

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOMERSET COURT OF CHERRYVILLE

**401 WEST ACADEMY STREET
CHERRYVILLE, NC 28021**

(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	D 000		
D 427	The Adult Care Licensure Section conducted a complaint investigation from 04/08/25 to 04/09/25. 10A NCAC 13F .1106 (a) Settlement Of Cost Of Care 10A NCAC 13F .1106 Settlement Of Cost Of Care (a) If a resident of an adult care home, has been notified by the facility of its intent to discharge in accordance with Rule .0702 of this Subchapter, the facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus the amount charged for any nights spent in the facility during the notice period. The refund shall be made within 14 days after the resident leaves the facility. For the purposes of this Rule, "cost of care" means any monies paid by the resident or the resident's legal representative in advance for room and board and services provided by the facility as agreed upon in the resident's contract.	D 427	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report: the plan of correction is prepared solely as a matter of compliance with state.	
	This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that 1 of 6 sampled residents (#6) received a refund within 14 days after the resident was discharged from the facility. The findings are:			

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

TITLE

(X6) DATE

STATE FORM

6899

QI9L11

If continuation sheet 1 of 4

Leslie Jenkins

Executive Director *05-12-2025*

Reviewed and acknowledged

by *DMS* on 05/12/25

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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF CHERRYVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST ACADEMY STREET CHERRYVILLE, NC 28021		
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D 427	Continued From page 1 Review of Resident #6's current FL2 dated 01/30/25 revealed diagnoses included chronic respiratory failure with hypercapnia, type two diabetes, chronic obstructive pulmonary disease, morbid obesity and paroxysmal atrial fibrillation. Review of the Resident #6's Register for Resident revealed: -Resident #6 was admitted to the facility on 08/11/21. -Resident #6 did not have a Responsible person, Guardian or Power of Attorney. -Resident #6's notice of discharge was initiated on 02/12/25 by the Administrator. -The reason for the discharge was for the level of care. -Resident #6 was transferred to the local hospital. Review of Resident #6's facility Resident Agreement dated 08/11/21 revealed: -Resident #6's total monthly fees were \$1182.00. -Refunds for partial month were refunded at the full months's rate prorated over the number of days that month. -Refunds were to be processed and sent to Resident #6/Responsible Person within 14 days of move out.	D 427	The facility Executive Director will ensure the Business Office Coordinator releases residents funds within 14 days of the residents discharge. The area listed above to be found non-compliant 10A NCAC 13F .1106 Executive Director will review weekly reports showing balances outstanding and ensure all documents and requests have been submitted for review and approval for refund distribution. The facility Executive Director will conduct an inservice training with Business Office Coordinator on the rule area listed to be non-compliant by May 16, 2025	
	Review of the Resident #6's Trust Fund Account dated 03/01/25 revealed: -On 02/26/25, Resident #6's balance was \$862.00. -On 03/26/25, check #984 was paid to Resident #6 in the amount of \$862.62. -The refund was paid to Resident #6 thirty days after the Administrator initiated her discharge. Review of Resident #6's progress notes revealed: -On 02/28/25 at 9:31am, the BOM received telephone permission form Resident #6 to allow			

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D 427	Continued From page 2 Resident #6's family member to receive documents and remainder from Resident #6's Trust Fund account. -On 02/28/25 at 6:05pm, Resident #'s family member received documents, medication, mail, the rest of her belongings and \$60 that was left in Resident #6's account. Interview with the BOM on 04/09/25 at 3:52pm revealed: -Resident #6 was discharged from the facility on 02/12/25 after Resident #6 had been in the hospital on 01/20/25, as reassessed three times by the Resident Care Coordinator (RCC) and after receiving a new FL2 with a physician's order for a higher level of care. -On 03/27/25, after Resident #6's family picked up the remainder of Resident #6's belongings from Resident #6's room, she sent the total refund amount to corporate and she received a refund check in the amount of \$826.26 and she sent the refund to Resident #6's family member. Telephone interview with Resident #6's family member on 04/09/25 at 4:26pm revealed around the end of March 2025, she received a check in the amount of \$826.26 from the facility.	D 427		
	Interview with the Administrator on 04/09/25 at 2:50pm revealed: -On 02/12/25, Resident #6 was discharged from the facility after assessment were completed and receiving a new FL2 with a physician's order for a higher level of care. -The resident contract stated once the belongings were removed from Resident #6's room and the keys were turned in then the facility had 14 days to release the settlement of cost. -On 03/27/25, Resident #6's family removed the last of Resident #6's belongings and a check was			

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