STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL027003	A. BUILDING: _____ B. WING _____	R-C 10/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HOUSE	141 MOYOCK LANDING DRIVE MOYOCK, NC 27958

(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 and the Currituck County Department of Social Services conducted a follow-up survey and complaint investigation on 10/12/23 and 10/13/23. The Currituck County Department of Social Services initiated the complaint on 09/15/23.	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 observations, interviews, and record reviews, the facility failed to ensure a home health referral was completed timely for 1 of 5 sampled residents (#1) regarding wound care. The findings are: Review of Resident #1's current FL-2 dated 02/01/23 revealed: -Diagnoses included history of falling, nondisplaced fracture of right lower leg, type 2 diabetes, unspecified Escherichia coli, hypo-osmolality, hypomagnesemia, hypertension, and muscle weakness. -The resident was semi-ambulatory and there was no information documented regarding her orientation status. -The resident utilized a walker and wheelchair. Review of Resident #1's care plan dated 05/26/23 revealed: -The resident required limited assistance with eating, and supervision and set up for toileting, ambulation, dressing, grooming, and transferring.	D 273		

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-The resident required extensive assistance with bathing.
-The resident's skin was normal.
-The resident had licensed health professional support tasks (LHPS) tasks for collecting and testing fingerstick blood samples and ambulation using assistive devices that required physical assistance.

Review of Resident #1's Licensed Health Professional Support (LHPS) Evaluation dated 07/19/23 revealed the resident had LHPS tasks for medication administration through injections, ambulation using assistive devices that required physical assistance, and transferring semi-ambulatory or non-ambulatory residents.

Review of Resident #1's shower skin assessment sheet dated 09/05/23 revealed documentation that there were no skin issues observed.

Review of Resident #1's primary care provider's (PCP) visit note dated 09/06/23 revealed:
-The resident had a small oval stage 2 sacral pressure ulcer to the left of her gluteal cleft.
-There were orders for the facility to refer the resident to home health for wound care and apply barrier cream to her gluteal cleft

Review of Resident #1's shower skin assessment sheet dated 10/05/23 revealed documentation that there were no skin issues observed.

Review of Resident #1's home health assessment dated 09/28/23 revealed:
-The resident's initial home health assessment was completed on 09/28/23.
-The home health agency received a referral from the facility on 09/27/23.
-The resident had one stage 2 ulcer.

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D 273	Continued From page 2 Review of Resident #1's shower skin assessment sheet dated 10/12/23 revealed documentation of a dressing on the resident's left buttock. Observation of Resident #1 on 10/13/23 at 4:00pm revealed a 1-inch closed line at the inner aspect of the left buttocks that was slightly discolored, dry and scaly. Telephone interview with a physical therapist (PT) from the home health agency on 10/13/23 at 8:28am revealed: -The facility sent Resident #1's home health referral order, dated 09/06/23, to the home health agency on 09/27/23. -Home health services were started for Resident #1 on 09/28/23. -She was not sure why the order was not sent until 09/27/23. -She did not know the facility's process for processing and sending home health referral orders to the home health agency. -She did not complete Resident #1's initial assessment but had access to the assessment documentation. -At the initial assessment, Resident #1 had a small sore on her bottom. -She was not sure if there was an impact to the Resident #1 due to the resident not starting wound care until 09/28/23. Interview with a medication aide (MA) on 10/13/23 at 10:17am revealed that Resident #1 started home health wound care about 2 weeks ago. Telephone interview with a Patient Care Coordinator (PCC) from the home health agency on 10/13/23 at 2:25pm revealed:	D 273		

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-She was first aware of Resident #1's order for home health on 09/25/23.
-The facility could provide referral orders to the PCC via telephone call, text, fax, email, in-person while the PCC is at the facility, or the facility could request the PCC pick it up at the facility.
-The amount of time between when the home health agency received an order, and the start of care depended on if additional information was needed.
-After the referral was received, it was provided to the home health agency's intake team and the resident's health insurance coverage was verified.
-There was not a concern about the order expiring because a home health order was usually valid for 30-60 days.
-She was not sure what the chances were of Resident #1's wound progressing between the date the order was written and the date it was provided to the home health agency because she was not a clinical provider.

Telephone interview with the Intake Coordinator for the home health agency on 10/13/23 at 11:28am revealed she received the referral for Resident #1 from the PCC on 09/26/23.

