

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL079031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/03/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEVERLY RUCKER'S FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1123 CRUTCHFIELD ROAD</b> <b>REIDSVILLE, NC 27320</b>
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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}	<p>Initial Comments</p> <p>The Adult Care Licensure section conducted a follow-up survey on 08/03/21.</p> <p>C 246 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: TYPE B VIOLATION</p> <p>Based on interviews, observations, and record reviews, the facility failed to ensure the primary care provider (PCP) or the specialist physician was notified for 1 of 3 resident sampled (Resident #3) who had swelling in her right arm and hand which extended from the elbow to the hand.</p> <p>Review of Resident #3's current FL2 dated 12/21/20 revealed diagnoses included abnormalities of gait and mobility, chronic diastolic heart failure, chronic kidney disease stage 3, hypertension, hyperlipidemia, iron deficiency, retention of urine, and osteoarthritis.</p> <p>Observation of Resident #3 on 08/03/21 at 9:45am revealed: -Resident #3 was sitting in a chair in her room with her right arm propped on the arm of the chair. -Resident #3's right arm and hand were swollen from her elbow down to her hand. -The skin on the top of Resident #3's right hand appeared shiny.</p> <p>Interview with Resident #3 on 08/03/21 at 1:04pm revealed:</p>	{C 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 246	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-This was the first time she had swelling in her arm and hand.</li> <li>-She was not experiencing any pain in her right arm or hand.</li> </ul> <p>Interview with a Registered Nurse (RN) from Resident #3's cancer center on 08/03/21 at 12:06pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was seen at the cancer center once a week to receive an injection and she had blood work completed prior to the injection.</li> <li>-Resident #3 was last seen at the cancer center on 07/21/21 and there was no documentation Resident #3 had any swelling in her upper extremities.</li> <li>-Resident #3 was at increased risk for blood clots due to the type of cancer she had.</li> <li>-The facility should have contacted Resident #3's PCP or the cancer center to report Resident #3's right arm and hand swelling.</li> </ul> <p>Interview with a RN from Resident #3's PCP's office revealed:</p> <ul style="list-style-type: none"> <li>-The facility did not notify the PCP's office Resident #3 had swelling in her right arm and hand.</li> <li>-A RN contacted the facility once a month via telephone to assess for any health concerns.</li> <li>-The last RN contact was on 07/25/21 and there were no health concerns reported for Resident #3.</li> <li>-The PCP would have expected to be notified of swelling in Resident #3's arm and hand.</li> <li>-Had there been notification of Resident #3's swelling, there would have been recommendation for an office visit for further evaluation.</li> <li>-Facility staff were expected to follow-up with the PCP's office regarding any concerns between the monthly RN calls.</li> </ul>	C 246		

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C 246	<p>Continued From page 2</p> <p>Interview with a medication aide (MA)/supervisor-in-charge (SIC) on 08/03/21 at 1:04pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not allowed to contact the residents' PCP regarding health concerns.</li> <li>-If there was a health concern with any of the residents, she notified the Administrator who was to contact the resident's PCP.</li> <li>-She noticed Resident #3's arm and hand were swollen on 08/01/21, and she called the Administrator on 08/01/21 to inform her.</li> <li>-The Administrator said she would contact Resident #3's PCP.</li> <li>-The Administrator told her today, she had contacted Resident #3's PCP, but she did not know when the contact was made.</li> <li>-She had not seen swelling previously in Resident #3's right arm and hand.</li> </ul> <p>Interview with the Administrator on 08/03/21 at 1:23pm revealed:</p> <ul style="list-style-type: none"> <li>-The SIC called her on 08/02/21 to inform her Resident #3 had swelling in her right arm and hand.</li> <li>-She was responsible for following up with physician's regarding health issues.</li> <li>-She did not contact Resident #3's PCP or the cancer center because Resident #3 was scheduled to be seen at the cancer center on 08/04/21 so she was going to let the staff at the cancer center know about the swelling on 08/04/21.</li> </ul> <p>The facility failed to notify Resident #3's physician concerning swelling in her right arm and hand of unknown origin and who had a risk of blood clots. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.</p>	C 246		

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C 246	<p>Continued From page 3</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/03/21.</p> <p><b>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 17, 2021.</b></p>	C 246		
{C 912}	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to health care.</p> <p>The findings are:</p> <p>Based on interviews, observations, and record reviews, the facility failed to ensure the primary care provider (PCP) or the specialist physician was notified for 1 of 3 resident sampled (Resident #3) who had swelling in her right arm and hand which extended from the elbow to the hand. . [Refer to Tag 246, 10A NCAC 13G .0902(b) Health Care (Type B Violation)].</p>	{C 912}		