STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 10/05/23.	{C 000}		
{C 246}	10A NCAC 13G .0902(b) Health Care 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure referral and follow-up to meet the acute health care needs of 2 of 3 sampled residents (#1 and #2) related to a resident who had a referral to a wound care center for wound care (#1), and orders to notify the primary care provider (PCP) of fingerstick blood sugars (FSBS) less than 80 or greater than 400 (#2). The findings are: 1. Review of Resident #1's current FL2 dated 01/25/23 revealed diagnoses included chronic obstructive pulmonary disease, chronic diastolic congestive heart failure, and acute respiratory failure. Review of Resident #1's Health Care Provider's Form dated 09/18/23 revealed: -Resident #1 had a left buttock wound. -In the new orders section of the form there was documentation Resident #1 was referred to a wound care center. Review of Resident #1's record revealed no	{C 246}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 246}	Continued From page 1 documentation Resident #1 had been seen or had an appointment with the wound care center. Observation of Resident #1 on 10/05/23 at 8:50am revealed she was in her room, laying in her bed on her left side. Second observation of Resident #1 on 10/05/23 at 5:52pm revealed she was in her room, laying in her bed on her back with each of her hands placed under her at the back of her hips. Interview with Resident #1 on 10/05/23 at 3:41pm revealed: -She had a wound on her left buttock. -The wound had been there for a couple of months, but she did not tell anyone until September 2023. -She had to lay on her side and could not lay on her back because it put pressure on the wound and it was painful. -She experienced a little pain when she sat down in chairs. -Facility staff dressed her wound with a bandage every night and put a cream on it. -Her bandage was not changed during the day. -It was not as painful as it was, and it felt like it was getting better. -She was seen by a provider at her PCP's office to assess her wound on her left buttock, and he referred her to a wound center. -She had not been seen at the wound care center yet for treatment of the wound. Interview with a nurse from Resident #1's PCP's office on 10/05/23 at 3:59pm revealed: -Resident #2 was seen by a different provider from the same office on 09/18/23. -There was documentation the provider made a referral to a wound care center on 09/18/23.	{C 246}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 246}	Continued From page 2 Interview with a nurse from Resident #1's PCP's office on 10/05/23 at 4:23pm revealed: -There was a referral sent by the PCP's office to a wound care center on 09/19/23. -She did not know if there had been an appointment made for Resident #1 at the wound care center or if she had been seen. -The provider expected Resident #1 to be seen at the wound care center she had been referred to. -The provider expected the facility to follow up with him or with the wound care center if the wound care center had not contacted the facility with an appointment date and time. -Not receiving wound care as ordered could place Resident #1 at risk of infection and worsening of the wound. Telephone interview with a MA on 10/05/23 at 6:38pm revealed: -She knew Resident #1 had a referral to a wound care center. -Resident #1's PCP's office was supposed to make the referral to the wound care center and the wound care center was supposed to contact the facility with the appointment. -The MAs would have been responsible for following up with the provider or the wound care center if the wound center did not call with an appointment. -She called and left a message at both the provider's office and the wound care center on 09/19/23 and on 09/20/23, but she did not get a response. Interview with the Administrator on 10/05/23 at 5:41pm revealed: -Staff scheduled Resident #1 to be seen at her PCP's office on 09/18/23 when they found out she had a wound.	{C 246}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 246}	Continued From page 3 -He did not know about Resident #1 being referred to a wound care center. Second interview with the Administrator on 10/05/23 at 5:54pm revealed: -When Resident #1 was seen at her PCP's office, they would have made the referral and scheduled her to be seen at the wound care center. -He did not see any appointments on the facility's calendar for Resident #1 to be seen at a wound care center. -A former Supervisor-in-Charge (SIC) at the facility would have been responsible for following up with Resident #1's PCP's office or the wound care center. -No appointment had been scheduled for Resident #1 and she continued to have a wound on her left buttock. Attempted telephone interview with a representative from Resident #1's wound care center on 10/05/23 at 4:33pm was unsuccessful. Attempted telephone interview with the former SIC on 10/09/23 at 6:33pm was unsuccessful. 2. Review of Resident #2's current FL2 dated 07/27/23 revealed: -Diagnoses included type 2 diabetes. -There was an order to check fingerstick blood sugars (FSBS) 3 times daily. Call medical doctor (MD) for FSBS greater than 400 or less than 80. Review of Resident #2 Insulin Administration log for 08/19/23 through 08/31/23 revealed: -There was an entry for before breakfast, before lunch, and before dinner daily to document Resident #2's FSBS, the number of units administered, and the site where administered. -Resident #2 had her FSBS checked for 44 of 45	{C 246}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 246}	Continued From page 4	{C 246}		

