

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL017061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/17/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHER STANDARD ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>596 NEAL RD REIDSVILLE, NC 27320</b>
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(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	<p>Initial Comments</p> <p>The Adult Care Licensure Section conducted an annual survey on July 17, 2025.</p>	C 000		
C 118	<p>10A NCAC 13G .0316 (d) Fire Safety and Emergency Preparedness Plan</p> <p>10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan</p> <p>(d) The facility shall meet all fire safety requirements required by city ordinances or county building inspectors. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure fire safety requirements required by city ordinances or county building inspections were met.</p> <p>The findings are:</p> <p>Observation of the facility on 07/17/25 at 9:30am revealed there was no fire inspection posted in the facility.</p> <p>Requests for the facility's current fire safety inspection report from the Supervisor in Charge (SIC) were made on 07/17/25 at 11:30am and 2:10pm and were not received by the survey's exit.</p>	C 118	<p>C 118: Fire inspection completed on 7/18/2025. Facility supervisor will continue to monitor for expiration date on a quarterly basis and schedule inspection as needed prior to expiration. Staff training and education performed on fire inspection date monitoring.</p> <p>Emergency preparedness plan completed also.</p>	7/18/25

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kasey Ross*

TITLE

Administrator

(X6) DATE

8/22/25

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C 118	<p>Continued From page 1</p> <p>Interview with the SIC on 07/17/25 at 2:10pm revealed: -She did not know if the facility had a current fire inspection or where it was located. -She would have to ask the Administrator where the fire inspection was.</p> <p>Telephone interview with the Administrator on 07/17/25 at 2:21pm revealed if he could locate the current fire inspection he would send it to the surveyor.</p> <p>At the time of the survey exit on 07/17/25 at 3:43pm, the current fire inspection had not been provided.</p>	C 118		
C 381	<p>10A NCAC 13G .1009(b) Pharmaceutical Care</p> <p>10A NCAC 13G .1009 Pharmaceutical Care (b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that action was taken in response to the quarterly pharmaceutical review recommendations for 1 of 3 sampled residents (Resident #3).</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 12/10/24 revealed diagnoses included dementia, anxiety, and physical disability.</p>	C 381	<p>C 381: Follow up with doctor's office performed for Resident 1, 2 and 3. Medication review completed and all resident medications filled and retrieved from the pharmacy. Documentation completed. Supervisor in charge will monitor and review all visit summaries in addition to performing any follow up with pharmacy, PCP/MD or administrator. Staff training and education provided on reviewing visit summaries and proper follow up.</p>	7/18/25

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C 381	<p>Continued From page 2</p> <p>Review of a quarterly pharmacy review for Resident #3 dated 12/18/24 revealed:                      -Resident #3's vitamin D level on 07/03/24 was 23.8 (normal vitamin D levels range from 30-100).                      -There was a recommendation by the pharmacy consultant to Resident #3's primary care provider (PCP) to consider vitamin D 2,000u (a vitamin D supplement) daily.                      -There were two boxes on the pharmacy review for the PCP to accept or reject the recommendation; both boxes were blank.                      -There was no physician response on the pharmacy review.</p> <p>Review of a quarterly pharmacy review for Resident #3 dated 04/10/25 revealed:                      - Resident #3's vitamin D level on 07/03/24 was 23.8.                      - There was a recommendation by the pharmacy consultant to Resident #3's PCP to consider checking the vitamin D level to see if therapy needed or begin vitamin D 2,000u daily.                      -There were two boxes on the pharmacy review for the PCP to accept or reject the recommendation; both boxes were blank.                      -There was no physician response on the pharmacy review.</p> <p>Review of Resident #3's record revealed there was no order for vitamin D.</p> <p>Telephone interview with the facility's contracted pharmacy consultant on 07/17/25 at 12:38pm revealed:                      -When she completed the quarterly pharmacy review, she left the written recommendations with the SIC or the Administrator for them to give to the PCP to address.                      -If a resident had a low vitamin D level, it could</p>	C 381		

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C 381	<p>Continued From page 3</p> <p>make it more difficult for calcium to be absorbed. -A vitamin D level below 30 was considered low. -It was important for the PCP to address and act on the recommendations.</p> <p>Interview with the Supervisor in Charge (SIC) on 07/17/25 at 2:15pm revealed: -After the consultant pharmacist was through with the reviews, she left the recommendations for her to show the PCP. -She usually stayed on top of them and did not know why there were two pharmacy reviews for Resident #3 that did not get addressed by the PCP. -She thought maybe she was off, and the Administrator was not at the facility either on the days the pharmacy consultant was in the facility and another staff member might have filed the pharmacy reviews in Resident #3's chart without the PCP addressing them.</p> <p>Telephone interview with the Administrator on 07/17/25 at 2:21pm revealed: -The SIC was responsible for making sure the pharmacy consultant's recommendations got to the PCP to address. -He expected the pharmacy consultant's recommendations to be given to the PCP to address.</p> <p>Attempted telephone interview with Resident #3's PCP on 07/17/25 at 12:46pm was unsuccessful.</p>	C 381		