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
	FCL011385	A. BUILDING: ______ B. WING ______	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGES HOMES # 3	**8 ELLA LANE ALEXANDER, NC 28701**

(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 Buncombe County Department of Social Services conducted an annual survey on April 16, 2019.	C 000		
C 246	10A NCAC 13G .0902(b) Health Care 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to contact the primary care provider for 1 of 3 sampled residents (#3) with blood pressure readings outside of ordered parameters. The findings are: Review of Resident #3's current FL-2 dated 12/26/18 revealed: -Diagnoses included hypertension, and schizophrenic-Bipolar Type. -There was an order to check the blood pressure daily. Review of Resident #3's physician's orders dated 01/22/19 revealed there was an order to check the blood pressure daily and notify the physician if the top number (systolic blood pressure, measures your pressure in your blood vessels when your heart beats), was greater than 150. Review of Resident #3's February 2019 Resident Vital Signs Record revealed:	C 246		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011385	A. BUILDING: ______ B. WING ______	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGES HOMES # 3	8 ELLA LANE ALEXANDER, NC 28701

(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 246	Continued From page 1	C 246		

-There were entries for blood pressures once a day from 02/13/19 to 02/28/19.
-There was documentation of the top number for the blood pressures greater than 150 for 10 out of 16 readings.
-On 02/13/19 at 9:32am the reading was 155/99.
-On 02/20/19 at 7:43am the reading was 170/99.
-On 02/25/19 at 7:31am the reading was 169/96.

Review of Resident #3's March 2019 Resident Vital Signs Record revealed:
-There were entries for blood pressures once a day from 03/01/19 to 03/31/19.
-There was documentation of the top number for the blood pressures greater than 150 for 10 out of 31 readings.
-On 03/16/19 at 9:25am the reading was 166/126.
-On 03/18/19 at 7:21am the reading was 166/122.
-On 03/21/19 at 7:29am the reading was 155/113.
-On 03/25/19 at 7:46am the reading was 169/105.

Review of Resident #3's April 2019 Resident Vital Signs Record revealed:
-There were entries for blood pressures once a day from 04/01/19 to 04/14/19.
-There was documentation of the top number for the blood pressures greater than 150 for 3 out of 14 readings.
-On 04/04/19 at 7:06am the reading was 153/106.
-On 04/05/19 at 7:37am the reading was 158/108.
-On 04/08/19 at 7:42am the reading was 159/101.

Interview with a medication aide (MA) on 04/16/19 at 10:00am revealed:
-She was trained by an instructor, in class to take blood pressures and to call the physician with any concerns.
-She was further trained at the facility when hired at the facility in 2013 by the nurse.
-She was not sure what normal blood pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011385	A. BUILDING: ______ B. WING ______	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGES HOMES # 3	8 ELLA LANE ALEXANDER, NC 28701

(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 246	Continued From page 2	C 246		

readings were but the readings she was getting "seemed" high.
-She was trained to call the physician if there was an issue with the blood pressures but she just took the blood pressures and then documented them.
-She knew the blood pressures "seemed" high for Resident #3 and did not call the physician.
-She did not call know about the order from Resident #3's physician dated 01/22/19.
-She did not notify the physician when the blood pressures were high.

Telephone interview with the Office Manager for Resident #3's physician's office on 04/16/19 at 12:02pm revealed:
-Resident #3 was last seen in the office on 01/22/19.
-The office notes documented high blood pressures, with a systolic blood pressure greater than 150 and a medication change.
-The order used "top number" because of confusion for the MA's with using "systolic or diastolic" in previous orders.
-An order was given to check the blood pressures daily and call the physician for any top numbers greater than 150 and another medication change if the blood pressures continue to be high on the ordered medication.
-There was not any communication documented in Resident #3's office notes related to blood pressures.
-The continued high blood pressures for Resident #3 could result in a stroke if the blood pressure were not kept under control.
-The physician expected the facility staff to notify him of the blood pressures above the set parameters and considered it detrimental to Resident #3's health.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011385	A. BUILDING: ______ B. WING ______	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGES HOMES # 3	**8 ELLA LANE ALEXANDER, NC 28701**

(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 246	Continued From page 3 Attempted interview with Resident #3 on 04/16/19 at 12:00pm was unsuccessful. Attempted interview with the Administrator on 04/16/19 at 12:30pm was unsuccessful. ______________________________ The facility failed to contact the primary care provider for Resident #3 after the resident continued to have high blood pressure readings above the physician parameters placing Resident #3 at risk for a stroke which was detrimental to the health, safety and welfare of Resident #3 and constitutes a Type B Violation. ______________________________ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/16/19 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED May 31, 2019.	C 246		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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, record reviews, and interviews, the facility failed to assure the residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to notifying the physician of blood pressure outside of the ordered	C 912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011385	A. BUILDING: ______ B. WING ______	04/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGES HOMES # 3	8 ELLA LANE ALEXANDER, NC 28701

(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 912	Continued From page 4 parameters. The findings are: 1. Based on observations, interviews and record reviews, the facility failed to contact the primary care provider for 1 of 3 sampled residents (#3) with blood pressure readings outside of ordered parameters.[Refer to Tag 246, 10A NCAC 13G .0902(b) Health Care a (Type B Violation)].	C 912		