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
	HAL049015	A. BUILDING: _____ B. WING _____	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JURNEY'S ASSISTED LIVING	1942 VAN HAVEN DRIVE STATESVILLE, NC 28625

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on December 10, 2024 through December 11, 2024.	D 000		
D 463	10A NCAC 13F .1306 Admission To The Special Care Unit 10A NCAC 13F .1306 Admission To The Special Care Unit In addition to meeting all requirements specified in the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit: (1) A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions of the specific group of residents to be served. (2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit. (3) Family members seeking admission of a resident to a special care unit shall be provided disclosure information required in G.S. 131D-8 and any additional written information addressing policies and procedures listed in Rule .1305 of this Subchapter that is not included in G.S. 131D-8. This disclosure shall be documented in the resident's record. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure disclosures were completed upon admission for 2 of 2 sampled residents that were admitted to the Special Care Unit (SCU) (#2 and #3). The findings are:	D 463	**Disclaimer** The provider submits this Plan of Correction (POC) in accordance with specific regulatory requirements. The provider does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that the stated deficiencies are accurate. The provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the provider or employee, agent, officer, director, or shareholder of the provider. The provider hereby reserves the right to challenge the findings if at any time the provider determines that findings: (1) are relied upon to adversely influence or serve as a basis, in ant way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the provider. Any changes to the provider's policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the and Federal Rule of Evidence and should be inadmissible in any proceeding on that basis.	

Reviewed and acknowledged 1/17/25 Faheemah Jones

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D 463	Continued From page 1 Review of the facility's current license effective 01/01/25 revealed the facility was licensed for a capacity of 60 residents with a Special Care Unit (SCU) capacity of 16 residents. Review of the facility's census on 12/10/24 revealed there were 14 residents in the SCU. 1. Review of Resident #2's current FL2 dated 10/10/24 revealed: -Diagnoses included dementia, agitation, and confusion. -Resident #2 was ambulatory. -There was documentation the recommended level of care was SCU. Review of Resident #2's Resident Register revealed an admission date of 08/05/24. Review of Resident #2's Resident Record revealed there was no documentation that written disclosure information had been provided to Resident #2's family members. Telephone interview with Resident #2's Power of Attorney (POA) on 12/11/24 at 10:00am revealed: -Resident #2 was admitted to the facility's SCU because her mental status was declining. -He was unsure if he was provided written disclosure documentation when Resident #2 was admitted. Refer to the interview with the Special Care Coordinator (SCC) on 12/11/24 at 2:05pm. Refer to the interview with the Resident Care Director (RCD) on 12/11/24 at 1:22pm. Refer to the interview with the Administrator on 12/11/24 at 1:45pm.	D 463		

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D 463	Continued From page 2 2. Review of Resident #3's current FL2 dated 07/31/24 revealed: -Diagnoses included dementia, hypertension, hypothyroidism and pneumonia. -Resident #3 was non-ambulatory. -There was documentation the recommended level of care was SCU. Review of Resident #3's Resident Register revealed an admission date of 08/07/24. Review of Resident #3's Resident Record revealed there was no documentation that written disclosure information had been provided to Resident #3's family members. Refer to the interview with the Special Care Coordinator (SCC) on 12/11/24 at 2:05pm. Refer to the interview with the Resident Care Director (RCD) on 12/11/24 at 1:22pm. Refer to the interview with the Administrator on 12/11/24 at 1:45pm. Telephone attempt to contact Resident #3's POA on 12/04/24 was unsuccessful. Interview with the SCC on 12/11/24 at 2:05pm revealed the Administrator was responsible for ensuring SCU disclosures were completed upon admission to the SCU. Interview with the RCD on 12/11/24 at 1:22pm revealed the Administrator was responsible for ensuring SCU disclosures were completed upon admission to the SCU. Interview with the Administrator on 12/11/24 at	D 463	**Action Plan** The provider strives to ensure that all admissions to the Special Care Unit will meet the requirements of G.S. 131D-8 and Rule 10A NCAC 13F .1306, Admission To The Special Care Unit. 1/14/2025 **Corrective Actions** a. The Facility Administrator will have all family members (POA) sign the SCU Disclosure Form and have them placed in the resident's chart. b. The Administrator will have the SCU Disclosure Form added to the admission packet to be signed upon admission of the resident in facility. 1/14/2025 **Measures and Monitoring** The Administrator and the Memory Care Coordinator will audit the resident's charts to ensure the signed SCU Disclosure Form is in each resident's chart semi-annually. 1/14/2025	

