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
	HAL026069	A. BUILDING: _____ B. WING _____	R 04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL CARE OF HOPE MILLS	4124 PECAN DRIVE HOPE MILLS, NC 28348

(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 Follow Up Survey on 04/25/23 to 04/26/23.	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: Based on interviews and record reviews the facility failed to ensure a referral met the acute health care needs of 1 of 3 sampled residents (Resident #1) related to obtaining a neurology appointment who had a history of falls. The findings are: Review of Resident #1's current FL2 dated 08/08/22 revealed: -Diagnosis of dementia, hypersensivity lung disease, hypertension, and cerebrovascular accident and stroke. -He was non-ambulatory. -He used a wheelchair as an assistive device. Review of the facility's reporting of incident and accident reports revealed: -Resident #1 had an unwitnessed fall in the bathroom on 02/11/23 at 2:30pm with no reported injuries. -Resident #1 had an unwitnessed fall in the bathroom on 02/12/23 at 6:45pm with no reported injuries. Resident #1 had an unwitnessed fall in his room on 02/17/23 at 5:10am and was sent to the emergency room (ER) due to a head injury. -Resident #1 had an unwitnessed fall in his room	D 273		

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D 273	Continued From page 1 on 02/20/23 at 2:25pm with no complaints of pain. -Resident #1 had an unwitnessed fall in the community on 02/24/23 at 1:21pm with no reported injuries. -Resident #1 had an unwitnessed fall in his room on 02/27/23 at 7:00am and was sent to the (ER) due to a head injury. -Resident #1 had an unwitnessed fall in the bathroom on 04/13/23 at 6:45 pm with no reported injuries. -Resident #1 had an unwitnessed fall in his room on 04/16/23 at 10:15am with no reported injuries. -Resident #1 had an unwitnessed fall in the bathroom 04/19/23 at 9:15pm with no reported injuries. Review of a primary care physician (PCP) note dated 03/01/23 revealed: -Resident #1 recently had multiple falls which had resulted in hospitalizations. -An inquiry was made to see if Resident #1 had seen a neurologist or to see if a referral was needed. Interview with Resident #1 on 04/26/23 at 4:15pm revealed: -He had a doctor's appointment a couple of days ago (could not remember the type of appointment or the day or time). -He had an x-ray a couple of days ago (could not remember the day or time). -He had fallen because he would not lock his wheelchair when he tried to transfer from or to the bed or toilet commode. -He could not remember the last time he had a fall or where the fall occurred. Telephone interview with a PCP on 04/26/23 at 4:55pm revealed: -She had been Resident #1's new PCP for about	D 273		

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D 273	Continued From page 2 one month. -Resident #1 had multiple falls in February 2023: 02/11/23, 02/12/23,02/17/23, 02/20/23 and 02/27/23. -She had given the facility a referral for Resident #1 on 03/10/23 to see a neurologist. -She had not seen where an appointment was made for Resident #1 to see the neurologist. Telephone interview with a second PCP on 04/26/23 at 6:11pm revealed: -She was aware of Resident #1's having multiple falls. -The need for a neurology consult was discussed in a PCP note on 03/01/23 but she did not consider that a true order; however, there was an order was written on 03/10/23. -She was not aware if the neurology appointment was scheduled for Resident #1. Interview with the Executive Director on 04/26/23 at 4:23pm revealed she was not aware of a neurology referral for Resident #1. Interview with the Administrator on 04/26/23 at 4:20pm and 5:40pm revealed she was not aware of an order for neurology and she was not sure if a neurology appointment was made for Resident #1. Attempted telephone interview to the Responsible Person on 04/26/23 at 11:12am was unsuccessful.	D 273		
D 451	10A NCAC 13F .1212(a) Reporting of Accidents and Incidents 10A NCAC 13F .1212 Reporting of Accidents and Incidents	D 451		

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D 451	Continued From page 3 (a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility facility to notify the local department of social services (DSS) for 1 of 3 sampled residents (#2) who was sent to the emergency room (ER) for evaluation of a laceration (skin tear) to the left brow. The findings are: Review of Resident #2's current FL-2 dated 03/28/23 revealed: -Diagnosis included dementia. -He was intermittently disoriented. -The current level of care was the special care unit. -The resident was ambulatory without assistive device. Review of Resident #2's Resident Register revealed an admission date of 03/28/23. Review of the facility's Guidelines for Supervision of Residents who Exhibit Difficult Behaviors (no date) revealed: -Any behaviors which escalates to a threat to the resident or others shall require immediate intervention to assure safety as to move residents out of harm's way and call 911 (EMS/Authorities). -Notification should be made to the supervisor, care coordinator, executive director, physician, mental health provider, guardian/responsible	D 451		