Interview with the Executive Director (ED) on 10/13/23 at 4:16pm revealed:
-If a provider made a home health referral order the facility's goal was to get the referral to the home health agency within 24-48 hours.
-The RCC was responsible for determining if the resident's family preferred a specific agency and for providing the referrals to the agencies.
-She expected home health care to start within 5 days of receiving the order from a resident's provider but had seen delays.

Attempted telephone interview with Resident #1's

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D 273	Continued From page 4 PCP on 10/13/23 at 2:58pm was unsuccessful.	D 273		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .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 (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 interviews and record reviews, the facility failed to ensure implementation of orders for 1 of 5 sampled residents (#1) related to blood sugar parameters. The findings are: Review of Resident #1's current FL-2 dated 02/01/23 revealed: -Diagnoses included type 2 diabetes. Review of Resident #1's Licensed Health Professional Support (LHPS) Evaluation dated 07/19/23 revealed the resident had LHPS tasks for medication administration through injections. Review of Resident #1's physician signed diabetes supply order dated 08/16/23 revealed the resident had blood sugar (BS) testing frequency of one time per day. Review of Resident #1's primary care provider's (PCP) visit note dated 08/16/23 revealed: -The resident's type 2 diabetes was stable on	D 276		

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current medications.
-There were instructions to continue to monitor blood glucose and report any BSs greater than 300 or less than 90 in the Assessment and Plan section of the note.

Review of Resident #1's physician's progress note in the facility's electronic medical record (EMR) dated 08/16/23 revealed that there were instructions to continue to monitor blood glucose and report any BSs greater than 300 or less than 90.

Review of Resident #1's August 2023 electronic medication administration record (eMAR) revealed:
-There was no entry for parameters as to when to report BS results to the PCP.
-There was documentation 5 out of 12 BS readings were greater than 300 of which 1 was too high to be read by the glucometer.

Review of Resident #1's September 2023 eMAR revealed:
-There was no entry for parameters as to when to report BS results to the PCP.
-There was documentation 17 out of 30 BS readings were greater than 300.

Review of Resident #1's physician order sheet dated 10/03/23 revealed:
-There was a request signed by the RCC for the PCP to order parameters as to when to notify the PCP regarding the resident's BSs.
-There was an order to notify the PCP of any BSs greater than 300 or less than 90.

Review of Resident #1's October 2023 eMAR revealed:
-There was no entry for parameters for reporting

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BS results to the primary care provider from 10/01/23 to 10/04/23
-As of 10/07/23, there was an entry to notify the PCP of any BSs greater than 300 or less than 90.
-There was documentation 2 out of 6 BS readings were greater than 300 between 10/01/23 and 10/06/23

Interview with the Resident Care Coordinator (RCC) on 10/13/23 at 1:30pm revealed:
-Providers had access to the facility's electronic medical record (EMR).
-She did not look at all the progress notes from providers that were documented in the facility's EMR.
-She looked at progress notes from providers that were faxed to the facility.
-The faxes were sent directly to her electronic mailbox.

A second interview with the RCC on 10/13/23 at 2:40pm revealed:
-Parameters for reporting Resident #1's BS to the PCP were not listed under orders on the 08/16/23 physician progress note.
-Parameters for reporting Resident #1's BS to the PCP were listed under the Assessment and Plan section.
-She did not consider notes in the Assessment and Plan section to be orders.
-She requested the PCP to order parameters for Resident #1's BS in October 2023 because there were no parameters that she was aware of.

A third interview with the RCC on 10/13/23 at 3:51pm revealed that Resident #1 had her BS checked once daily when she got her insulin.

Interview with the Executive Director on 10/13/23 at 4:16pm revealed:

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D 276	Continued From page 7 -She did not consider the parameters for reporting Resident #1's BSs to the PCP in the Assessment and Plan section of Resident #1's 08/16/23 physician progress note to be orders. -She expected that if Resident #1 had parameters to report BS levels to the PCP it would be listed under the Order section of the physician progress note. -She was not sure if the facility notified the PCP when Resident #1's BS was over 300 and needed to check Resident #1's chart. -The provider was in the facility every week. -The doctor had access to Resident #1's BS readings and would have notified the facility if they were not notifying her as expected. Attempted telephone interview with Resident #1's PCP on 10/13/23 at 2:58pm was unsuccessful.	D 276		