STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010007	A. BUILDING: _____ B. WING _____	R-C 04/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LELAND HOUSE	1936 LINCOLN ROAD LELAND, NC 28451

(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 conducted a Desk Review follow-up survey on April 09, 2020, April 13, 2020 - April 17, 2020 and April 20, 2020.	(D 000)		
(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: FOLLOW UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on record reviews and interviews, the facility failed to assure the acute and chronic health care needs were met for 1 of 5 sampled residents (#3) related to failure to notify the urologist of the resident passing blood in her urine, coordination of care, and missed appointments with the urologist. The findings are: Review of Resident #3's current FL-2 dated 10/24/19 revealed diagnoses included type 2 diabetes, hypothyroidism, hypertension, coronary artery disease, chronic renal insufficiency, gout, osteopenia, and a pacemaker placement on 01/01/09. Review of Resident #3's progress notes revealed: -On 01/14/20 at 11:48am, Resident #3's family member expressed concern to a medication aide (MA) at the facility. The resident was passing	(D 273)	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the Statement of Deficiencies or corrective action report; the plan of correction is prepared solely as a matter of compliance with state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shepe Robertson — TITLE: Executive Director — (X6) DATE: 5/21/20

* The Plan of Correction with * addendum was reviewed and accepted on 06/11/20. Refer to Page 10 of this Statement of Deficiencies. — DHSR 06/11/20

RECEIVED
MAY 21 2020
ADULT CARE LICENSURE SECTION
RALEIGH

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{D 273}	Continued From page 1 blood in her urine and wanted to see if she could get a doctor's appointment to get checked out. The family member would take Resident #3 to the appointment whenever it was scheduled. -On 01/17/20 at 12:49pm, a MA called Resident #3's urology's office and left a voice message and was waiting on a call back. -On 01/20/20 at 05:30pm, the resident was complaining of blood in her urine and a MA called Resident #3's urology's office to see if they had any available appointment. -There was no documentation of physician notification of Resident #3 passing blood in her urine from 01/14/20 to 01/17/20. Telephone interview with Resident #3's family member/responsible party on 04/15/20 at 12:00pm revealed: -He was at the facility on 01/14/20 and he reported to a facility staff Resident #3 was passing blood in her urine. -He let the facility staff know Resident #3 was requesting a doctor's appointment. -He did not observe any blood while in the facility, he just relayed to the facility staff the observation of Resident #3. -Resident #3 has had kidney issues for several years. -When she had "kidney issues" she exacerbated her pain in her lower abdomen. Telephone interview with the Director of Resident Care (DRC) on 04/16/20 at 3:15pm revealed: -If there was a change in a resident's health status, the facility staff would notify her. -She would assess the resident and notify the primary care provider (PCP) immediately. -She would complete a progress note and fill out the order. -She would call the resident's family.	{D 273}	Med Aides have received education related to proper response to family member/ resident expressed concerns. Med Aides are to immediately communicate with DRC any concerns that a family member has expressed regarding healthcare needs of residents. Follow up measures and documentation of interventions related to the concern will be documented in the residents chart.	4/20/2020

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{D 273}	Continued From page 2 -She would document the verbal order on the physician's order form. -She was unable to provide any information on physician notification related to Resident #3 on 01/14/20 because she did not work at the facility until March 2020. Telephone interview with the interim Executive Director (ED) on 04/16/20 at 3:30pm revealed: -A MA who worked on 01/14/20 was no longer working at the facility. -A MA who worked on 01/17/20 was no longer working at the facility. -She was not sure if the physician was notified of Resident #3 passing blood in her urine on 01/14/20. -She was not sure if the family member of Resident #3 attempted to schedule a urology appointment on 01/14/20. -If a resident had a change in health status, her expectation was to notify the physician immediately. The MA who documented Resident #3's progress note dated 01/14/20 at 11:48am was not available for interview. The MA who documented Resident #3's progress note dated 01/17/20 at 12:49pm was not available for interview. Telephone interview with the Registered Nurse (RN) at Resident #3's PCP office on 04/15/20 at 1:00pm revealed: -The office was not notified of Resident #3 passing blood in her urine on 01/14/20. -The office did not have the expectation of being notified if Resident #3 was having any signs or symptoms of a urinary tract infection. -The RN and the PCP had told the facility	{D 273}	All physician orders, signed referrals, signed discharge summaries, scheduled appointments that are received by the community will be reviewed by the Director of Resident Care, Memory Care Manager and/or Executive Director and follow up actions documented on the original document as a form of easy reference to continued health care referral and folllow up.	4/20/2020

