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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KIM'S ASSISTED LIVING

1241 GOINS ROAD
PEMBROKE, NC 28372

(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 The Adult Care Licensure Section conducted an annual and follow up survey on May 8, 2024.	C 000	Administrator will ensure that all appointments + referrals will be documented on calendar. Administrator will review calendar daily. Administrator has added a drop basket on wall for all paper work that is returned back to facility by providers or hospital. Paperwork will be placed in basket immediately after returning back to facility from appointments or hospital. Administrator will then review it for any changes new appointments or.	6/14/24
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .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 assure the acute healthcare needs for 1 of 3 sampled residents (#2) was met related by failing to take the resident to a follow up cardiology appointment. The findings are: Review of Resident #2's current FL-2 dated 08/18/23 revealed diagnosis included hypertension. Review of correspondence from a cardiology office dated 12/12/23 revealed Resident #2 had a scheduled appointment on 03/12/24 at 9:40am. Review of Resident #2's record revealed there was no documentation of attendance to a cardiology appointment on 03/12/24. Interview with Resident #2 on 05/09/24 at 4:20pm revealed: -The Administrator transported him to all appointments. -When he attended any appointment, the provider gave him an appointment and the Administrator wrote it on her calendar. -He went to a cardiology appointment 6 months	C 246		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kimberly Jacobs

TITLE

Administrator

(X6) DATE

6-14-24

STATE FORM

6J.JZ.11

If continuation sheet 1 of 3

Reviewed and acknowledged [Signature] 24 June 2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/09/2024
NAME OF PROVIDER OR SUPPLIER KIM'S ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1241 GOINS ROAD PEMBROKE, NC 28372		
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C 246	Continued From page 1 ago. -He had not missed any appointments that he was aware of. -All mail from providers went to the Administrator. Interview with the personal care aide (PCA) on 05/09/24 at 4:16pm revealed: -He transported Resident #2 to his appointments sometimes. -He did not schedule resident appointments. -The Administrator informed him when residents had appointments. -He provided the Administrator with any paperwork that was given to him by the provider upon return from the appointment. -He provided all mail to the Administrator. -He did not open any mail or file any paperwork in resident records. -The Administrator provided transportation to appointments for Resident #2 most of the time. -He was not aware of Resident #2 having or missing a cardiology appointment. Interview with the Administrator on 05/09/24 at 2:45pm revealed: -Resident #2 did not attend the cardiology appointment on 03/12/24. -She was responsible for ensuring Resident #2 attended appointments. -The PCA transported residents to appointments and provided her with paperwork and follow up appointment information after the appointment. -The appointment for Resident #2's cardiologist appeared to have been mailed to the facility. -She was responsible for opening the mail and filing the mail in the resident records. -Resident #2 did not attend the cardiology appointment on 03/12/24 because she did not know about the appointment. -She filed the letter with the appointment	C 246			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL07N006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/09/2024	
NAME OF PROVIDER OR SUPPLIER KIM'S ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1241 GOINS ROAD PEMBROKE, NC 28372		
(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 246	Continued From page 2 Information. -She usually wrote the appointments on her calendar but failed to write the cardiology appointment on her calendar. -There was no one else responsible for keeping up with resident appointments. Telephone interview with the Progress Manager at the cardiologist's office on 05/09/24 at 3:13pm revealed: -Resident #2 was seen on 07/12/23 for shortness of breath and heart murmur. -Resident #2's blood pressure (BP) was 181/101 on 07/12/23 so he was scheduled for a follow up appointment. -She was unsure of the risk of potential outcome of Resident #2 missing the follow up cardiology appointment on 03/12/24. Attempted telephone interview with the primary care provider (PCP) on 05/09/24 at 3:00pm was unsuccessful.	C 246	Referrals, She will then make notes on calendar for these upcoming appointments. Administrator has also ask transportation person to keep a calendar also for their record.	

Division of Health Service Regulation
STATE FORM

B.JJZ11

If continuation sheet 3 of 3