STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL092220	B. WING		07/2	4/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	follow-up survey an Infection Control su 07/24/20 and a des	ensure Section conducted a and a COVID-19 focused arvey with an onsite visit on the review survey on 07/14/20 - 10/20 - 07/24/20 and a 6/24/20.				
{D 273}	10A NCAC 13F .09	02(b) Health Care	{D 273}			
	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 A1 VIOLATION The A1 Violation was abated. Noncompliance continues.					
	Based on interviews and record reviews, the facility failed to notify the primary care provider (PCP) for complaints of symptoms of a urinary tract infection (UTI) and lab results for 1 of 5 sampled residents (#1).					
	04/15/20 revealed: -Diagnoses include incontinence.	t #1's current FL-2 dated d diabetes myelitis and urinary ncontinent of bowel.				
	06/26/20 revealed: -The resident had of incontinenceThe resident wore	t #1's current Care Plan dated occasional bladder adult incontinent garments. red supervision with toileting.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	Division of Health Service Regulation						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL092220 B. WING			R 07/24/2020			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
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{D 273}	Continued From pa	ge 1	{D 273}			İ	
	o5/29/20 revealed: -Resident #1 thouginfection (UTI)Resident #1's Primoffice was called buther of the was documed done on 06/01/20. Telephone interview member on 07/21/2-Resident #1 had athere are resident #1 told the resident thought shought shought shought shought member on 07/21/2-Resident #1 told the resident thought shought shought shought member of the family member and spoke with the facility the after resident. The family member would require medianot seen by the PC-The family member the facility the after resident's PCP officing the facility was to Resident #1 to see the family member and spoke with the (RCC). The RCC told the family member was no longer verball.	entation follow up would be with Resident #1's family to at 10:51am revealed: history of UTI's. n a prophylactic antibiotic for the family member 05/59/20 the the had a UTI. the had a U					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER, AND PLAN OF CORRECTION IDENTIFICATION NUMBER		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		ALE, NC 27			
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{D 273} Continued From page	2	{D 273}			
Telephone interview wing Resident #1's PCP office revealed: -Resident #1's PCP has residents' complaint of around 05/29/20It was expected Resident #1 resident first complained -If the PCP had been recomplained with UTI lift an appointment would urinalysis (UA) ordered urinalysis is a test that -Resident #1 was last 01/08/2020. Telephone interview with on 07/21/20 at 11:57 are -Resident #1 told her so may have had a UTI of see her PCP on 05/29, -She called Resident #1 report the resident #1 report the resident #1 report the resident #1 report the resident #1 had composite of the composite of the composite of the composite of the resident #1's PCP office of the composite of the resident #1's PCP needs the composite of the resident #1's PCP needs	with a medical assistant for fice on 07/21/20 at 11:30am and not been notified of the f possibly having had a UTI dent #1's PCP to have been the complaints when the ed to facility staff. Intotified Resident #1 had ke symptoms on 05/29/20 have been made and a difference for the resident (a thelps detect a UTI). Evaluated by the PCP on with a medication aide (MA) in revealed: She was concerned she on 05/29/20 and asked to 1/20. While the possible UTI. If the was closed when she the case of UTI symptoms. The 24-hour shift report the possible that the possible the resident when the case of t	{U 2/3}			

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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{D 273}	•		{D 273}			
	that day.	because she did not work on				
		e interview with the medical ent #1's PCP on 07/22/20 at				
	-The facility faxed a Resident #1 on 05/					
	-An order for a UA on Resident #1 was faxed to the facility on 05/20/20The were no results for Resident #1's UA that					
	was ordered 05/20/20. -It was the facility's responsibility to fax the UA results to the PCP.					
	Telephone interview with the Health and Wellness Director (HWD) on 07/22/20 at 2:10pm revealed: -Resident #1 had a UA order from the PCP dated 05/20/20.					
	-There were no UA order dated 05/20/2					
	provider for the UA	I the facility's contracted lab results. UA results when received.				