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D 451	Continued From page 4 party, and local department of social services. Review of Resident #2's signed Assessment and Care Plan dated 04/20/23 revealed: -The resident had wandering behaviors. -The resident was verbally abusive. -The resident was physically abusive. -The resident had disruptive/socially inappropriate behaviors. -The resident had been referred to a mental health provider. -The resident was receiving medications for mental illness and behaviors. -There was a history of agitation. Review of Resident #2's monthly summary report dated 04/01/23 revealed: -The resident was easily upset. -The resident was confused, had poor memory, and had wandering behaviors. -The resident was hostile frequently. Observation of Resident #2 during the initial tour of the facility on 04/25/23 at 9:35am revealed the resident was walking up and down the hall, the common area and the adjoining dining area. Review of Resident #2's Accident/Incident Report dated 04/19/23 revealed: -The incident occurred on 04/19/23 at 7:15pm. -Resident #2 went into another resident's room and woke him up and that resident hit Resident #2 in the eye resulting in a skin tear above the left eye. -Resident #2 was sent to the ER for management and evaluation of the injury on 04/19/23 at 7:50pm. -The Resident Care Coordinator (RCC), the primary care provider (PCP), the mental health provider (MH), and the family were notified.	D 451		

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D 451	Continued From page 5 -There was no documentation that the local department of social services was notified. Review of Resident #2's hospital visit summary dated 04/19/23 revealed the resident was seen in the ER for a laceration to the left eyebrow. Review of a fax cover sheet provided upon request by the facility on 04/26/23 at 4:30pm revealed: -The cover sheet was typed and included FAX at the top of the page, date of 04/20/23 at 9:00 EDT, and the subject was incident report; the recipient was listed as the County Adult Home Specialist (AHS), local department of social services and their telephone number; and the sender was listed as the facility, the RCC, and the facility telephone number. -There was no computer electronic verification or documentation regarding date and time the fax was sent and no receiving fax number on the cover sheet. Attempted telephone interviews with the County Adult Home Specialist on 04/25/23 at 3:00pm and the County Adult Home Supervisor on 04/26/23 at 11:03am was unsuccessful. Interview with a Medication Aide (MA)on 04/26/23 at 8:14am revealed: -The MAs completed incident/accident reports. -The completed reports were given to the Exective Director (ED). The MAs were responsible for completing incident/accident reports and contacting the RCC, PCP and family. -She had contacted DSS if they were the residents' legal Guardian. Interview with the RCC on 04/25/23 at 8:01am	D 451		

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D 451	Continued From page 6 revealed: -The MAs were responsible for completing the incident/accident reports. -She or the ED followed up on the reports by contacting the PCP and the residents' family member. -DSS was contacted only if they were the resident's legal Guardian. -She had not submitted the incidents/accidents reports of injuries, abuse or physical altercations to DSS. -The ED was responsible for submitting the incident/accident reports to DSS. -She had not been informed that certain incident/accident reports had to been submitted to DSS. Interview with the ED on 04/26/23 at 10:05am revealed: -The MAs were responsible for completing the incident/accident reports. -The MAs contacted the RCC, ED, PCP and the resident's family member. -Incident/accident reports were submitted to DSS if the resident was sent out for medical treatment. -She was responsible for submitting the incident/accident reports to DSS. -The reports were submitted to DSS by fax or by computer.	D 451		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
HAL026069 Y1	A. Building B. Wing Y2	4/26/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL CARE OF HOPE MILLS	4124 PECAN DRIVE HOPE MILLS, NC 28348

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix	D0077	Correction	ID Prefix	D0079	Correction	ID Prefix	D0254	Correction
Reg. #	10A NCAC 13F .0306(a) (4)	Completed	Reg. #	10A NCAC 13F .0306(a) (5)	Completed	Reg. #	10A NCAC 13F .0801(b)	Completed
LSC		03/18/2023	LSC		03/18/2023	LSC		03/03/2023
ID Prefix	D0270	Correction	ID Prefix	D0276	Correction	ID Prefix	D0358	Correction
Reg. #	10A NCAC 13F .0901(b)	Completed	Reg. #	10A NCAC 13F .0902(c) (3-4)	Completed	Reg. #	10A NCAC 13F .1004(a)	Completed
LSC		03/03/2023	LSC		03/18/2023	LSC		03/18/2023
ID Prefix	D0466	Correction	ID Prefix	D0484	Correction	ID Prefix		Correction
Reg. #	10A NCAC 13F .1308(b)	Completed	Reg. #	10A NCAC 13F .1501(c)	Completed	Reg. #		Completed
LSC		02/02/2023	LSC		03/18/2023	LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Nola Y. Dixon	05/12/23
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	☐ YES ☐ NO
2/1/2023		

EVENT ID: 183Z12