STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL076027	A. BUILDING: _____ B. WING _____	R 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE	1195 PINEVIEW ROAD RANDLEMAN, NC 27317

(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 an annual and follow-up survey on 10/15/24 to 10/17/24.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 5 sample residents (#5) had completed a tuberculosis (TB) testing upon admission. The findings are: Review of Resident #5's current FL2 dated 10/17/24 revealed diagnoses included hypertension, atrial fibrillation, mitral valve disorder, neuropathy of lower extremities, hearing loss, stage three kidney disease, thrombocytopenia, prediabetes, malaise, mixed hyperlipidemia, hypothyroidism, and enlarged prostate.	D 234		

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D 234	Continued From page 1 Review of the Resident #5's Resident Register revealed Resident #5 was admitted to the facility on 10/10/23 from an independent living facility. Review of Resident #5's immunization records revealed there was no documentation that a first or second TB skin test was completed prior to admission. Interview with Resident #5 on 10/17/24 at 10:15am revealed: -He did not remember receiving one TB skin test prior to his admission to the facility. Interview with the Administrator on 10/17/24 at 10:45am revealed: -She was not aware Resident # 5 did not have a TB skin test completed prior to admission. -She thought it was an oversite because the resident transferred from independent living to assisted living within the facility. -She was responsible for ensuring all residents had a first step TB skin test completed prior to admission. -Her expectation was for all residents to have a TB skin test completed prior to admission.	D 234		
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 referral and follow-up to meet the routine and acute healthcare needs for 1 of 5 sample residents (#5) related to sending a	D 273		

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D 273	Continued From page 2	D 273		

request for an INR (international normalized ratio) laboratory test.

The findings are:

Review of Resident #5's current FL2 dated 10/17/24 revealed diagnoses included hypertension, atrial fibrillation, mitral valve disorder, neuropathy of lower extremities, hearing loss, stage three kidney disease, thrombocytopenia, prediabetes, malaise, mixed hyperlipidemia, hypothyroidism, and enlarged prostate.

Review of Resident #5's Primary Care Provider's (PCP) note dated 10/07/24 revealed:
-INR should be checked weekly.
-Eliquis was discontinued.
-Warfarin 4mg should be given once daily for three days.
-INR should be repeated in three days.
-PCP should be notified if an INR is greater than 3.5.

Review of Resident #5's October electronic medication administration record (eMAR) revealed:
-There was an entry for warfarin 4mg tablet scheduled for administration from 10/10/24 to 10/12/24 at 5:00pm.
-Warfarin 4mg tablet was documented as administered on 10/10/24 and 10/11/24 on the eMAR at 5:00pm.

Review of Resident #5's record revealed:
-There was no documentation of a laboratory test request for an INR (A test that measures the time it takes for blood to clot) dated 10/07/24.
-There was no documentation of the facility

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D 273	Continued From page 3	D 273		

notifying the PCP the laboratory test for an INR was not ordered.

Interview with the Resident Care Coordinator (RCC) on 10/15/24 at 2:00pm revealed:
-She was responsible for retrieving the laboratory test order from the PCP and faxing it to the pharmacy.
-She thought she sent the order to the contracted laboratory on 10/07/24.
-She was unable to find a copy of the INR result.
-She would send a new request for an INR check to the laboratory today on 10/15/24.

Telephone interview with the contracted laboratory on 10/15/24 at 12:00pm revealed:
-No order was received for 10/07/24.
-There was an ordered and blood drawn for an INR test dated 10/16/24.

Telephone Interview with Resident #5's PCP on 10/15/24 at 3:00pm revealed:
-She wrote the order on 10/07/24 to check resident's INR in three days to establish a baseline for medication adjustment.
-She was not concerned about a negative outcome because the resident had been on Eliquis the prior month and should have residual in his system.
-She could not write a new order for a Warfrin dosage without the INR lab result.
-She planned to write a new order today on 10/15/24.

Interview with the Administrator on 10/17/24 at 11:00am revealed:
-She was not aware of the Resident # 5's order for an INR dated 10/07/24 were not sent to the contracted laboratory.
-The RCC was responsible for getting the orders

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D 273	Continued From page 4 from the PCP and faxing them to the contracted laboratory. -Her expectation would be for the RCC to fax orders received from the providers to the contracted laboratory the day they were received.	D 273		