

RECEIVED

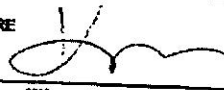
DEC 30 2020

PRINTED: 12/17/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>ADULT CARE LICENSURE SECTION</u> RALEIGH B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/01/2020
NAME OF PROVIDER OR SUPPLIER CARTERET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570			
(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 onsite follow-up and COVID-19 Focused Infection Control survey on 11/30/20-12/01/20.		D 000	Responses to the cited deficiency do not constitute an admission by the facility of the facts alleged or conclusions set forth in the statement of deficiency or corrective action report; the plan of correction is solely prepared as a matter of compliance with State law.	
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, record reviews, and interviews, the facility failed to ensure the acute and routine health care needs were met for 1 of 5 residents sampled (#1) related to a missed dermatology referral for suspected melanoma. The findings are: 1. Review of Resident #1's current FL-2 dated 07/16/20 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), hypertension, macular degeneration, tobacco abuse, polymyalgia, rheumatism, iron deficiency and acute keratosis. -The resident's level of orientation was not documented. Observation of Resident #1 on 11/30/20 at 11:13am revealed she was sitting in her recliner with a scaly, raised, discolored, dime size lesion to her nose. Review of Resident #1's Primary Care Provider (PCP) visit summary dated 10/20/20 revealed the		D 273	An appointment was scheduled for 12/3/20. Training was completed with the transporter and DRC on scheduling appointments and follow up care. Appointments will be scheduled by the transporter or designee within 72 hours of notification and reviewed by the ED or DRC. All referrals and follow up will be reviewed weekly at the At Risk Meetings.	12/1/20 12/1/20 2/1/21 & ongoing 2/1/21 & ongoing

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE ED

(X5) DATE
12.29.20

STATE FORM

LFZB12

If continuation sheet 1 of 5

* The Plan of Correction was reviewed and accepted on 1-4-21.
Della Lincat

Division of Health Service Regulation

PRINTED: 12/17/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/01/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARTERET HOUSE

3020 MARKET STREET

NEWPORT, NC 28570

(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 273	Continued From page 1 resident had a concerning lesion on her nose and needed a dermatology referral "ASAP" for possible melanoma. Telephone interview with Resident #1's responsible party on 11/30/20 at 4:59pm revealed: -Resident #1 needed to see the dermatologist for the spot on her nose. -Resident #1 was supposed to have a dermatology appointment scheduled to evaluate the area of concern on her nose. Telephone interview with the representative dermatologist's office on 12/01/20 at 10:20am revealed: -Resident #1 had an appointment scheduled for 12/03/20 at 2:00pm. -There was no documentation of any previous attempts from the facility to schedule the appointment. Interview with the Director of Resident Care (DRC) on 12/01/20 at 11:44am revealed: -She was aware Resident 1's referral to dermatology needed to be made. -She was responsible for scheduling appointments but Resident #1 would "sometimes" make her own appointments. -She scheduled the dermatology appointment today and there were no other attempts to schedule the appointment prior to today. -Resident #1 made "usually" her own appointments. Interview with Resident #1 on 12/01/20 at 12:59pm revealed: -The spot on her nose had been there for months; she did not know exactly how long. -She mentioned the spot on her nose to her PCP	D 273		

Division of Health Service Regulation

PRINTED: 12/17/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/01/2020
NAME OF PROVIDER OR SUPPLIER CARTERET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570			
(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 273	Continued From page 2 during a visit a couple of months ago. -She had a dermatology appointment scheduled on 12/03/20. -The spot on her nose didn't hurt but "it feels like you could rub it right off." -The spot didn't bother her. Telephone interview with the representative from Resident #1's PCP office on 12/01/20 at 1:20pm revealed: -The referral for the lesion on Resident #1's nose was sent to the dermatologist on 10/26/20 by the PCP office. -It was the PCPs office responsibility to review Resident #1's record to ensure the appointment was made. -The appointment was never made until today. Telephone interview Resident #1's PCP on 12/01/20 at 1:24pm revealed: -She saw Resident #1 on 10/20/20 and was made aware of the spot-on Resident #1's nose. -The dermatology referral was sent to the dermatologist the same day. -The dermatologist was supposed to contact the resident for an appointment. -She would expect any orders or referrals to be followed. Interview with a medication aide (MA) on 12/01/20 at 1:43pm revealed: -She had noticed the area on Resident #1's nose. -MAs did not get the visit summary after the resident's PCP visit. -The DRC was responsible for reviewing paperwork and making the referrals and scheduling appointments. -It was the responsibility of the Director of Resident Care to follow up on any referrals made to a specialist.	D 273			

Division of Health Service Regulation

PRINTED: 12/17/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/01/2020
NAME OF PROVIDER OR SUPPLIER CARTERET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570			
(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 273	Continued From page 3 -The DRC would then notify transport of the appointment. -There was an appointment book in the office transportation used to track appointments. Interview with a third MA on 12/01/20 at 2:00pm revealed: -She was aware of the area on Resident #1's nose and it looked like a "scab." -Resident #1 had not complained of pain or discomfort. -She was not aware of any dermatology appointment for Resident #1 or referral being ordered. -Transportation kept track of residents appointments. -The DRC was responsible for obtaining the paperwork and making referrals. -The MAs were made aware by the DRC of any order changes or newly scheduled appointments. -She was not aware of any missed appointments for Resident #1. Interview with the DRC on 12/01/20 at 2:06pm revealed: -She had been employed with the facility since September 2020. -They had a "bump in the road" with their transporter who usually kept up with appointments. -The transporter was no longer there, and no one was keeping up with appointments. -The Activity Director was currently filling in as the transporter. -She did not know why Resident #1's dermatology appointment was not scheduled until today. -Resident #1 used an outside provider and did not use the facility's PCP which made it difficult to coordinate appointments. -Resident #1 did not come back to the facility with	D 273			

Division of Health Service Regulation

PRINTED: 12/17/2020
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL016018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/01/2020	
NAME OF PROVIDER OR SUPPLIER CARTERET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 MARKET STREET NEWPORT, NC 28570		
(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 273	Continued From page 4 any paperwork the day of her appointment on 10/20/20. Interview with Executive Director (ED) on 12/01/20 at 2:18pm revealed: -She was not aware of the area on Resident #1's nose and had not been notified. -The DRC was responsible for obtaining PCP office visit paperwork and scheduling appointments. -The DRC made a copy of the paperwork and gave it to the transporter who placed the appointment in a book. -She was not sure what happened with Resident #1's dermatology appointment but the appointment should have been made. -She was concerned about the area on Resident #1's nose and that it would spread or potentially cause harm to the resident.	D 273		