

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D 067	Continued From page 2 Refer to the interview with the Administrator on 03/16/22 at 2:05pm. 2. Review of Resident #3's FL-2 dated 02/18/22 revealed: -Diagnoses included Alzheimer's dementia and unspecified psychosis. -She was constantly disoriented. -She was non-ambulatory and used a wheelchair. -The resident resided on the AL unit. Review of Resident #3's care plan dated 02/18/22 revealed: -She was always disoriented. -She had significant memory and had to be directed. -She had wandering behaviors. Refer to the interview with the Administrator on 03/16/22 at 2:05pm. 3.Review of Resident #4's current FL-2 dated 02/18/22 revealed: -Her diagnoses included Alzheimer's, dementia, and major depressive order. -She was constantly disoriented. -She was non-ambulatory. -The resident resided on the AL unit. Review of Resident #4's care plan dated 02/18/22 revealed: -She resisted care. -She was receiving medications for mental illness/behavior, but she was not receiving mental health services. -She was non-ambulatory and was totally dependent on the assistance of one with transfers to her wheelchair. -The primary care provider (PCP) signed and	D 067		

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D 067	Continued From page 3 dated the care plan on 02/18/22. Interview the Administrator on 03/16/22 at 2:05pm revealed: -The front/entrance door remained unlocked during the day. -The front/entrance door was locked around 6:00pm daily. -The front/entrance door did not have a sounding device. -The back-exit door was locked from the outside and it did not have a sounding device. -She had residents that resided on the AL that was disoriented. -She was not aware that she needed a sounding device on all the exit doors in the facility because she had residents that were disoriented.	D 067		