

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 Duplin County Department of Social Services conducted an annual and follow-up survey and a complaint investigation on March 07, 2018 and March 08, 2018.	D 000		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure furniture in the resident's common area and the front entrance lobby were clean and in good repair. The findings are: Observations of the front entrance lobby on 03/07/18 at 9:30am revealed: -There was an oval dark stain approximately 5 inches by 3 inches on the headrest of a fabric covered wingback chair in the front entrance lobby. -There was a circular dark stain approximately 3 inches in diameter on the right wing of a fabric covered wingback chair in the front entrance lobby. -There was a stripped fabric covered sofa with dirty arm rests in the front entrance lobby. Observations of the front hall common room on 03/07/18 at 03:50pm revealed: - There were large, irregular stains of different colors on fourteen of the fifteen metal framed	D 076		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 076	Continued From page 1 chairs with fabric seats and backs. -There was a blue, fabric covered Queen Anne chair with dirty arm rests and a dark stain on the headrest. -There was a wooden straight backed chair with a pink vinyl seat and backrest; the backrest had slit the width of the backrest with padding showing. Interview with housekeeping staff on 03/07/18 at 4:07pm revealed: -The housekeeping staff cleaned the fabric furniture as needed. -A spray disinfectant was used to clean the furniture. -She would spray the soiled area and wipe with a cloth. -Sometimes the spots would not come out. Interview with the Resident Care Manager on 03/08/18 at 12:20pm revealed: -He was aware of the stained furniture. -He had been trying to get new furniture ever since he had started working at the facility. -He would arrange to have the furniture cleaned as soon as possible. -He would remove the damaged furniture.	D 076		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .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: TYPE B VIOLATION	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 2</p> <p>Based on observations, interviews and record reviews, the facility failed to assure 1 of 5 sampled residents (#5) received oxygen with a dehumidifier, scheduled appointments for gynecology and pulmonary, and two follow-up cardiology procedures.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 1/31/18 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included hypertension, post-traumatic stress disorder, hypothyroid, peripheral vascular disease, congestive heart failure, and kidney disease stage III. -The resident was ambulatory. <p>Review of the Resident #5's Assessment & Care Plan dated 2/2/18 revealed the resident was oriented.</p> <p>Review of the physician orders sheet dated 2/5/18 revealed Resident #5 was ordered oxygen at 2 liters per minute via nasal cannula with humidifier by the primary care physician.</p> <p>Interview with Resident #5 on 3/8/18 at 11:39 a.m. revealed:</p> <ul style="list-style-type: none"> -She now had oxygen as of last night (3/7/18). -She used the oxygen last night. -She had not had oxygen at the facility since being admitted on 2/2/18 prior to receiving it on 3/7/18. -Her primary care doctor told her last month she would be getting oxygen. -The oxygen had been "in progress" since that time. <p>Interview with the Medication Aide on 3/8/18 at</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 3</p> <p>12:10 p.m. revealed:</p> <ul style="list-style-type: none"> -Resident #5 spent a lot of time outside smoking. -Resident #5 had not had oxygen previously. -She just learned Resident #5 had oxygen that day 3/8/18. -It was possible there was an issue with Resident #5's insurance that had caused a delay in the resident getting oxygen. <p>Interview with the Physical Therapy Assistant on 3/8/18 at 3:25 p.m. revealed:</p> <ul style="list-style-type: none"> -He worked with Resident #5 two times weekly. -He had not seen the resident with oxygen before. -Resident #5 occasionally complained of being short of breath with strenuous exercise. -Resident #5 had no issues with shortness of breath when walking. -Resident #5 told him she would be getting oxygen that day 3/8/18. <p>Interview with the Transporter on 3/8/18 at 12:18 p.m. revealed:</p> <ul style="list-style-type: none"> -He transported Resident #5 to appointments. -He had never seen Resident #5 using oxygen. <p>Interview with the Resident Care Manager (RCM) on 3/8/18 at 12:15 p.m. revealed:</p> <ul style="list-style-type: none"> -Resident #5 saw her primary care provider (PCP) on Monday 3/5/18. -She was given an oxygen concentrator from the storage shed on the evening of Tuesday 3/6/18. -Resident #5's insurance would not cover oxygen on an as needed basis. -In addition, Resident #5's insurance required a face to face visit note with the PCP prior to filling an oxygen order. -Resident #5 continued to smoke heavily. -Resident #5 had refused to use oxygen prior to this week. -The PCP had suspended the order for oxygen in 	D 273			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 4</p> <p>mid-February for about a week. -He would contact the PCP to clarify the order for oxygen.</p> <p>Interview with the RCM on 3/8/18 at 2:15 p.m. revealed: -He had contacted the PCP to clarify the oxygen order. -The resident was given an old oxygen concentrator from the facility's storage shed. -The resident was seen by the PCP on 2/12/18 but the office note was not generated until 2/24/18. -The PCP did not provide the written note to the facility until 2/27/18. -The office note was required by the medical equipment company in order to process the prescription.