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D 463	Continued From page 3 1:45pm revealed: -He was not aware written disclosure information was to be provided to family members when a resident was admitted to the SCU. -It was his responsibility to provide written disclosure information to family members of SCU residents.	D 463	**Disclaimer** The provider submits this Plan of Correction (POC) in accordance with specific regulatory requirements. The provider does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that the stated deficiencies are accurate. The provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the provider or employee, agent, officer, director, or shareholder of the provider. The provider hereby reserves the right to challenge the findings if at any time the provider determines that findings: (1) are relied upon to adversely influence or serve as a basis, in ant way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the provider. Any changes to the provider's policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the and Federal Rule of Evidence and should be inadmissible in any proceeding on that basis.	
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 .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, selfhelp abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter 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 2 sampled residents (#2 and #3) had Special Care Unit (SCU) resident profiles updated on a quarterly basis.	D 464		

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D 464	Continued From page 4 The findings are: 1. Review of Resident #2's current FL2 dated 10/10/24 revealed: -Diagnoses included dementia, agitation, and confusion. -There was documentation the recommended level of care was SCU. Review of Resident #2's Resident Register revealed an admission date of 08/05/24. Review of Resident #2's Care Plan dated 08/27/24 revealed: -Resident #2 required limited assistance with bathing, dressing, and ambulation. -Resident #2 required supervision for transfers. -Resident #2 wandered and resisted care. Review of Resident #2's Resident Record revealed there was no documentation quarterly profiles were completed. Refer to the interview with the Special Care Coordinator (SCC) on 12/11/24 at 2:05pm. Refer to the interview with the Resident Care Director (RCD) on 12/11/24 at 1:22pm. Refer to the interview with the Administrator on 12/11/24 at 1:45pm. 2. Review of Resident #3's current FL2 dated 07/31/24 revealed: -Diagnoses included dementia, hypertension, hypothyroidism and pneumonia. -Resident #3 was non-ambulatory. -There was documentation that Memory Care was the recommended level of care.	D 464		

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D 464	Continued From page 5 Review of Resident #3's Resident Register revealed an admission date of 08/07/24. Review of Resident #3's Care Plan dated 08/27/24 revealed: -Resident #3 required staff assistance with bathing, dressing, ambulation and transfers. Review of Resident #3's Resident Record revealed there was no documentation quarterly profiles were completed. Refer to the interview with the Special Care Coordinator (SCC) on 12/11/24 at 2:05pm. Refer to the interview with the Resident Care Director (RCD) on 12/11/24 at 1:22pm. Refer to the interview with the Administrator on 12/11/24 at 1:45pm. Interview with the SCC on 12/11/24 at 2:05pm revealed: -She and the RCD were responsible for completing resident care plans. -She was not aware SCU resident profiles were required quarterly. Interview with the RCD on 12/11/24 at 1:22pm revealed: -She was responsible for SCU resident quarterly profiles. -She had not completed the quarterly profiles because she was not aware they were required. Interview with the Administrator on 12/11/24 at 1:45pm revealed: -He was not aware SCU resident profiles were to be updated on a quarterly basis.	D 464		

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D 464	Continued From page 6 -The RCD was ultimately responsible to ensure SCU quarterly profiles were completed.	D 464	**Action Plan** The provider strives to ensure that each resident chart will comply with 10A NCAC 13F .307 Special Care Unit Resident Profile and Care Plan. The facility has policies and procedures designed to maintain these goals. 1/14/2025 **Corrective Actions** a. The Resident Care Director will meet quarterly to ensure compliance with Rule 10A NCAC 13F .307. b. All quarterly Profile and Care Plans will sign and dated by the Memory Care Coordinator and Resident Care Director. 1/14/2025 **Measures and Monitoring** The Administrator, Resident Care Director, and Memory Care Coordinator will audit quarterly to ensure compliance with 10A NCAC 13F .307, Special Care Unit Resident Profile and Care Plan. 1/14/2025	