STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043015	A. BUILDING: _____ B. WING _____	R-C 04/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL LIVING CENTER	9767 NC 210-N ANGIER, NC 27501

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D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on April 10-11, 2018. The complaint investigation was initiated by the Harnett County Department of Social Services on April 6, 2018.	D 000	Resident#6 has an appointment scheduled with ophthalmologist on June 5, 2018. Med Techs were reeducated on documentation for treatments in a staff meeting on May 3, 2018, led by the Health Services Director (HSD). HSD will review documentation at least weekly. See roster (#1) Med Tech scheduling has been reorganized by HSD/SIC's so that med techs are rotated to other halls to improve accountability and combat complacency.	5/30/18
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: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, interview and record reviews, the facility failed to assure 1 of 7 sampled residents (#6) with a history of ocular rosacea was scheduled for an ophthalmology appointment as ordered by the primary care provider. The findings are: Review of Resident #6's current FL-2 dated 02/19/2018 revealed diagnoses included ocular rosacea, Alzheimer's dementia, insomnia, diabetes mellitus, hyperlipidemia, anxiety, osteoarthritis and aortic aneurysm. Interview with Resident #6 on 04/10/2018 at 10:42am and 5:16pm and 04/11/2018 at 12:12pm	D 273	Storage for treatments including the eye compress has been reevaluated. The eye compress has been stored in a labeled container on the med cart with written instructions for warming. Upon further review Oak Hill has decided to keep all residents treatments in a labeled zip-lock bag with an itemized label of contents. The inventory and storage reorganization will be completed by the SIC's by May 30, 2018. HSD/SIC's will monitor monthly with drug change out. On April 24, 2018, primary care provider Doctors Making House Calls began sending written summaries of physician visits so Oak Hill staff can ensure follow-up and referrals for resident care. The Health Services Director (HSD) will review the summaries weekly and submit any referrals to the Transportation Coordinator for scheduling. Summaries are to emailed to the Health Services Director and Executive Director weekly. Upon review, printed copy of written physician summary will be filed in the resident chart. Physician Visit Forms will continue to be completed for out-of-facility doctor visits and returned with the resident for follow up.(see attached sample visit summary) #2a,b All employees reviewed resident rights in classes led by the regional ombudsman on March 7, 2018. Employees will continue to review residents' rights upon hire and at least annually thereafter. (see attached roster/hand out) #3a-e All residents reviewed their rights under the leadership of the regional ombudsman on March 7, 2018. Resident rights were reviewed again with all residents attending the residents' council meeting held on May 9, 2018. Resident council meetings will be scheduled monthly hereafter (as opposed to the required quarterly sessions). Meeting leadership and attendance will be rotated by the health Services Director, Executive Director and Activity Director. Results of each meeting will be documented and reviewed by administration. Statements of Refusal will be required to be signed when an attempt is made to comply with orders and a resident is non-compliant with orders.(see blank attachment) #4 We Amended by telephone 5/17/18 the responsible medication aide or Supervisor will notify the primary care provider of the resident's refusal of treatment	

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Reviewed & accepted
W Edwards
5/17/18

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D 273	Continued From page 1 revealed: -She was supposed to get an "eye pad (warm compress)" and had not gotten it. When she asked staff for the warm compress, the staff would say they did not know what she was talking about. -The eye doctor originally prescribed the warm compresses twice daily. -She could not remember when she last saw the eye doctor. -Her eyes did not "feel too bad" on 04/11/2018 at 12:12pm. Observation on 04/11/2018 at 12:12pm revealed Resident #6's eyelids were pink/red in color and taught or tight in appearance. Telephone interview with Resident #6's Power of Attorney (POA) on 04/11/2018 at 11:25am revealed: -Resident #6 had ocular rosacea for approximately 10 years and was treated with an oral antibiotic to prevent infection and an eye wash and warm compresses to relieve the redness, swelling and irritation. -Resident #6 had seen an out of state eye doctor annually and the last visit was approximately a year ago prior to the resident relocating. Attempted interview with Resident #6's Primary Care Provider on 04/11/2018 at 1:33pm was unsuccessful. Telephone interview with the Clinical Coordinator for Resident #6's Primary Care Provider's (PCP's) office on 04/11/2018 at 1:33pm revealed: -Resident #6 was seen by her PCP on 02/13/2018. -The PCP's visit note dated 02/13/2018 referred Resident #6 to an ophthalmologist for follow-up	D 273		

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D 273	Continued From page 2 for left eye irritation and cataract. Telephone interview with the receptionist at the ophthalmologist's office on 04/11/2018 at 1:38pm revealed: -Resident #6 was last seen on 07/27/2017 and was referred to an ophthalmology surgeon. -Follow up with the ophthalmologist would have been based on the recommendation from the ophthalmology surgeon. -Resident #6 did not have an appointment scheduled to see the ophthalmologist. Attempted interview with the ophthalmology surgeon on 04/11/2018 at 4:46pm was unsuccessful. Interview with the Supervisor on 04/11/2018 at 4:10pm revealed: -PCP visit notes were kept in the resident's record. -Any referrals made by the PCP were given to the transportation worker for scheduling. -The transportation worker had left for the day on 04/11/2018 at 4:10pm. -She would try to find the PCP visit note documenting the ophthalmology referral for Resident #6 dated 02/13/2018. Telephone interview with the Resident Care Coordinator (RCC) on 04/11/2018 at 5:49pm revealed: -She was not aware of a referral to ophthalmology for Resident #6. -The PCP gave written orders to the supervisor or the RCC at the time of visits to the facility. -An order for a follow-up or referral appointment was then given to the transportation worker to schedule. -She followed up with the transportation worker	D 273		