</p> <p>Review of the February and March 2018 Medication Administration Records (MARs) revealed: -Oxygen at 2 liters per minute via nasal cannula with humidifier was added to the MAR on 2/6/18. -The PCP was contacted regarding Resident #5 not receiving oxygen on 2/6/18-2/12/18. -The order for oxygen was suspended from 2/12/18 to 2/20/18. -The oxygen was documented as administered from 2/21/18 to 3/8/18.</p> <p>Interview with the primary care provider (PCP) on 3/8/18 at 3:14 p.m. revealed: -He was unsure when he saw Resident #5 last but believed it to be recently in the last two weeks. -He had conflicting readings on Resident #5's oxygen levels. -One day he followed Resident #5 down the hall and took her oxygen level which resulted at</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 5</p> <p>95-97%.</p> <p>-On a different day, Resident #5's oxygen level resulted at 86-87% after she returned from smoking.</p> <p>-Resident #5 told him she had oxygen prior to coming to the facility but he was unable to verify that.</p> <p>-It was not an "easy process" to get oxygen ordered and it was hard to justify the need for oxygen with her oxygen levels within normal limits.</p> <p>-Resident #5 also had no intent to stop smoking and could refuse the oxygen or stop the oxygen to smoke.</p> <p>-He did not recall stopping the order for oxygen in February.</p> <p>-He was aware Resident #5 did not have the oxygen as ordered.</p> <p>-He expected Resident #5 to get the oxygen as soon as the machine was available.</p> <p>-He had also ordered a pulmonary referral for pulmonary function tests to be done to speed up the process.</p> <p>b. Review of Resident #5's physician orders revealed there was a referral to pulmonary dated 2/12/18.</p> <p>Interview with Resident #5 on 3/8/18 at 11:39 a.m. revealed:</p> <p>-She had not seen a pulmonary doctor.</p> <p>-Her primary care doctor (PCP) had prescribed her oxygen that she was given on Wednesday 3/7/18.</p> <p>-She smoked about a pack a day and had been a smoker since age 14.</p> <p>Interview with the Transporter on 3/8/18 at 12:18 p.m. revealed:</p> <p>-He scheduled appointments for residents at the</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 6</p> <p>facility and also transported residents to the appointments.</p> <p>-The Resident Care Manager (RCM) placed referrals in his folder after a resident saw the doctor.</p> <p>-He checked the folder daily.</p> <p>-He had not yet made the appointments with pulmonary for Resident #5 due to only receiving the orders to schedule that appointment this week.</p> <p>-He was unsure what day specifically he was given the referral for pulmonary but knew it was that week (3/5/18-3/9/18).</p> <p>-After making appointments, the Transporter would give the appointment dates to the RCM and they were placed on a calendar.</p> <p>Interview with the Resident Care Manager (RCM) on 3/8/18 at 12:45 p.m. revealed:</p> <p>-He was not sure when the referrals to pulmonary was made.</p> <p>-Resident #5 saw "every doctor under the sun and if she needed to go to the pulmonologist she could have just told him where she needed to go."</p> <p>-When the PCP saw a resident he left orders for the RCM.</p> <p>-The RCM would give a copy to the transporter for scheduling then the transporter would return the appointment dates to the RCM to be put onto a calendar.</p> <p>Interview with the PCP on 3/8/18 at 3:14 p.m. revealed:</p> <p>-He had made the referral to pulmonary due to conflicting readings on Resident #5's oxygen level.</p> <p>-He thought the pulmonary referral would be helpful in getting pulmonary function tests completed.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 7</p> <p>-He also thought pulmonary would clarify whether the resident actually needed oxygen.</p> <p>-He was not aware the appointment had not been made with pulmonary.</p> <p>-He expected the facility to coordinate appointments as soon as possible.</p> <p>Interview with the RCM on 3/8/18 at 3:30 p.m. revealed the pulmonary appointment had been scheduled that day 3/9/18 for 4/16/18 at 10:00 a.m.</p> <p>3. Review of Resident #5's physician orders revealed there was a referral made to gynecology dated 2/16/18.</p> <p>Interview with Resident #5 on 3/8/18 at 11:39 a.m. revealed:</p> <p>-She had a growth in her vaginal area that was painful at times.</p> <p>-Her PCP had examined the area and wanted her to see another doctor.</p> <p>-She had not seen a gynecologist since last year.</p> <p>Interview with the Transporter on 3/8/18 at 12:18 p.m. revealed:</p> <p>-He scheduled appointments for residents at the facility and also transported residents to the appointments.</p> <p>-The Resident Care Manager (RCM) placed referrals in his folder after a resident saw the doctor.</p> <p>-He checked the folder daily.</p> <p>-He had not yet made the appointment with gynecology for Resident #5 due to only receiving the orders to schedule that appointment this week.</p> <p>-He was unsure what day specifically he was given the referral for gynecology but knew it was that week (3/5/18-3/9/18).</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 8</p> <p>-After making appointments, the Transporter would give the appointment dates to the RCM and they were placed on a calendar.</p> <p>Interview with the Resident Care Manager (RCM) on 3/8/18 at 12:45 p.m. revealed:</p> <p>-He was not sure when the referral to gynecology was made.</p> <p>-When the PCP saw a resident he left orders for the RCM.