	Review of a "UTI Report" for Resident #1 dated 05/26/20 received from the facility on 07/22/20 revealed:					
	-The section for the	e physician name was blank. ollected and received on				
	-The lab report resulted on 05/26/20Resident #1's urine was positive for Serratia marcescens (a bacterium that is commonly involved in UTI's).					
	A third telephone in	iterview with the medical ent #1's PCP on 07/22/20 at				
	-Resident #1's PCF	had not been notified by the #1's concern about a UTI.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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{D 273}	-Resident #1's PCF notified with the resident #1 had could lead to increatinfection, confusion -The last UA results dated October 201! A second telephone 07/23/20 at 9:18am -The request for the Resident #1 faxed completed by the R-The facility's contrathe lab results to R-The facility's contrathe lab results to R-The facility's contrathe lab results to R-The facility was not results to the resident #1's PCF with the resident #1's PCF with the resident #1's PCF medication order to Resident #1 neede lab results. -It was normal for Fintermittently of fee Telephone interview 9:20am revealed: -She faxed a requer #1's PCF for a UA contracted lab proventies are ported to her the	P expected to have been sident's first complaint of a UTI. a UTI that was untreated it ased symptoms, pain, and hospitalization. It is for Resident #1 on file was 9. It interview with the HWD on a revealed: It is 05/20/20 UA order for to the resident's PCP was ICC. It is acted lab provider would fax esident #1's PCP. It is lab results to the cility would need to call the lab sults because the lab provider about the facility. It responsible to send lab ents' providers. It is an other faxed a of the facility if the PCP felt did medications based on the Resident #1 to complain ling as if she had a UTI. It with the RCC on 07/23/20 at 15 the facility's order and to use the facility's	{D 273}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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{D 273}	experienced. Telephone interview representative of the provider on 07/23/2-It was the responsible results to the or-The contracted labeled the facility would controlled the facility would controlled the lab provider. -Each facility had a let the lab know who labs and where the and the correct results to the correct results for the office of the correct results for the office results. Telephone interview office of the correct results for the office resu	w with a client service re facility's contracted lab re facility of the facility to forward dering providers. It provider had a system where mmunicate electronically with location number which would ich facility was sending the resident resided. In was used to get the lab rest facility. It is used to the lab provider. It is used to the lab provider. It is one location number provided It is sent to the lab provider. It is one location number provided. It is	{D 273}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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{D 273}	Continued From pa	ge 6	{D 273}			
{D 273}	-UTI's that did not in bacteremia (bacteria in the blook hospitalizationShe would not treat resident did not have a third telephone in 07/23/20 at 12:41 providerIt was the respons to fax the lab orders providerThe contracted lab send the results to had to sign their nan National Provider lounique number asson the lab orderThe facility did not their contracted lab the results of their contracted lab the resident #1's 05/20 received by the result was not the facility did not ensure resident lab from the contracted lab from the facility did not ensure the ordering resident's lab result providerShe had never had had received a resident lab from the contracted	mprove could lead to emia is the presence of d), confusion, or at Resident #1 currently if the ve current UTI symptoms. Iterview with the HWD on more revealed: ibility of the RCC and/or HWD is to the facility's contracted lab of provider knew which PCP to because the ordering PCP me and document their dentification (NPI) number (a ligned to healthcare providers) use an electronic process with provider. In the contracted lab provider, have a location identification in the contracted lab provider. Ity's fault the UA results for 10/20 UA order was not ident's PCP. In have a process in place to results had been received at lab provider. In have a process in place to groviders had received the its from the contracted lab at to call a PCP to see if they dent's lab results.	{D 273}			
	of urinary pain betw	nber Resident #1 complaining yeen 05/20/20 - 05/29/20. Resident #1 needed a PCP				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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{D 273}	Continued From pa	ge 7	{D 273}			
		06/01/20 for UTI concerns. ibility of the RCC to schedule ents.				
	at 12:53pm reveale -She felt good.					
	 -She did not have current problems with urination. -She did not remember ever having problems with urination. -She did not remember her May 2020 complaints of a UTI concern. 					
	or a orr concern.					

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