

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2017
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NAME OF PROVIDER OR SUPPLIER CEDAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 670 CEDAR LAKE LANE CLINTON, NC 28328
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(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 and the Sampson County Department of Social Services conducted an annual and follow-up survey on 3/3/17 with an exit conference via telephone on 3/7/17.	C 000		
C 246	<p>10A NCAC 13G .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to report elevated blood pressures for 1 of 3 sampled residents (#3) as ordered by the Primary Care Provider.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 6/22/16 revealed: -Diagnoses included Cerebral Vascular Accident with right sided Hemiplegia and Hypertension. -There was a Primary Care Provider (PCP) order to check blood pressures (BP) once weekly.</p> <p>Review of a PCP prescription for Resident #3 dated 12/14/16 revealed there was an order to notify the PCP if the SBP (systolic BP) was greater than 160 or the DBP (diastolic BP) was greater than 100.</p> <p>Review of Resident #3's Blood Pressure Tracker sheet revealed: -There were 11 BP results documented from 12/19/16 through 2/27/16 with 9 SBP results greater than 160.</p>	C 246	<p>Blood pressure chart has been changed 3/09/17 to include a section for notifying the physician and documenting their response. Log includes the following sections:</p> <ol style="list-style-type: none"> 1. Resident Name 2. Date 3. BP Reading 4. Aide initial 5. MD. Notification (time & contact) 6. Follow-up orders in response to call (Noting: time & date of response) <p>All staff notified of new charting system and administrator an RN will review for compliance.</p>	3/09/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jaqueline AL* TITLE **Owner/Administrator** (X6) DATE

Reviewed and accepted 28 March 2017

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C 246	<p>Continued From page 1</p> <p>-For example, on 12/19/17 the SBP was documented as 172, on 1/23/17 the SBP was documented as 174 and on 2/15/17 the SBP was documented as 186.</p> <p>Review of PCP visit notes, resident care notes and the BP Tracker sheet for Resident #3 revealed there was no documentation the PCP had been notified.</p> <p>Based on observations, interviews and record reviews, resident #3 was not interviewable.</p> <p>Attempt to contact the Power of Attorney for Resident #3 on 3/3/17 at 3:00pm was unsuccessful.</p> <p>Telephone interview with the PCP's Office Coordinator on 3/6/17 at 2:28pm and 3/7/17 at 8:34am revealed:</p> <p>-There was no documentation that facility staff had called the PCP's office regarding Resident #3's elevated BPs.</p> <p>-The PCP was not aware of Resident #3's elevated BP results.</p> <p>-The PCP would be at the facility on 3/9/17 to follow up with the resident and staff regarding BP results.</p> <p>Interview with the Administrator on 3/3/17 at 3:25pm revealed:</p> <p>-She thought there may have been a couple of times where she had discussed Resident #3's elevated blood pressures with the PCP during the PCP's visits to the facility and was told to keep a watch on the BPs.</p> <p>-She did not think staff had been notifying the PCP about the elevated BP's.</p> <p>-When the order was received, she had gone over taking Resident #3's BPs and recording the</p>	C 246	<p>Blood pressure chart has been changed to include a section for notifying the physician and documenting their response. Log includes the following sections:</p> <ol style="list-style-type: none"> 1. Resident Name 2. Date 3. BP Reading 4. Aide initial 5. MD. Notification (time & contact) 6. Follow-up orders in response to call (Noting: time & date of response) <p>All staff notified of new charting system and administrator an RN will review for compliance.</p>	3/09/17

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C 246	Continued From page 2 results with staff, but there was no system in place for notifying the PCP and documenting any contact with the PCP in the resident's record. -The Licensed Health Support Professional nurse had recommended getting an order for parameters on when to call the PCP and that was when the Administrator got the order dated 12/14/16. -The Administrator was going to create a space on the BP Tracker sheet for documenting any contact with the PCP and go over it with all staff immediately.	C 246	Blood pressure chart has been changed to include a section for notifying the physician and documenting their response. Log includes the following sections: 1. Resident Name 2. Date 3. BP Reading 4. Aide initial 5. MD. Notification (time & contact) 6. Follow-up orders in response to call (Noting: time & date of response) All staff notified of new charting system and administrator an RN will review for compliance.	3/09/17