Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060163	A. BUILDING: _____ B. WING _____	R 06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN THE VILLAGE AT CAROLINA PLACE	13150 DORMAN ROAD PINEVILLE, NC 28134

(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	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted a follow up survey on 06/06/23.	{D 000}	The following is the Plan of Correction for The Havens in the Village at Carolina Place regarding the Corrective Action Report dated March 16, 2023. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.	
{D 464}	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following: (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 2 of 3 sampled residents (#2 and #3) had care plans signed within 15 days of completion. The findings are: 1. Review of Resident #2's current FL2 dated	{D 464}		

Reviewed and acknowleged 06/15/23
Brianna Jameson RD, LDN

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{D 464}	Continued From page 1 02/15/23 revealed: -Diagnoses included Lewy body dementia, Alzheimer's dementia and type 2 diabetes. -The documented level of orientation was intermittently disoriented. Review of Resident #2's resident register revealed an admission date of 03/08/23. Review of Resident #2's record on 06/06/23 revealed a care plan was completed on 04/16/23 and signed by the Primary Care Provider (PCP) on 06/06/23. Refer to interview with the Assistant Director of Resident Care (DRC) on 06/06/23 at 2:57pm. Refer to interview with the Director of Resident Care (DRC) on 06/06/23 at 3:00pm. Refer to interview with the Administrator on 06/06/23 at 3:05pm. Attempted telephone interview with Resident #2's PCP on 06/06/23 at 2:40pm was unsuccessful. 2. Review of Resident #3's current FL2 dated 06/20/22 revealed: -Diagnoses included dementia, anxiety and hypertension. -The documented level of orientation was intermittently disoriented. Review of Resident #3's resident register revealed an admission date of 11/13/17. Review of Resident #3's record on 06/06/23 revealed a care plan was completed on 04/08/23 and signed by the PCP on 06/06/23.	{D 464}	10A NCAC 13F .1307 (Special Unit Resident Profile & Care Plan) To ensure facility is meeting regulatory requirements. All resident care plans will be signed and dated upon admission as required by state regulatory. In addition there will be regular and ongoing chart audits for quality control purposes to assure that the signatures happen within the required time period. These processes will be performed and / or overseen by Med Tech, ARDC, DRC, ED and / or a wellness nurse.	7/10/23

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{D 464}	Continued From page 2 Refer to interview with the Assistant DRC on 06/06/23 at 2:57pm. Refer to interview with the DRC on 06/06/23 at 3:00pm. Refer to interview with the Administrator on 06/06/23 at 3:05pm. Attempted telephone interview with Resident #3's PCP on 06/06/23 at 2:40pm was unsuccessful. Interview with the Assistant DRC on 06/06/23 at 2:57pm revealed: -She and the DRC were responsible for completing the care plan and ensuring it was signed by the PCP. -She was not aware Resident #2 and Resident #3 did not have signed care plans until this morning (06/06/23). -She started her position as the Assistant DRC one week ago and has not had time to audit any of the residents' records. Interview with the DRC on 06/06/23 at 3:00pm revealed: -She and the Assistant DRC were responsible for completing the care plans and ensuring they were signed by the PCP within 15 days of completion. -She was not aware Resident #2 and Resident #3 did not have signed care plans until today (06/06/23). -She started her position as the DRC less than one month ago and has not had time to audit any of the residents' records. Interview with the Administrator on 06/06/23 at 3:05pm revealed: -The DRC was primarily responsible for completing the care plans, but the Assistant DRC	{D 464}		

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{D 464}	Continued From page 3 was able to complete the care plans as well. -The DRC or Assistant DRC were expected to ensure the PCP signed the care plans within 15 days of completion. -The DRC and Assistant DRC were new to their roles and the facility had not had time to complete a formal audit of the residents' records. -She was not aware Resident #2 and Resident #3 did not have signed care plans until today (06/06/23).	{D 464}		