| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL079089 | A. BUILDING: _____ B. WING _____ | R 07/18/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAFE HAVEN # 2 | 157 GLENDALE DRIVE EDEN, NC 27288 |

| (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 |
|---|---|---|---|---|
| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and a follow-up survey on 07/18/23. | C 000 | In regards to 10A NCAC 13G .0703 (a) Resident Register | |
| C 212 | 10A NCAC 13G .0703 (a) Resident Register<br><br>10A NCAC 13G .0703 Resident Register<br><br>(a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record review, the facility failed to ensure a Resident Register was completed and signed within 72 hours of the resident's admission to the home for 1 of 3 sampled residents (#3).<br><br>The findings are:<br><br>Review of Resident #3's current FL2 dated 03/08/23 revealed diagnoses included developmental disabilities, hyperlipidemia, osteoporosis, depression, hypertension, and hearing loss.<br><br>Review of Resident #3's record revealed that there was no Resident Register available for | C 212 | The administrator conducted a review of resident #3's records to find the completed resident register.<br>The administrator unable to locate the completed register.<br><br>The resident was in a prior sister facility and came to Safe Haven #2 in March of 2021.<br><br>The administrator emailed a new copy of the resident register to Resident #3's POA with instructions to sign and return to the facility.<br><br>The completed register was placed in resident #3's record.<br><br>The administrator will complete the resident register within 72 hours of the admission of a new resident. She will place the completed register into the resident's record.<br><br>The administrator or designee will audit resident records quarterly to insure that the register and other documents continue to remain in residents records. | 7/19/23<br><br>7/20/23 and ongoing |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kayne G. Williamson — TITLE: Administrator — (X6) DATE: 8/8/23



Reviewed and Acknowledged K.M. 08/10/23

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| C 212 | Continued From page 1<br>review.<br><br>Interview with a medication aide (MA) on 07/18/23 at 4:25pm revealed:<br>-The Administrator and the resident or residents' responsible party normally completed a Resident Register for each resident upon admission.<br>-She was not sure when Resident #3 was admitted to the facility.<br>-The Administrator was responsible to ensure that a Resident Register was completed for each resident.<br><br>Telephone interview with Resident #3's responsible party on 07/18/23 at 5:17pm revealed:<br>-She was Resident #3's power of attorney (POA).<br>-She signed the Resident Register for Resident #3 when Resident #3 was admitted to the facility in September 2016.<br><br>Based on observations, interviews, and record review, it was determined that Resident #3 was not interviewable.<br><br>Interview with the Administrator on 07/18/23 at 5:30pm revealed:<br>-She and the resident or residents' responsible party completed a Resident Register for each resident upon admission.<br>-Resident #3 was admitted to the facility in September 2016.<br>-A Resident Register was completed for Resident #3 upon admission, but she thought the Resident Register was misplaced sometime this year.<br>-Resident #3's Resident Register was in the record in January 2023 and she did not know it was missing until 07/18/23.<br>-The Administrator was responsible to ensure that a Resident Register was completed for each | C 212 | | |

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| C 212 | Continued From page 2<br>resident upon admission to the facility and available for review. | C 212 | | |