STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: _____ B. WING _____	R 01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on January 4, 2019.	{C 000}		
{C 246}	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .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 record reviews and interviews, the facility failed to assure physician notification for 1 of 3 sampled residents (Resident #3) of high blood pressure readings with ordered parameters. The findings are: Review of Resident #3's current FL-2 dated 07/02/18 revealed: -Diagnoses included renal insufficiency, cerebrovascular accident, hypercholesterolemia, hypertension, coronary artery disease, glaucoma, and major depression. -There were medication orders for amlodipine 10 mg (used to treat hypertension) daily, lisinopril 20 mg (used to treat hypertension) daily, and metoprolol 12.5 mg (used to treat hypertension) twice daily. -There was an order to obtain Resident #3's blood pressure (BP) daily. Review of Resident #3's subsequent physician orders dated 08/28/18 revealed instructions to call the physician for systolic BP greater than 150 or diastolic BP greater than 100.	{C 246}		

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{C 246}	Continued From page 1 Review of Resident #3's subsequent physician orders dated 10/16/18 revealed: -There were instructions to continue to monitor BP and call the provider for systolic BP greater than 150 and diastolic BP greater than 100. -There was no documentation indicating how often to monitor the BP. Review of Resident #3's November 2018 medication administration record (MAR) revealed: -There was no entry to check and record BP daily. -The BP parameters were not transcribed on the MAR. -There were BP readings recorded on the back of the MAR beside the heading "blood pressure". -The BP readings for November 2018 ranged from 85/77 to 180/80. -Resident 3's BP readings were outside of the ordered parameters 5 of 30 opportunities. -Examples of BP results with readings outside of ordered parameters were as follows: -On 11/08/18 staff documented a BP of 180/80. -On 11/12/18 staff documented a BP of 170/83. -On 11/19/18 staff documented a BP of 155/93. -On 11/20/18 staff documented a BP of 165/69. -On 11/29/18 staff documented a BP of 151/76. Review of Resident #3's December 2018 MAR revealed: -There was no entry to check and record BP daily. -The BP parameters were not transcribed on the MAR. -There were BP readings recorded on the back of the MAR beside the heading "blood pressure". -The BP readings for December 2018 ranged from 104/53 to 179/71. -Resident #3's BP readings were outside of the ordered parameters 5 of 31 opportunities.	{C 246}		

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{C 246}	Continued From page 2 -Examples of BP results with readings outside of ordered parameters were as follows: -On 12/05/18 staff documented a BP of 179/71. -On 12/08/18 staff documented a BP of 157/79. -On 12/10/18 staff documented a BP of 159/80. -On 12/13/18 staff documented a BP of 157/64. -On 12/16/18 staff documented a BP of 164/63. Review of Resident #3's January 2019 MAR revealed: -There was no entry to check and record BP daily. -The BP parameters were not transcribed on the MAR. -There were BP readings recorded on the back of the MAR beside the heading "blood pressure". -The BP readings for January 2019 ranged from 127/70 to 179/91. -Resident #3's BP readings were outside of the ordered parameters 1 of 4 opportunities. -An example of BP results with readings outside of ordered parameters was as follows: -On 01/02/19 staff documented a BP of 176/74. Review of Resident #3's notes and physician notifications record revealed: -There was one note documented on the health sheets by the physician the facility notified the physician concerning a high blood pressure reading on 11/08/18. -There was no documentation after 11/08/18 the facility staff had notified the physician for blood pressure parameters as ordered. Interview with Resident #3 on 01/04/19 at 1:15 pm revealed: -The staff took her blood pressure every day. -She did not know what the BP readings were because no one told her the BP readings. -She did not know if staff notified the physician.	{C 246}		

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{C 246}	Continued From page 3 -She was tired of having it taken that often but she supposed it was for her health. Interview with the medication aide on 01/04/19 at 1:30 pm revealed: -He took Resident #3's blood pressure every day. -He was told to take Resident #3's blood pressure every day by the Supervisor in Charge (SIC) sometime ago, he did not know the date. -He wrote the blood pressure reading on a piece of paper and the SIC documented the blood pressure reading on the MARs. -He did not document the blood pressure reading on the MARs and he did not call the provider about the blood pressure readings. -The SIC or the Administrator called the physician about the residents. -He did not know Resident #3 had parameters for BP. Telephone interview with Resident #3's physician on 01/04/19 at 1:41 pm revealed: -She ordered blood pressure monitoring for Resident #3 daily. -The facility was to notify her via fax or telephone if the systolic BP was over 150 or if the diastolic BP was over 100. -She expected the facility to notify her as indicated by the parameters and recheck the blood pressure after administering medications. -If the rechecked blood pressure was within normal parameters she did not expect the facility staff to notify her. -She wrote a note on 11/08/18 indicating the facility staff notified her of an elevated BP of 153/89. -She recalled speaking with the SIC on 11/20/18 and 12/05/18 when she conducted an onsite office visit with Resident #3. -The SIC told her on 11/20/18 and 12/05/18 of the	{C 246}		

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{C 246}	Continued From page 4	{C 246}		

elevated systolic BP for the same dates.
-She did not have any documentation the facility notified her on 11/12/18, 11/19/18, 11/29/18, 12/08/18, 12/10/18, 12/13/18, 12/16/18, and 01/02/19.
-She had not received any faxes indicating Resident #3's BP was elevated on 11/12/18, 11/19/18, 11/29/18, 12/08/18, 12/10/18, 12/13/18, 12/16/18, and 01/02/19.
-She last saw Resident #3 on 01/03/19 but the staff did not report an elevated BP reading from 01/02/19.

Interview with the SIC on 01/04/19 at 2:42 pm revealed:
-She knew about Resident #3's blood pressure parameter orders to call the physician if the BP reading was high.
-She sometimes documented calling the physician and sometimes she did not document notifying the physician.
-She did not document notifying the physician for the elevated BPs in November 2018, December 2018, or January 2019.
-The physician wrote a couple of notes that indicated she called the physician about the blood pressure readings.
-She did not document notifying the physician on any specific document, sometimes the desk calendar was used to document notifying the physician.
-She and the Administrator were responsible for ensuring the physician's orders were followed.
-She and the Administrator were responsible for notifying the physician when the blood pressure readings were high.
-She did not audit the MARs or the resident records.

Interview with the Administrator on 01/04/19 at

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{C 246}	Continued From page 5 2:55 pm revealed: -She and the SIC were responsible for ensuring the physician's orders were followed. -She wrote tasks that were to be done for residents on a board on the wall in the office. -She expected the staff to document on the desk calendar or the back of the MARs when the physician was notified about Resident #3's elevated blood pressure reading. -She did not know there was no documentation the physician was contacted for Resident #3's elevated BP readings. -She planned to review documenting with staff when Resident #3's physician was notified.	{C 246}		