opportunities.
-Resident #2's FSBS was less than 80 one time on 08/25/23 before breakfast with a reading of 78.
-Resident #2's FSBS ranged from 78 to 375.

Review of Resident #2 Insulin Administration log for September 2023 revealed:
-There was an entry for before breakfast, before lunch, and before dinner daily to document Resident #2's FSBS, the number of units administered, and the site where administered.
-Resident #2 had her FSBS checked for 96 of 99 opportunities.
-Resident #2's FSBS was less than 80 five times on 09/02/23 before breakfast with a reading of 74, on 09/15/23 before breakfast with a reading of 78 and before lunch with a reading of 72, on 09/16/23 before dinner with a reading of 79, and on 09/20/23 before breakfast with a reading.
-Resident #2's FSBS ranged from 78 to 384.

Review of Resident #2 Insulin Administration log for 10/01/23 through 10/05/23 revealed:
-There was an entry before breakfast, before lunch, and before dinner daily to document Resident #2's FSBS, the number of units administered, and the site where administered.
-Resident #2 had her FSBS checked for 14 of 14 opportunities between 10/01/23 and 10/05/23.
-Resident #2's FSBS was less than 80 one time on 10/01/23 before breakfast with a reading of 64.
-Resident #2's FSBS ranged from 64 to 137.

Review of Resident #2's record revealed there was no documentation her primary care provider (PCP) was contacted when her FSBS were less than 80 in between 08/19/23 and 10/05/23.

Interview with Resident #2 on 10/05/23 at 5:50pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 246}	Continued From page 5	{C 246}		

-She had her FSBS checked 3 times daily.
-Staff gave her something sweet when her FSBSs were low, but she did not know how often.
-She did not remember experiencing any symptoms of hypoglycemia.

Telephone interview with a medication aide (MA) on 10/05/23 at 6:38pm revealed:
-She checked Resident #2's FSBS 3 times daily when she worked.
-Resident #2 had an order to contact the MD when her FSBS readings were above 400 or below 80.
-She was not aware of any times Resident #2's FSBSs had been above 400, but they had been below 80 occasionally.
-When Resident #2's FSBSs were below 80, she tried to contact Resident #2's PCP's office, but they rarely answered the phone.
-She left voice messages at the PCP's office regarding Resident #2's FSBS being below 80, but she did not document she contacted the PCP's office or that she left a voice message.

Interview with the Administrator on 10/05/23 at 6:12pm revealed:
-He knew Resident #2 had an order to check Resident #2's FSBS 3 times daily and to call the MD for FSBS greater than 400 or less than 80.
-The MAs contacted Resident #2's PCP when her FSBS were below 80, but they did not document.
-The MAs had not been told to document the contact with Resident #2's PCP regarding FSBS readings below 80 or greater than 400.