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D 273	Continued From page 3 on referrals and the PCP followed up with her or the Supervisor. -There was a shared calendar on the facility computer that she, the supervisors and the transportation worker had access to assure follow up and referral appointments were made. Interview with the acting Administrator on 04/11/2018 at 7:38pm revealed: -He and the staff were in the process of obtaining the PCP visit note dated 02/13/2018 for Resident #6. -He did not have information on an ophthalmology referral appointment for Resident #6, but he and the Administrator would follow up on 04/12/2018 and assure Resident #6 had an appointment with the ophthalmologist.	D 273		
D917	G.S. 131D-21(7) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff. This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION The Type B Violation was abated. Non-compliance continues. Based on observations, interviews and record reviews, the facility failed assure 1 of 7 sampled residents (#6) received a reasonable response from facility staff as evidenced by failing to provide warm compresses when requested by the resident and according to the as needed order by the primary care provider.	D917		

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D917	Continued From page 4 The findings are: Review of Resident #6's current FL-2 dated 02/19/2018 revealed: -Diagnoses included ocular rosacea, Alzheimer's dementia, insomnia, diabetes mellitus, hyperlipidemia, anxiety, osteoarthritis and aortic aneurysm. -An order for warm compresses three times daily for irritation and/or redness. Review of Physician's Orders dated 03/05/2018 for Resident #6 revealed an order for warm compress to both eyes three times daily as needed (PRN) for irritation and/or redness. Review of Resident #6's electronic medication administration records (eMARs) for February, March and April 2018 revealed: -There was an entry for warm compress to both eyes three times daily PRN for irritation and/or redness. -There was documentation that the warm compress was administered once (03/18/2018) from 02/01/2018 through 04/10/2018. Interview with a medication aide (MA) on 04/11/2018 at 9:19am revealed: -Resident #6's Power of Attorney (POA) had provided a reusable hot pack as the warm compress for the resident's eyes. -The hot pack was kept in the medication room and MAs warmed the pack up in the microwave and gave it to the resident when she requested the hot pack for her eyes. -She did not usually document on the MAR when she provided the hot pack to Resident #6. Interview with Resident #6 on 04/10/2018 at 5:16pm revealed:	D917		

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D917	Continued From page 5 -She used the hot pack on her eyes to "raise her eye lids" and keep them from being swollen. -It had been two weeks since the staff had last brought her the hot pack. -She asked the MAs daily for the hot pack and had not received it. -She thought she was supposed to receive the hot pack twice a day. -The MAs would tell her they did not know anything about a hot pack and did not know where it was. -The eye doctor was the one who originally prescribed the hot packs twice daily. -She could not remember when she last saw the eye doctor. Observation on 04/11/2018 at 12:12pm revealed: -The MA was with Resident #6 in the resident's room checking her blood pressure. -Resident #6's eyelids were pink/red in color and taught or tight in appearance. Interview with Resident #6 (The MA was present) on 04/11/2018 at 12:12pm revealed: -Her eyes did not "feel too bad" at that time. -Staff did not bring her "eye patches (warm compress)" anymore. -Staff told her they did not what she was talking about. Interview with the MA on 04/11/2018 at 12:12pm revealed Resident #6's warm compress was PRN and the MA had no further response. Telephone interview with Resident #6's Power of Attorney (POA) on 04/11/2018 at 11:25am revealed: -Resident #6 had ocular rosacea for approximately 10 years and was treated with an oral antibiotic to prevent infection and an eye	D917		

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D917	Continued From page 6 wash and warm compresses to relieve the redness, swelling and irritation. -Resident #6 was supposed to have a warm compress on her eyes twice a day, but the resident had trouble getting the warm compress from the staff and was very frustrated with that. -She had provided a reusable hot pack which the staff had to warm in the microwave. -The staff was very busy and did not always have time to warm the hot pack and bring it to Resident #6 and this was why Resident #6 was frustrated. Interview with a second MA on 04/11/2018 at 10:44am revealed: -Resident #6 had a reusable hot pack that MAs warmed in the microwave for the resident to lay on her eyes. -Resident #6 did not ask for every day, but did the resident did ask for the hot pack two to three times per week. -The hot pack for the Resident #6's eyes was ordered PRN so the MAs did not provide the hot pack on a scheduled basis. Attempted interview with Resident #6's Primary Care Provider on 04/11/2018 at 1:33pm was unsuccessful. Telephone interview with the Resident Care Coordinator (RCC) on 04/11/2018 at 5:49pm and 6:35pm revealed: -Resident #6 was not always "compliant" with using the warm compress on her eyes. -Staff would warm up the reusable hot pack for Resident #6 and then the resident would "disappear for hours" or refuse. -Resident #6 would disappear from her room and go and participate in activity at the facility. -The warm compress was PRN meaning the resident needed to ask staff for the warm	D917		

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D917	Continued From page 7 compress. -Staff reported to her that Resident #6 would ask for the warm compress and then disappear. -Resident #6 was noncompliant because she was not in her room after asking for the warm compress. Interview with the acting Administrator on 04/11/2018 at 7:38pm revealed: -It was unacceptable for Resident #6 not to get the warm compress for eyes after asking for it. -He would speak to staff and make sure they provided the warm compress as ordered by the PCP and requested by the resident.	D917		