STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(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 and follow-up survey on December 9 - 10 , 2021.	D 000		
D 235	10A NCAC 13F .0703 (b) Tuberculosis Test, Medical Examination And Im 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter. (c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a current FL2 was completed for 2 of 3 sampled residents (Resident #1 and #3). The findings are: 1. Review of Resident #1's most recent FL2 dated 12/02/19 revealed: -Diagnoses included schizophrenia, hypertension, urinary incontinence, impaired renal function, cirrhosis, weight loss, hepatitis B and C, and cerebral atrophy. -She was non-ambulatory. -She was incontinent of bladder and bowel.	D 235		

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D 235	Continued From page 1 -She required total care for activities of daily living. Review of Resident #1's resident register revealed an admission on 09/06/06. Review of Resident #1's record revealed: -There was a care plan for Resident #1 dated 11/03/20. -There was not an updated FL2 completed or signed by the primary care provider (PCP) after 12/02/19. Attempted telephone interview with Resident #1's PCP on 12/10/21 at 2:32pm was unsuccessful. Refer to the interview with the Administrator on 12/10/21 at 2:45pm. 2. Review of Resident #3's most recent FL2 dated 03/02/20 revealed diagnoses included type II diabetes, chronic obstructive pulmonary disease, and right eye blindness. Review of Resident #3's resident register revealed an admission date of 06/28/14. Review of Resident #3's record revealed: -There was a care plan dated 01/21/21. -There was not an updated FL2 completed or signed by the primary care provider (PCP) after 03/02/20. Attempted telephone interview with Resident #3's PCP on 12/10/21 at 2:32pm was unsuccessful. Refer to interview with the Administrator on 12/10/21 at 2:45pm. _____	D 235		

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D 235	Continued From page 2 Interview with the Administrator on 12/10/21 at 2:45pm revealed: -She was responsible for completing the FL2s and having them signed by the primary care provider (PCP) for each resident. -Her process was to send the FL2, the care plan, and clarification orders to the PCP for signature when a resident had a medical appointment. -If the resident needed an updated FL2 signed, she would make an appointment to see the PCP. -She was aware they had to be signed on a yearly basis or after a hospital stay. -She was aware they had not been updated yearly. -She used to have an administrative assistant, but he resigned 1.5 years ago. -She had not been unable to perform chart audits on a regular basis due to low staffing.	D 235		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care	D 280		

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D 280	Continued From page 3 being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) assessment was completed within 30 days from the date a resident develops the need for the LHPS task for 1 of 3 sampled residents (Resident #2) with LHPS tasks of transfers, use of assistive devices, feeding techniques, and prescribed physical therapy (PT) and occupational therapy (OT) services (#2), and at least quarterly for 2 of 3 sampled residents (Resident #1 and #3) with LHPS tasks of assistance with transfers, use of assistive devices and maintain accurate intake (#1) and use of assistive devices and collecting fingerstick blood samples (#3). The findings are: 1. Review of Resident #2's current FL2 dated 06/07/21 revealed: -Diagnoses included acute hypoxemic respiratory failure, acute pulmonary embolism, bilateral limb deep vein thrombosis, dementia, and hypertension. -There was an order for a pureed diet. -There was an order for physical therapy (PT). -She required assistance with feeding, bathing and dressing.	D 280		

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D 280	Continued From page 4 -She was incontinent of bladder. Review of Resident #2's hospital discharge summary dated 06/07/21 revealed: -She was admitted for acute hypoxemic respiratory failure secondary to acute pulmonary embolism. -She was in the hospital for 6 days. -She would be on lifelong anticoagulants. -She was documented as having poor mobility with unknown cause. -She would need to avoid falling due to use of anticoagulants. Review of Resident #2's record revealed: -There was no documentation of a Licensed Health Professional Support (LHPS) assessment completed since her return to the facility on 06/07/21. -She had tasks that required to be evaluated by the LHPS nurse for transferring semi-ambulatory or non-ambulatory residents, ambulation using assistive devices that requires physical assistance, feeding techniques for residents with swallowing problems, and any other prescribed physical or occupational therapy. Observation on 12/09/21 at 11:30am of Resident #2 during the lunch meal revealed: -She was rolled into the dining room in a wheelchair by staff. -She remained in the wheelchair for the entire meal. -She received feeding assistance by staff during the lunch meal. Interview on 12/10/21 at 10:45am with the administrator revealed: -After Resident #2 returned from the hospital in June she was unable to ambulate independently.	D 280		

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D 280	Continued From page 5	D 280		

-She spent most of the day in her wheelchair.
-She needed total assistance with bathing, dressing, grooming, toileting, ambulation and transfers.
-She required feeding assistance now.
-Resident #2 had received home health PT, OT and nursing visits.
-PT discharged her due to making no progress towards goals.
-She was currently receiving OT and skilled nursing visits.

Observation on 12/10/21 at 12:45pm revealed Resident #2 was sitting in the main hallway in her wheelchair.

Attempted telephone interview on 12/10/21 at 1:00pm with Resident #2's primary care physician (PCP) was unsuccessful.

Refer to interview with the administrator on 12/10/21 at 2:45pm.

2. Review of Resident #1's current FL2 dated 12/02/19 revealed:
-Diagnoses included schizophrenia, hypertension, urinary incontinence, impaired renal function, cirrhosis, weight loss, hepatitis B and C, and cerebral atrophy.
-She was non-ambulatory.
-She was incontinent of bladder and bowel.
-She required total care for activities of daily living.

Review of Resident #1's record revealed:
-The most recent Licensed Health Professional Support (LHPS) assessment was completed 06/04/20.
-She had tasks including transferring semi-ambulatory or non-ambulatory residents,

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D 280	Continued From page 6	D 280		

ambulation using assistive devices that requires physical assistance, and maintaining accurate intake and output data.

Observation on 12/09/21 at 9:35am of Resident #1 revealed:
-She was sitting in the common area in her wheelchair.
-She was rolled in her wheelchair from the common area into the hallway by staff.

Refer to interview with the Administrator on 12/10/21 at 2:45pm.

3. Review of Resident #3's current FL2 dated 03/02/20 revealed diagnoses included type II diabetes, chronic obstructive pulmonary disease, and right eye blindness.

Review of Resident #3's record revealed:
-The most recent Licensed Health Professional Support (LHPS) assessment was completed 06/04/20.
-She had tasks including ambulation using assistive devises that requires physical assistance and collecting and testing of fingerstick blood samples.

Attempted telephone interview on 12/10/21 at 1:02pm with Resident #3's power of attorney (POA) was unsuccessful.

Refer to interview with the Administrator on 12/10/21 at 2:45pm.

Interview with the Administrator on 12/10/21 at 2:45pm revealed:
-The LHPS nurse was responsible to complete the LHPS assessments for all residents.

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D 280	Continued From page 7 -She was responsible to make sure the LHPS reviews were completed quarterly and as needed for residents with new tasks. -The LHPS nurse had resigned sometime after June 2020. -She had not been able to hire a replacement. -The current staff was aware of all residents needs and LHPS tasks to be provided. -She was aware that the LHPS had not been completed for the residents. -She had not been able to perform chart audits on a regular basis due to low staffing.	D 280		