Telephone interview with Resident #2's PCP from a return call on 10/06/23 at 10:20am revealed:
-The facility did not contact him regarding Resident #2's FSBSs being below 80.
-He would have expected the facility to contact

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 246}	Continued From page 6 him for FSBSs less than 80 because he may have needed to adjust her medication. -Low FSBSs were not desirable and not safe for Resident #2, and she could have experienced symptoms of hypoglycemia such as fatigue and confusion. _____ The facility failed to ensure referral and follow up for 2 of 3 residents (#1 and #2) for a resident (#1) who had a physician's referral to a wound care center due to a wound on her left buttock and the facility did not follow up with the wound care center to confirm an appointment for wound care placing the resident at increased risk of infection and worsening of the wound; and a resident (#2) who had orders to contact the PCP for FSBSs less than 80 or greater than 400, and the resident had 7 FSBSs less than 80 within a 47 day period and the physician was not notified placing the resident at risk for experiencing symptoms of hypoglycemia. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131 D-34 on 10/05/23. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 19, 2023.	{C 246}		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 249	Continued From page 7 (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 1 of 3 sampled residents (#1) who had a wound on her left buttock and had orders to change the bandage on the wound twice daily. The findings are: Review of Resident #1's current FL2 dated 01/25/23 revealed diagnoses included chronic obstructive pulmonary disease, chronic diastolic congestive heart failure, and acute respiratory failure. Review of Resident #1's Health Care Provider's Form dated 09/18/23 revealed: -Resident #1 had a left buttock wound. -There was an order for Resident #1 to have a bandage change twice daily (to the left buttock wound). Review of Resident #1's September and October 2023 medication administration records (MARs) for 09/18/23 through 09/30/23 and for 10/01/23 through 10/05/23 revealed there was no entry for a bandage change twice daily. Review of Resident #1's record revealed there was no documentation there was a bandage change to Resident #1's left buttock twice daily. Interview with Resident #1 on 10/05/23 at 3:41pm revealed:	C 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 249	Continued From page 8	C 249		

-She had a wound on her left buttock.
-Facility staff dressed her wound with a bandage every night and put a cream on it.
-Her bandage was not changed during the day.

Second interview with Resident #1 on 10/05/23 at 6:06pm revealed:
-She did not have a bandage on the wound on her left buttock today on 10/05/23.
-The bandage came off when she took a shower yesterday evening on 10/04/23, and staff did not reapply it.

Interview with a nurse from Resident #1's primary care provider's (PCP') office on 10/05/23 at 4:23pm revealed:
-Resident #1 was seen by the PCP on 09/18/23.
-There was an order dated 09/18/23 for Resident #1 to have a bandage to her left buttock wound changed twice daily.
-The PCP expected facility staff to change the bandage to Resident #1's wound twice daily as ordered along with administering a prescribed antibiotic (The antibiotic was administered from 09/19/23 through 09/28/23.).

Interview with a pharmacist at the facility's contracted pharmacy on 10/05/23 at 4:58pm revealed the pharmacy did not have an order for Resident #1 to have a bandage to her left buttock wound changed twice daily.

Interview with the Supervisor-in-Charge (SIC) on 10/05/23 at 5:44pm revealed:
-She did not know if Resident #1 had a left buttock wound or if she had a bandage changed twice daily.
-She had only worked at the facility for a few days, but she thought the former SIC replaced the bandage to the wound if it was coming off.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL017061	A. BUILDING: _____ B. WING _____	R 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHER STANDARD ASSISTED LIVING	596 NEAL RD REIDSVILLE, NC 27320

(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 249	Continued From page 9 Interview with the Administrator on 10/05/23 at 5:54pm revealed: -A former SIC who worked at the facility would have been responsible for changing the bandage on Resident #1's wound on her left buttock twice daily, but she was not documenting the changes. -No other staff would have changed the bandages. -He did not know the current condition of Resident #2's wound. Observation of the facility on 10/05/23 at 5:55pm and 6:00pm revealed: -The Administrator looked through the facility's medical supply cabinet and could not find bandages used for Resident #1 twice daily. -The Administrator found some gauze sponge pads and medical tape. Telephone interview with a MA on 10/05/23 at 6:38pm revealed: -She knew Resident #1 had an order to change the bandage on her left buttock wound twice daily. -She changed Resident #1's bandage twice daily when she worked. -She did not document anywhere when she changed Resident #1's bandages twice daily because she did not know she was supposed to. Attempted telephone interview with the former SIC on 10/09/23 at 6:33pm was unsuccessful.	C 249		