

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/16/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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	{D 000}		
{D 273}	<p>10A NCAC 13F .0902(b) Health Care</p> <p>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.</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE A1 VIOLATION</p> <p>The Type A1 Violation was abated. Non-compliance continues.</p> <p>Based on interviews and record reviews, the facility failed to follow up for an appointment for 1 of 5 sampled residents (Resident #1) related to a referral for a gastroenterology appointment.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 02/17/22 revealed diagnoses included hepatitis C (a viral infection that causes liver inflammation), chronic kidney disease, and seizure disorder.</p> <p>Review of a local hospital discharge summary for Resident #1 dated 10/05/22 revealed: -Resident was seen in the emergency room (ER) at a local hospital on 10/04/22 with a diagnosis of altered mental status with unclear trigger. -Resident #1 was discharged back to the facility on 10/05/22.</p> <p>Review of a signed physician's order for Resident #1 dated 10/06/22 revealed refer Resident #1 to a local gastroenterologist.</p>	{D 273}		

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: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/16/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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 1</p> <p>Telephone interview with a representative at the local gastroenterologist's office on 11/15/22 at 2:35pm revealed: -Resident #1 had been a patient and was last seen in the office on 05/16/22. -The gastroenterology office had not received a referral from the facility for an appointment.</p> <p>Telephone interview with the facility's contracted Nurse Practitioner (NP) on 11/15/22 at 2:46pm revealed: -Resident #1 had an ER visit for altered mental status in October 2022. -He thought the altered mental status might be related to Resident #1's liver. -He had ordered the referral to the gastroenterology so that it could be determined if issues with Resident #1's liver had caused his altered mental status.</p> <p>Interview with the Resident Care Coordinator (RCC) on 11/15/22 at 3:20pm revealed: -The transporter was responsible for faxing physician's orders for referrals to the appropriate office. -If the office did not respond within two weeks, the transporter would telephone the office. -The transporter had faxed the referral to the gastroenterology office but had not followed up because she had not been at work. -The RCC should have followed up with the gastroenterology office for the appointment but she had a lot of work to do while the transporter was not at work.</p> <p>Interview with the transporter on 11/16/22 at 9:00am revealed: -She was responsible for faxing referral orders to the appropriate physician's office.</p>	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/16/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER CEDARBROOK RESIDENTIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD NEBO, NC 28761
--	--

(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> <ul style="list-style-type: none"> -She would fax the paperwork to the office and wait "a few" days for the office to telephone her back with the appointment time. -She would telephone the office if they did not telephone her. -She had faxed the referral to the gastroenterology office for Resident #1 on 10/14/22. -She had received a fax transmittal summary that the gastroenterology office had received the fax. -She had not followed up on the referral because she had left her full time position and only worked in the facility as needed at that time. <p>Interview with the Operations Manager (OM) on 11/15/22 at 2:56pm revealed:</p> <ul style="list-style-type: none"> -The transporter was responsible for contacting the physician's office for appointments, gathering the paperwork, and transporting the resident to the appointment. -There had been a time when the transporter had been gone from the facility for two weeks and the RCC was attempting to complete the referrals. -The missed follow up might have been when the transporter was out of the facility for two weeks. 	{D 273}		