</p> <p>-The RCM would give a copy to the transporter for scheduling then the transporter would return the appointment dates to the RCM to be put onto a calendar.</p> <p>Interview with the primary care physician (PCP) on 3/8/18 at 3:14 p.m. revealed:</p> <p>-He did not recall making the referral to gynecology.</p> <p>-He was aware the resident had a growth in her vaginal area.</p> <p>-He did not know the appointment had not been scheduled with gynecology.</p> <p>-He usually got reports when residents saw specialists but he had not received one from gynecology.</p> <p>-He expected the facility to coordinate the appointment for gynecology as soon as possible.</p> <p>Interview with the RCM on 3/8/18 at 3:30 p.m. revealed the gynecology appointment had been scheduled that day for 3/22/18 at 1:15 p.m.</p> <p>4. Review of the physician orders for Resident #5 revealed there were orders for a repeat overnight oximetry and mobile cardiac telemetry for three days dated 3/1/18.</p> <p>Interview with Resident #5 on 3/8/18 at 11:39 a.m. revealed:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 9</p> <ul style="list-style-type: none"> -She saw her cardiologist last week. -The doctor wanted her to have some more testing done. -She was not sure what the tests were. -She had not had worn any heart monitors since moving to the facility on 2/2/18. <p>Interview with staff at the cardiology office on 3/8/18 at 11:51 a.m. revealed:</p> <ul style="list-style-type: none"> -Resident #5 was seen in the office on 3/1/18. -She requested to go to the hospital at that visit. -Resident #5 was having chest pains on the day of this visit and was given a medication to stop the pain while there. -The patient still wanted to go to the hospital and therefore she was sent to the emergency room. -The doctor ordered an overnight oximetry test be done. -The resident would have to come into the office to pick up the equipment and then be sent home with the equipment overnight. -The equipment would then need to be returned the following day. -There was also an order for a cardiac monitor to be worn for three days. -The resident would also need to come to the office to pick up the equipment and then she would be sent home to wear the monitor for three days. -Any staff could return the monitor to the office after the three days. -The office usually gave facilities flexibility with scheduling monitor procedures when residents lived out of town. -No one had contacted the office to make arrangements for the overnight oximetry or the cardiac telemetry test as of 3/8/18. <p>Interview with the Resident Care Manager (RCM) on 3/8/18 at 12:45 p.m. revealed:</p>	D 273			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	<p>Continued From page 10</p> <ul style="list-style-type: none"> -The resident had just seen cardiology last week. -No arrangements had been made as of yet to have the resident taken back to the office for those two tests. <p>Interview with the cardiology office on 3/8/18 at 5:25 p.m. revealed:</p> <ul style="list-style-type: none"> -They were waiting on the report from the resident's hospital visit on 3/1/18 to determine what testing was done there. -The resident was discharged from the hospital on the same day, 3/1/18. -The oximetry test was not done at the hospital. -The doctor wanted to have the overnight oximetry and the cardiac monitor testing done as soon as possible prior to the stress test scheduled on 3/26/18. -She had not received any calls from the facility to schedule the testing. -She planned to call the facility to arrange the testing now. <p>Based on observations, interviews, and record reviews, no appointment dates had been scheduled for the overnight oximetry or cardiac telemetry testing prior to exiting the survey.</p> <p>_____</p> <p>The facility failed to coordinate physician's orders for oxygen, two referrals to pulmonary and gynecology, and two follow-up cardiology procedures for a resident with a history of congestive heart failure and chest pain. This failure was detrimental to the health, safety, and welfare of the resident which constitutes a Type B Violation.</p> <p>_____</p> <p>Review of the facility's plan of protection dated 03/08/18 revealed:</p> <ul style="list-style-type: none"> -The Resident Care Manager would review current orders to ensure follow-up appointments 	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 273	Continued From page 11 had been made. -The Resident Care Manager would prioritize appointments prior to giving them to Transportation to schedule. -The Resident Care Manager would increase communication with providers and have daily meetings with his Assistant Care Manager and Transportation to discuss the appointment schedule. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 22, 2018.	D 273		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to assure residents received care and services that were adequate, appropriate and in compliance with federal and state laws and rules and regulations related to health care referral and follow-up. The findings are: Based on observations, interviews and record reviews, the facility failed to assure 1 of 5 sampled residents (#5) received oxygen with a dehumidifier, scheduled appointments for gynecology and pulmonary, and two follow-up	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/08/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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	
D912	Continued From page 12 cardiology procedures. [Refer to Tag 0273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)].	D912			