

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/12/2021
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 a follow-up survey on 08/11/21 through 08/12/21.	{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: 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 to ensure physician notification for 1 of 5 sampled residents (#1) related to a resident with swollen legs and ankles. The findings are: Review of Resident #1's current FL2 dated 07/12/21 revealed diagnoses included Alzheimer's dementia, osteopenia and vitamin D deficiency. Review of Resident #1's Care Plan dated 08/04/21 revealed: -Resident #1 required supervision with toileting ambulation and transferring. -Resident #1 required extensive assistance with bathing, dressing and groom. Review of Resident #1's physician's order dated 04/22/21 revealed an order to discontinue Thrombo-Embolus Deterrent (TED) hose because the resident refused to wear the hose.	{D 273}			

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/12/2021
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 Review of Resident #1's record revealed there was no documentation why the resident was ordered TED Hose and no diagnosis related to the need for TED Hose. Observation of Resident #1 during the tour of the facility on 08/11/21 at 8:53am revealed: -Resident #1 was in her room sitting in a straight back chair. -Resident #1 had on cloth bedroom slippers. -Resident #1 did not have on socks or hose. -Resident #1's lower legs and ankles were swollen and edematous. -Resident #1's right lower leg and ankle were swollen and there were three skin folds with creases observed. -Resident #1's left leg was swollen with an indentation in the bend of her leg above the ankle. Observation of Resident #1 on 08/11/21 at 2:18pm revealed: -The personal care aide (PCA) and the medication aide (MA) brought Resident #1 out of her room and sat the resident in a chair in the common dining room area. -Resident #1 had on white ribbed socks. -The socks came up midway of the resident's leg just under the calf. -The sock on the right leg was tight and caused the resident's upper leg to bulge out ¼ of an inch over the sock. -The left leg was bulged out 1/8 of an inch over the sock and was not as swollen as the right leg. -The MA took the sock off the left leg to put a TED Hose on the resident. -When the MA took the sock off the resident yelled "ouch, ouch." -The sock left a noticeable deep impression in the resident's leg and an increased indentation where	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/12/2021
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 the band of the sock rested on the resident's leg. -The MA put the TED hose on the resident's leg and the resident yelled again "ouch that hurts." -The MA took the sock off the right leg and the impression and indentation was deeper than that of the left leg. -Resident #1 yelled again that it hurt when the sock was being removed. -The MA put the TED hose on the resident's right leg. Review of Resident #1's record revealed: -There was no documentation Resident #1's legs and ankles were swelling. -There was no documentation Resident #1's Primary Care Provider (PCP) had been notified the resident's legs and ankles were swelling. Interview with the PCA on 08/11/21 at 10:52 am revealed: -Resident #1's ankles and legs had appeared swollen as they appeared today since she started working at the facility in March 2021. -She thought that was normal for Resident #1. Interview with the MA on 08/11/21 at 11:33am revealed: -Some days Resident #1's legs and ankles were swollen. -She was unable to recall if she notified the resident's PCP of the swelling in Resident #1's legs and ankles. -If she notified the PCP there should be documentation in the progress notes or on the 24-hour shift report. Interview with a second PCA on 08/11/21 at 2:14pm revealed: -Resident #1's legs and ankles always looked as they did today.	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/12/2021
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 -She thought the resident had "chunky" legs and ankles and that was normal for her. Interview with a third shift PCA on 08/11/21 at 3:15pm revealed: -She noticed Resident #1's legs and ankles were swollen. -She thought the resident's legs and ankles were supposed to be that size. -She thought the resident had a condition that caused her legs and ankles to be swollen. -Resident #1 usually was sensitive all over when touched and cried out in pain when provided general personal care. Interview with a second MA on 08/11/21 at 2:22pm revealed: -She thought Resident #1's order for TED Hose was as needed (PRN). -The white socks that left an impression and indentation in Resident #1's legs were just put on the resident and were on for less than 5 minutes. -She thought Resident #1's legs and ankles were swollen today, and the resident needed TED hose. -She had not notified the PCP today and thought she had previously notified the PCP but was unable to recall exactly when the PCP was notified. -She put Resident #1's TED Hose on the early part of last month, but she was not sure. -She just checked and there was no order on the electronic medication administration record (eMAR) for Resident #1's TED Hose. -She must have confused Resident #1 with another resident that had an as needed order for TED Hose. Telephone interview with a third shift PCA on 08/12/21 at 8:53am revealed:	{D 273}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/12/2021
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 -She worked the third shift and sometimes got Resident #1 dressed in the morning. -She had noticed Resident #1's legs were swollen. -Another PCA had explained to her that sometimes Resident #1's legs and ankles did swell up and she should put TED Hose on when the resident's legs and ankles were swollen. -She had not put TED Hose on Resident #1 since she started working 2 weeks ago at the facility. Telephone interview with a second third shift PCA on 08/12/21 at 9:02am revealed: -Resident #1 legs always looked like they were "really puffy." -She had not mentioned anything about Resident #1's puffy legs and ankles because the resident was ordered TED Hose, but then they got discontinued, so she thought everyone was aware of the resident's puffy legs and ankles. -Sometimes Resident #1 had a hard time walking and grunts because she was in pain. -She noticed Resident #1's legs were swollen since she started working at the facility in April 2021. Telephone interview with a third shift MA on 08/12/21 at 9:07am revealed: -She had worked at the facility since 03/25/21. -She noticed Resident #1's swollen legs and ankles. -She had observed when someone touched Resident #1, she yelled and screamed "ouch, ouch" because she was in pain. -She did not recall if she had reported Resident #1's legs and ankles were swollen to the PCP. -If she had reported the resident's swollen legs and ankles it should be documented in the nurse notes.	{D 273}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/12/2021
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 5 Interview with Resident #1's PCP on 08/12/21 at 9:37am revealed: -She was in the facility at least weekly. -She did not see Resident #1 every week, she was unable to recall the last time she had seen Resident #1 and if she noticed the resident had swollen legs and ankles. -She did see Resident #1 today and noticed there was some swelling. -She thought the MA had told her about the resident's swelling, but she was unable to recall exactly when. -If facility staff had contacted her about the resident's swollen legs and ankles then she would have suggested some type of treatment. -Today, she re-ordered the TED Hose again to see if that would help with the swelling. -She expected staff to notify her when they observe something like Resident #1's swollen legs and ankles, especially if they were noticing swelling when the resident got up in the mornings. Interview with the Resident Care Coordinator (RCC) on 08/11/21 at 2:47pm revealed: -She was not aware Resident #1 legs and ankles were currently swollen. -She recalled several months ago when there was a health fair someone from an outside agency commented that Resident #1 legs and ankles were swollen. -She did not follow-up with the resident's PCP because she thought the person from the outside agency would notify the resident's PCP. -If the MA noticed Resident #1 had swollen legs and ankles, then she should have made her aware and contacted the resident's PCP.	{D 273}		