

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
--	--	---	--	---

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

(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)
--------------------	--	---------------	---

D 000	Initial Comments	D 000	
D 273	The Adult Care Licensure Section conducted a Follow-Up Survey on 04/25/23 to 04/26/23. 10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care	D 273	

The findings are:
 Review of Resident #1's current FL2 dated 08/08/22 revealed:
 -Diagnosis of dementia, hypersensitivity 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 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 on 02/17/23 at 5:10am and was sent to the emergency room (ER) due to a head injury.

Please see Attachment

(X6) DATE 6/02/2023	TITLE Administrator	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>
------------------------	------------------------	---

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	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)	(X3) DATE SURVEY COMPLETED	(X4) ID PREFIX TAG
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:</p>	<p>NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE</p>	<p>ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X3) DATE SURVEY COMPLETED</p>	<p>(X4) ID PREFIX TAG</p>
			<p>CARDINAL CARE OF HOPE MILLS 4124 PECAN DRIVE HOPE MILLS, NC 28348</p>	<p>D 273</p>	<p>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</p>	<p>D 273</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>04/26/2023</p>	<p>R</p>

please see A Hechman

5/3/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	HAL026099
(X2) MULTIPLE CONSTRUCTION:		A. BUILDING:	
(X3) DATE SURVEY COMPLETED		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)
--------------------	--	---------------	---

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

please see attachment

5/13/23

(X3) DATE SURVEY COMPLETED R 04/26/2023	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026069 (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:	NAME OF PROVIDER OR SUPPLIER CARDINAL CARE OF HOPE MILLS STREET ADDRESS, CITY, STATE, ZIP CODE 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)
--------------------	--	---------------	---

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 failed 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	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
-------	--	-------	--

please see attachment

5/31/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING: B. WING:	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	CARDINAL CARE OF HOPE MILLS 4124 PECAN DRIVE HOPE MILLS, NC 28348
(X3) DATE SURVEY COMPLETED 04/26/2023	(X2) MULTIPLE CONSTRUCTION ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
(X4) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	Continued From page 4	D 451
<p>(X3) DATE SURVEY COMPLETED 04/26/2023</p>	<p>(X2) MULTIPLE CONSTRUCTION ID PREFIX TAG D 451</p>	<p>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 (MHT), and the family were notified.</p>	<p>D 451</p>

please see Attachment

5/21/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	B. WING:	(X3) DATE SURVEY COMPLETED	NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	ID PREFIX TAG	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	CONTINUED FROM PAGE 5	D 451
<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>		<p>4124 PECAN DRIVE HOPE MILLS, NC 28348</p>			04/26/2023					<p>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.</p> <p>Review of a fax cover sheet provided upon request by the facility on 04/26/23 at 4:30pm revealed:</p> <p>-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.</p> <p>-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.</p> <p>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.</p> <p>Interview with a Medication Aide (MA) on 04/26/23 at 8:14am revealed:</p> <p>-The MAs completed incident/accident reports.</p> <p>-The completed reports were given to the Executive Director (ED).</p> <p>The MAs were responsible for completing incident/accident reports and contacting the RCC, PCP and family.</p> <p>-She had contacted DSS if they were the residents' legal Guardian.</p> <p>Interview with the RCC on 04/25/23 at 8:01am</p>	<p>Continued From page 5</p>	D 451
<p>(X3) DATE SURVEY COMPLETED</p>		<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p>		<p>A. BUILDING:</p>	<p>(X3) DATE SURVEY COMPLETED</p>	<p>NAME OF PROVIDER OR SUPPLIER</p>	<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p>	<p>ID PREFIX TAG</p>	<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>CONTINUED FROM PAGE 5</p>	<p>D 451</p>

Please see Attachment

5/31/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
---	--	---

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

(X4) ID PREFIX TAG D 451	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG D 451	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
-----------------------------	--	---

Continued From page 6 D 451	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 residents' 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 be 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 RCG, ED, PCP and the residents' 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.	please see Attachment 5/31/23
--------------------------------	---	----------------------------------

In reference to rule 10A NCAC 13F .0902(b):

The administrator immediately called to have any orders completed by the primary care physician since she started at the facility be resent over to confirm all orders were in the building. The administrator went over the proper steps with the RCC of how to immediately within 24hours start an order once received. Also going forward the primary care physician should complete a doctor's note indicating the date the resident was seen and if any new orders were made. So, there is no delay in the resident's care while waiting for the primary care provider to complete their note and send it to the facility. The administrator has now assigned one designee the resident care coordinator to work with the primary care physician whenever they come to the facility or if RCC is not available the administrator/administrator assistant will be present to work with the primary care provider from the beginning of the visits with the residents, going over any needs, to going over visit with any new recommendations made and documented on a physician order sheet.

An outsourced RN consulting agency was hired to complete training on health care referrals and follow-up. to ensure the resident's acute and routine health care needs are being met. (05/23/2023) As of 5/17/2023, the current Special Care Unit Director has been relieved of duties. A new SCUD is currently being trained in the correct and proper way to ensure all residents receive all needed medical attention per NC State rules and regulations. All referrals and orders received by the medication aide and resident care coordinator must now go through the new order system and be reported to the administrator/administrator assistant within 24 hours of receiving the order showing the steps of implementing and completing any orders, labs, or referrals. The resident care coordinator shall meet weekly with facility transportation to ensure all referrals have been made and appointments scheduled. The resident care coordinator must send copies of schedules for appointments every week to the administrator/administrator assistant to verify that the resident has been taken to an appointment. The transporter will fill in the transportation book with the next appointment or note that the resident was seen and any recommendations. The resident care coordinator is to follow the book and document the note that the resident went to the appointment and any recommendations that were made. The administrator/administrator assistant will follow up within the week of receiving the new order system sheet that all steps are completed and sign off on the sheet that it was verified completed.

In reference to rule area 10A NCAC 13F .1212(a):

The facility contracted an outside RN consulting agency to provide in-service staff on completing and reporting incidents/accident reports. (05/23/2023) The resident care coordinator will now notify the administrator/administrator assistant on every accident/incident report by attaching them to the email when sent to the adult home specialist by request of the adult home specialist instead of faxing within 48 hours unless the resident was abused, elopement, neglect then will complete the report immediately to administrator/admin assistant and adult home specialist) and calling the administrator/admin assistant immediately upon discovery of the accident/incident. The resident care coordinator will document the report that was emailed to the adult home specialist and administrator/administrator assistant with the date and time. SCUD will document each time she sends an accident/incident report to the admin team and adult home specialist and document the resident status and what will be done to follow up on the incident/accident. Each entry must match what was sent to the admin team for follow-up. The administrator team will follow up with the resident care coordinator on the incident report and

follow up that the needs of the resident were met and what the status/plan is for follow-up with the resident care coordinator within 24 hours of receiving the report on the resident's status.