

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/24/2018
NAME OF PROVIDER OR SUPPLIER SPICEWOOD COTTAGES ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 39 LOVING WAY CLYDE, NC 28721		
(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 survey on October 24, 2018.	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 assure referral and follow-up to meet the routine and acute health care needs of 1 of 3 sampled residents (Resident #1) with an order for a hand x-ray. The findings are: Review of Resident #1's current FL2 dated 01/03/18 revealed: -Diagnoses included dementia, hypertension, and gastroesophageal reflux disease. -She was disoriented constantly and was semi-ambulatory. Observation of Resident #1 on 10/24/18 at 10:30am revealed: -Resident #1 was sitting in the living room with a small blanket which covered her right arm. -She removed the blanket and revealed her right hand which was swollen and bruised from the top of her hand down to all 5 fingers.	D 273		

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

TITLE

(X6) DATE

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D 273	Continued From page 1 Interview with Resident #1 on 10/24/18 at 10:30am revealed: -She had injured her hand. -She was unable to verbalize how the injury occurred. Review of a physician order sheet dated 08/27/18 revealed an order for Tylenol (used to treat pain) 325mg, take 2 tablets 3 times daily for pain. Review of Resident #1's progress notes dated 10/18/18 at 10:00am revealed: -Resident #1's hand was badly bruised and swollen. -The injury occurred when her hand became stuck in the wheelchair. -"It is causing the resident pain." -The medication aide (MA) had contacted the Resident Care Coordinator (RCC) and the Power of Attorney (POA). -An order for a hand x-ray was obtained. -MAs applied a cool compress and gave the resident some Tylenol. Review of Resident #1's progress notes dated 10/18/18 at 11:30am revealed: -The POA did not want her to have the x-ray. -The order for the x-ray was discontinued. Interview on 10/24/18 at 10:50am with Resident #1's Nurse Practitioner (NP) revealed: -She had ordered a hand x-ray on 10/18/18. -She did not know the x-ray had not been done. -The facility had not notified her that Resident #1's POA refused to have the x-ray done. -She "would re-examine Resident #1's hand now." -She would have the facility staff call the POA after her reassessment, and ask to have x-ray	D 273			

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D 273	Continued From page 2 done today. Observation on 10/24/18 at 12:00pm revealed the x-ray service provider had arrived to do the hand x-ray. Observation of Resident #1 on 10/24/18 at 12:35pm revealed: -She wheeled her wheelchair from the dining room table about 5 feet towards the entrance of the dining room. -She grimaced as she grasped the wheels of the wheelchair to propel herself. -The MA then helped transport her to the living room. Interview on 10/24/18 at 12:10pm and 2:05pm with a first shift MA revealed: -Resident #1's POA did not want the x-ray to be done. -The POA visited Resident #1 on 10/18/18 and looked at the hand and did not want the x-ray to be done. -The MAs and personal care aides (PCAs) applied ice packs to Resident #1's hand to help with the pain and swelling. -"That was all we could do." -She only had Tylenol to give the resident for pain. -Tylenol helped with the pain, and she only complained of soreness. -The resident was unable to use the wheelchair independently. -The facility staff had to assist the resident with "everything." -The resident's hand was "black and blue" and "more swollen than now." Attempted telephone interview with Resident #1's POA on 10/24/18 at 2:09pm was unsuccessful.	D 273		

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D 273	Continued From page 3 Interview with the relief RCC at 2:30pm revealed: -The x-ray results from 10/24/18 were back and Resident #1's hand was broken. -They had notified the POA and the NP and would be scheduling an orthopedic appointment. Review of Resident #1's record revealed: -A physician's telephone order dated 10/24/18 for right hand x-ray related to swelling and bruising. -A Radiology report dated 10/24/18 which documented an acute un-displaced tear spiral type fracture at the shaft of the 3rd metacarpal bone. Interview on 10/24/18 at 2:35pm with the second shift MA revealed the original physician's telephone order for the hand x-ray on 10/18/18 was not in Resident #1's record because of the refusal. Interview with the RCC at 2:40pm revealed: -She knew the POA refused the hand x-ray for Resident #1. -The MAs working on 10/18/18 would have notified the back-up RCC, because she was not working that day. -The MAs had notified the relief RCC of the refusal. -The RCC is responsible for notifying the NP of refused x-ray exams. Interview with the relief RCC at 2:45pm revealed: -She thought she had notified the NP of the x-ray refusal by the POA, but had not. -The facility's policy was for the MA to notify the RCC of refusals and then the RCC would notify the NP. -She was working as the relief RCC on 10/18/18. -There was no documentation that the NP had	D 273		

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D 273	Continued From page 4 been notified.	D 273			