STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL-013049	A. BUILDING: _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE DRAKE	1195 DRAKE MILL LANE SW CONCORD, NC 28025

(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 January 03, 2024-January 04, 2024.	D 000		
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 reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (Resident #4) had a Special Care Unit (SCU) resident profile completed within 30 days of admission. The findings are: Review of Resident #4's resident register	D 464		

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D 464	Continued From page 1 revealed he was admitted on 11/06/23. Review of Resident #4's current FL2 dated 11/16/23 revealed: -Diagnoses included Alzheimer's Dementia. -He was intermittently disoriented. -The recommended level of care was the SCU. Review of Resident #4's record on 01/04/24 revealed there was no SCU resident profile completed within 30 days of admission. Attempted telephone call with Resident #4's power of attorney was unsuccessful. Interview with the Administrator on 01/04/24 at 3:20pm revealed: -The Special Care Unit Coordinator (SCC) was responsible for completing the SCU resident profile for new admissions. -The SCC was responsible for completing chart audits. -The SCC had worked at the facility for almost three months. -The SCC resigned on 01/03/24. -She completed SCU chart audits, picking two to three random SCU residents every other month but did not recall auditing Resident #4's chart. -She was aware that the SCU resident profile needed to be completed within 30 days of admission to the SCU. -Upon admission to the SCU, she entered the SCU resident profile due dates into the facility computer tracker system that was given to the SCC. -She did not know Resident #4 did not have a SCU resident profile completed within 30 days of admission.	D 464		