

PRINTED: 11/15/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/31/2024
NAME OF PROVIDER OR SUPPLIER THE HAVEN IN THE VILLAGE AT CAROLINA PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual and follow-up survey and complaint investigation on 10/30/24-10/31/24. The complaint investigation was initiated on 09/24/24 by the Mecklenburg County Department of Social Services.	D 000	The following is the Plan of Correction for The Haven in the Village at Carolina Place regarding the Statement of Deficiencies dated 10/31/24. 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 requirement. In this document we have outlined specific actions in 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 248	10A NCAC 13F .0704 (b) Resident Contract, Information On Facility & 10A NCAC 13F .0704 Resident Contract, Information On Facility, And Resident Register (b) The administrator or their management designee and the resident or the resident's representative shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall consist of the following: (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address; (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status; (3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests; (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;	D 248		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

77K611

If continuation sheet 1 of 5

Reviewed and acknowledged *Julie Grooms* 12/30/24

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D 248	Continued From page 1 (5) name of the individual identified by the resident who is to receive a copy of the notice of discharge per G.S. 131D-4.8; and (6) resident's consent including a signature confirming the review and receipt of information contained in the form. The Resident Register is available on the internet website, https://info.ncdhhs.gov/dhsr/acls/pdf/resregister.pdf at no charge. The facility may use a resident information form other than the Resident Register as long as it contains the same information as the Resident Register. Information on the Resident Register shall be kept updated and maintained in the resident's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Resident Register was signed and dated by the Administrator and the resident or responsible party for 3 of 3 sampled residents (#1, #2, and #3). The findings are: 1. Review of Resident #1's current FL2 dated 02/20/24 revealed diagnoses included Alzheimer's disease and high blood pressure. Review of Resident #1's Resident Register revealed: -There was no documentation of an admission date. -Resident #1 had a Power of Attorney (POA)	D 248	10A NCAC 13F .0704 (b) Resident Contract, Information On Facility & 10A NCAC 13F .0704 Resident Contract, Information On Facility, And Resident Register (b) The administrator or their management designee and the resident or the resident's representative shall complete and sign the Resident Register initial assessment within 72 hours of the resident's admission to the facility in accordance with G.S. 131D-2.15. The facility shall involve the resident in the completion of the Resident Register unless the resident is cognitively unable to participate. The Resident Register shall consist of the following: (1) resident's identification information including the resident's name, date of birth, sex, admission date, medical insurance, family and emergency contacts, advanced directives, and physician's name and address; (2) resident's current care needs including activities of daily living and services, use of assistive aids, orientation status;	

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D 248	Continued From page 2 listed on the Resident Register. -Resident #1's POA signature was not dated. -There was no documentation of the Administrator signature or date on the Resident Register. Refer to interview with the business office manager (BOM) on 10/31/24 at 2:20pm. Refer to interview with the Administrator on 10/31/24 at 2:00pm. 2. Review of Resident #2's current FL2 dated 07/02/24 revealed diagnoses included Alzheimer's disease, Lewy Body Dementia, hypertension, and diabetes mellitus type 2. Review of Resident #2's Resident Register revealed: -There was no documentation of an admission date. -There was documentation Resident #2 had a power of attorney (POA). -There was no documentation of Resident #2's POA signature or date on the Resident Register. -There was no documentation of the Administrator's signature or date on the Resident Register. Refer to the interview with the Business Office Manager (BOM) on 10/31/24 at 2:20pm. Refer to the interview with the Administrator on 10/31/24 at 2:00pm. 3. Review of Resident #3's current FL2 dated 04/16/24 revealed she had diagnoses of unspecified dementia with mood disturbance, type 2 diabetes with food ulcer, long term use of insulin, long term use of oral hypoglycemic drugs,	D 248	(3) resident's preferences including personal habits, food preferences and allergies, community involvement, and activity interests; (4) resident's consent and request for assistance including the release of information, personal funds management, personal lockable space, discharge information, and assistance with personal mail;	

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D 248	Continued From page 3 acute embolism, and thrombosis. Review of Resident #3's Resident Register revealed: -There was no admission date documented on the Resident Register. -Resident #3 had a Power of Attorney (POA) listed on the Resident Register. -There was no documentation of the POA's signature or date on the Resident Register. -There was no documentation of the Administrator's signature or date on the Resident Register. Refer to the interview with the business office manager (BOM) on 10/31/24 at 2:20pm. Refer to the interview with the Administrator on 10/31/24 at 2:00pm. Interview with the BOM on 10/31/24 at 2:20pm revealed: -She had never been told to monitor signatures or admission dates on the resident registers. -She had always checked for accuracy on the financial piece of the registers. -By the time she received files, everything was supposed to be completed and signed. -She got the paperwork from the sales director (SD). Interview with the Administrator on 10/31/24 at 2:00pm revealed: -She was aware Resident Registers were supposed to be signed within 72 hours of admission. -The SD completed the paperwork and gave paperwork to the BOM. -The BOM was supposed to audit the paperwork. -If something was not correct on paperwork, the	D 248	-ED and BOM will ensure every Resident Registry is filled out at move in with correct information and dates. -ED to audit resident files weekly for 4 weeks. -ED and BOM to audit resident files monthly going forward.	1/1/25

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D 248	Continued From page 4 BOM would either contact the SD or the family. -The BOM was trained by the Regional Director to make sure Resident Registers were completed and signed by the Administrator. -After the BOM checked everything, the BOM gave the paperwork to her for review. -It would have been the current Administrator's responsibility at that time to make sure the Resident Register was signed because she was not the Administrator at the facility at that time.	D 248			