STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G217	A. BUILDING _____ B. WING _____	R 10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATES STREET ICF/MR	306 CATES STREET ROXBORO, NC 27573

(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) COMPLETION DATE
W 000	INITIAL COMMENTS A revisit was conducted on 10/25/22 for all previous deficiencies cited on 8/10/22. All of the deficiencies were corrected with the exception of W325 that remains out of compliance.	W 000		
{W 325}	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(iii) The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure lab work was obtained as ordered by the physician for 1 of 4 audit clients (#4). The finding is: Review on 8/10/22 of a faxed order from the physician to the home manager (HM) on 3/24/22 revealed client #4 was started on Ferrous Sulfate 325 mg twice a day and needed to have a complete Hemoccult cards done and returned to the office. Labs that were drawn on 3/23/22 had revealed the iron serum was 16 L (low) when the average range should be 27-139 and the iron saturation on 3/23/22 was 6% LL (critical low) when the average range should be 15-55%. Review on 8/10/22 of laboratory results drawn on 4/28/22 revealed the Hemoccult card was obtained. The results of the test were as followed: 1st POS, 2nd NEG and 3rd POS. Interview on 8/10/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the former nurse notified the physician of the	{W 325}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{W 325}	Continued From page 1	{W 325}		

Hemoccult results on 4/28/22 and indicated that blood was found in client #4's stool. The physician made a referral for client #4 to see another doctor for a colonoscopy. The QIDP revealed that before client #4 could be seen for the scheduled colonoscopy she had to be hospitalized on 5/25/22 for a small bowel obstruction. While hospitalized, further testing was done and determined that client #4 had Stage 3 colon cancer.

Interview on 8/10/22 with the Director revealed the nurse and home manager were responsible for reviewing laboratory results received and scheduling additonal laboratory tests ordered by the the physician.

Review on 10/25/22 laboratory orders drawn between August and October 2022 revealed 2 of 4 audit clients (#3 and #4) laboratory results were not reviewed by the nurse or QIDP after bloodwork was drawn.

A. Review on 10/25/22 of client #3's 9/15/22 order for a Lipid panel revealed the results were not obtained or reviewed by the QIDP and nurse #3 until 10/25/22, when the surveyor requested a copy.

B. Review on 10/25/22 of client #4's 10/12/12 order for CBC and CMP panels revealed the results were never obtained by the facility. On 10/25/22, nurse #3 obtained a copy of the labs from the oncologist which revealed 6 areas of abnormality.

Interview with the nurse #3 on 10/25/22 revealed she started her position a month ago and was not aware of the procedures for laboratory orders.

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{W 325}	Continued From page 2 Nurse #3 acknowledged that she had not reviewed any clients' laboratory orders before today. Interview with the QIDP on 10/25/22 revealed the former nurse #2 was no longer with the facility. The QIDP acknowledged that she had not been tracking the laboratory orders or reviewing the results for abnormalities. The QIDP had trained one of the newer nurses on 8/29/22 but had not trained nurse #3 yet on laboratory procedures.	{W 325}		