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{D 273}	Continued From page 3 previously (no date provided) to notify Resident #3's urologist if she was having any signs or symptoms of a urinary tract infection (UTI). Telephone interview with the certified medical assistant (CMA) at Resident #3's urologist's office on 04/16/20 at 3:45pm revealed: -On 01/10/20, there was a voice message left from the facility without a purpose noted. -The office was not notified of Resident #3 passing blood in her urine on 01/14/20. -The office did have the expectation of being notified if Resident #3 was having any signs or symptoms of a UTI. -Resident #3 was a no call no show for a urology appointment scheduled on 01/17/20. Telephone interview with the interim ED on 04/20/20 at 1:20pm revealed: -When requesting medical records for Resident #3 from the PCP's office, she obtained the information Resident #3's last urology visit was in November 2019 and her next scheduled urology visit was 01/17/20. -The facility had no record of an appointment for Resident #3's urology appointment scheduled for 01/17/20. Review of Resident #3's progress notes revealed: -On 01/20/20 at 05:30pm, the resident was complaining of blood in her urine and a MA called Resident #3's urology's office to see if they had an available appointment. -On 01/22/20 at 1:15pm, she had a urology appointment on 01/24/20 at 10:30am. -On 01/24/20, she was taken to an appointment at her primary care physician (PCP) to follow up on a fall, the transporter left the facility at 9:30am. Review of the facility's appointment calendar for	{D 273}	All appointments will be scheduled and verified by the transportation aide only. Appointments will be scheduled for one resident at a time to allow the transporter to remain with the resident. Transportation aide will note follow up appointments in the appointment book before leaving the doctors office.	4/20/2020

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{D 273}	Continued From page 4 Resident #3 revealed: -She had an appointment on 01/24/20 at 9:30am with her primary care physician. -She had a urology appointment on 01/24/20 at 10:30am. Review of Resident #3's PCP office visit note dated 01/24/20 revealed: -She presented for an Emergency Room follow up to a fall. -Her computed tomography (CT scan) of head, neck, and spine results were all negative. -Her physical exam findings were normal. -There was no documentation of discussion or assessment of Resident #3's genitourinary system (the organs of the two kidneys, two ureters, one bladder, and one urethra) under history of present illness or physical examination. Review of Resident #3's progress notes dated 02/07/20 at 12:47pm revealed she was seen by a doctor today and came back with new orders. Review of Resident #3's urology office visit note dated 02/07/20 revealed: -The history of present illness was a urinary tract infection (UTI). -Her presenting/initial symptoms included burning, dysuria (pain or discomfort when urinating), fever, frequency, hematuria (red blood cells in the urine), nocturia (excessive urination at night), suprapubic (lower abdomen) pain and urgency. -Pertinent history included decreased mobility, diabetes, history of urinary stones, history of urologic surgeries, and kidney disorder. -Associated symptoms included cloudy urine, dysuria, foul urine odor, hematuria (microscopic), leakage requiring pads, mixed incontinence (a combination of the loss of bladder control from	{D 273}	Appointments will be scheduled in a manner where they do not overlap each other. During morning meeting the current day appointments will be discussed, any additional concerns or information that needs follow up or PCP attention will be added to the appointment sheet to ensure PCP or specialist addresses all current concerns.	4/20/2020

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{D 273}	Continued From page 5 stress and urgency), nocturia, recurrent UTIs, urinary frequency, urinary urgency, pelvic pain, and urethral pain. -Urine analysis had a large amount blood and leukocytes (white blood cell, high white blood cell count may indicate a UTI), cloudy in appearance with positive for nitrites (some types of bacteria have an enzyme that converts nitrates into nitrites, most commonly means there's a bacterial infection in the urinary tract). -She received Gentamicin 80 mg (an antibiotic used to treat an infection in any part of the urinary system, the kidneys, bladder, or urethra) via an intramuscular (IM) injection. -Assessment/Plan included dysuria. -Resident #3 was given prescriptions for Cefdinir (an antibiotic used to treat bacterial infections) 300 mg twice a day x 10 days pending the urine culture and sensitivity, Pyridium (a medication used to relieve symptoms caused by urinary tract infections and other urinary problems) 200 mg three times a day x 4 days, and Gentamicin 80 mg IM on 02/07/20. Review of Resident #3's urology office visit note dated 02/28/20 revealed: -The history of present illness was a urinary tract infection. -Her presenting/initial symptoms included dysuria, frequency, nocturia, and urgency. -Urine culture taken on 02/07/20 had the findings of Enterobacter (gram-negative bacteria). -Associated symptoms included cloudy urine, dysuria, foul urine odor, hematuria (microscopic), mixed incontinence, nocturia, recurrent UTIs, urinary frequency, urinary urgency, and pelvic pain. -Urine analysis had a moderate amount of blood and large leukocytes. -She received Gentamicin 80 mg via an IM	{D 273}		

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{D 273}	Continued From page 6 injection. -Resident #3 was given prescriptions for Doxycycline (a medication used to treat infections) 100 mg two times a day, Fluconazole (a medication used to treat fungal infections) 150 mg today and repeat in 72 hours, Losartan (a medication used to slow long-term kidney damage in people with type 2 diabetes who also have high pressure) 50 mg daily, and Phenazopyridine (a medication used to relieve symptoms caused by urinary tract infections and other urinary problems) 100 mg three times a day after meals as needed. Review of Resident #3's urgent care visit note dated 03/11/20 revealed: -She presented for UTI. -Her presenting/initial symptoms included pain and dysuria. Symptoms are associated with recurring urinary tract infections. -She had lower abdominal discomfort last night (03/10/20) which resolved 03/11/20. -She admitted to urinary discomfort also started last night (03/10/20). -History of recurrent UTI and was worried had another one. -Her urine culture dated 02/28/20 was positive for Enterococcus and Staphylococcus Haemolyticus and was treated with Macrobid and Doxycycline. -Her urine culture dated 02/07/20 was positive for Enterobacter and treated with Cefdinir. -Her urine culture dated 11/05/19 was positive for Enterobacter and treated with Macrobid. -Her urine analysis dated 03/11/20 had many leukocytes, was positive for nitrates, and had moderate blood. -Resident #3 was given prescriptions for Cefdinir 300 mg twice a day and Fluconazole 150 mg today and repeat in 72 hours.	{D 273}	All facility known external resident appointments will be recorded in the appointment book and monitored by the Director of Resident Care/ Memory Care Manager to ensure appointments are facilitated as scheduled. Any appointments that are rescheduled or canceled will require Executive Director approval and PCP notification.	4/20/2020

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{D 273}	Continued From page 7 Telephone interview with a MA on 04/13/20 at 2:17pm revealed: -When there was a change in a resident's health status, she would notify the primary care physician immediately. -She would obtain the resident's vital signs. -She would notify her Supervisor and the resident's family. -The resident's name would be placed in the "hot box." -When a resident was placed in the "hot box" this included the following interventions the resident's name would be included on a board posted in the clinic room within the facility, 72 hour checks would be completed, vital signs would be obtained every shift for three days, the resident's name would be included on the 24-hour communication log which acts as shift change report and was kept on the medication cart. -There was a stand-up meeting held at the facility every morning with the department heads then the nursing staff. Telephone interview with the interim ED on 04/13/20 at 2:32 pm revealed: -The nurse received the orders for referrals and appointments and then gave them to the Transportation staff person, who either made the appointment for the referral or noted the appointment on the transportation calendar. -The referral or appointment would then be placed in a folder to be followed up by the DRC and interim ED. Telephone interview with a MA on 04/13/20 at 2:51 pm revealed: -Medical appointments were given to the DRC or interim ED. -The medical appointments were then given to the transportation staff person.	{D 273}	Transportation aide will type appointment schedule on Friday for the following week, submit copy to the Executive Director and Director of Resident Care for review and approval. Transportation aide will fill out an appointment slip on Friday for the following week's appointments and deliver the slip to residents to notify them of upcoming appointments.	4/20/2020

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{D 273}	Continued From page 8 Telephone interview with the interim ED on 04/16/20 at 3:30pm revealed: -The facility's transporter was responsible for making residents' appointments. -The facility's transporter was no longer working at the facility. -She was not sure why Resident #3 missed her urology appointments on 01/17/20 and 01/24/20. A second telephone interview with a MA on 04/20/20 at 2:15pm revealed: -She was able to speak with the facility's former transporter today (04/20/20) via phone. -The transporter took Resident #3 to her PCP appointment on 01/24/20 at 9:30am. -The resident was unable to keep the urology appointment on 01/24/20 at 10:30am because the urologist worked in a different location on Fridays. -The urology appointment on 01/24/20 at 10:30am was re-scheduled for 02/07/20. -The PCP knew about Resident #3's urology appointment on 01/24/20 at 10:30am. -The PCP did address Resident #3's UTI signs and symptoms on 01/24/20. Telephone interview with the RN at Resident #3's PCP office on 04/15/20 at 1:00pm revealed: -If a resident's appointment was canceled by phone, "canceled" would appear in the computer system when reviewing the resident's appointments. -If the resident was a no show and/or no call for the appointment, the appointment would not appear as "canceled" in the system. -Resident#3 was a no call no show to her urology appointments on 01/17/20. -Resident #3 attended an office visit appointment with her PCP on 01/24/20 at 9:30am as an emergency room follow-up after she had a fall.	{D 273}		

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{D 273}	Continued From page 9 -She did attend urology appointments on 02/07/20 and 02/28/20. Telephone interview with the RN at Resident #3's urologist's office on 04/17/20 at 10:30am revealed: -The office was not notified of Resident #3 passing blood in her urine on 01/14/20. -The office had the expectation of being notified if Resident #3 was having any signs or symptoms of a UTI. -If a UTI went untreated the resident's symptoms would get worse and the resident could become septic. The facility failed to notify Resident #3's urologist when the resident was passing blood in her urine for three days between 01/14/20 to 01/17/20, failed to ensure the resident attended scheduled urology appointments, and failed to coordinate care related to the resident's genitourinary symptoms between the PCP and urologist. The facility's failure resulted in a 25 day delay in Resident #3 being treated for a urinary tract infection (UTI) and placed the resident at increased risk for urinary symptoms and sepsis which was detrimental to her health, safety, and welfare and constitutes an unabated Type B Violation. The facility provided a plan of protection (POP) in accordance with G.S. 131D-34 on April 17, 2020 for this violation. A POP addendum was provided on 04/20/20.	{D 273}	The Facility Activity Report will be reviewed every morning for discussion during the morning meeting. Progress notes that indicate the need for PCP intervention will be reviewed by the Executive Director/ Director Of Resident Care and or Memory Care Manager. The Director of Resident Care and or Memory Care Manager will follow up with any healthcare needs and ensure proper follow up occurs. Executive Director will sign off on report indicating follow up has been completed. QA The Executive Director, Director of Resident Care and Memory Care Manager will review the appointment book and Facility Activity Report monthly to ensure health care referral and follow up.	4/20/2020 On going
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights	{D912}		

D273 Addendum per telephone with Ms. Phoebe Robertson on 06/11/20: The completion date should be 04/21/20 instead of 04/20/20 as the date for the plan of correction completed. 06/11/20 (PN)

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{D912}	Continued From page 10 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 which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to health care. The findings are: Based on record reviews and interviews, the facility failed to assure the acute and chronic health care needs were met for 1 of 5 sampled residents (#3) related to failure to notify the urologist of the resident passing blood in her urine, coordination of care, and missed appointments with the urologist. [Refer to Tag 273, 10A NCAC 13F .0902(b) Health Care (Unabated Type B Violation)].	{D912}	Please refer to plan of correction under tag 273, 10A NCAC 13F 0902(b) Residents Rights Training was presented to all staff by the Regional Ombudsman, [redacted] on 12/11/2019.	4/20/2020