STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010013	A. BUILDING: _____ B. WING _____	06/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS OF OAK ISLAND	2910 PINE PLANTATION PARKWAY OAK ISLAND, NC 28461

(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 complaint investigation on 06/02/22 and 06/03/22.	D 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies; the plan of correction is prepared solely 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, interviews, and record reviews, the facility failed to notify the Primary Care Provider (PCP) of the acute health care needs for 1 of 5 sampled residents (#4) related to a lymphedema compression pump. Review of Resident #4's current FL-2 dated 01/06/22 revealed: -Diagnoses included cerebral infarction, seizures, depression, hyperlipidemia, aphasia, right sided hemiparesis, lymphedema uses pump and difficulty walking. -There was nothing selected for orientation status. -He was semi-ambulatory using a wheelchair. Review of Resident #4's physician's order dated 12/27/21 revealed there was an order to elevate the resident's legs or use a lymphedema compression pump (external compression applied to a limb by a machine used to treat lymphedema) for one hour twice daily. Telephone interview with a nurse at Resident #4's PCP's office on 06/03/22 at 11:00am revealed the PCP wrote an order dated 01/17/22 for the resident to have lymphedema compression to the	D 273	The facility shall assure referral and follow-up to meet the routine and acute health care needs of the residents. The facility shall notify the primary care provider (PCP) of the acute health care needs of the residents. Training will be provided to the Resident Care Coordinator (RCC) by the Exeucutive Director (ED) regarding the process of physician orders being followed up on and implemented in a timely manner for acute needs of the residents. Physician orders for acute needs of residents will be reviewed by RCC. Acute services will be provided to the resident according to the physician order. If the acute service is unable to be provided at the facility, the physician will be notified by the RCC. The facility will find an external service provider to meet the acute care needs of the resident, in concurrence with the physician's	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 6/23/22

STATE FORM 5899 KT2211 If continuation sheet 1 of 8

The Plan of Correction with addendum was received and acknowledged on 07/05/2022. Refer to addendum on page 2 of the Statement of Deficiencies.

K 07/05/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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THE LANDINGS OF OAK ISLAND	2910 PINE PLANTATION PARKWAY OAK ISLAND, NC 28461

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D 273	Continued From page 1 legs and chest Review of Resident #4's electronic medication administration record (eMAR) dated December 2021 revealed: -There was an entry to use a lymphedema pump 60 minutes twice a day (may use in recliner supine) at 8:00am and 8:00pm. -There was a start date of 12/16/21 and a discontinued date of 12/29/21. -There was documentation the lymphedema pump was used from 12/17/22 to 12/28/22 at 8:00am and 8:00pm. -There was documentation by a medication aide (MA) the lymphedema compression order was discontinued on 12/29/21 at 8:00am. Review of Resident #4's eMAR dated January 2022 revealed: -There was no entry for the lymphedema compression device. -There was an entry for acute charting due to swelling related to lymphedema and vital signs were documented every shift from 01/05/22 - 01/08/22. Review of Resident #4's eMAR dated February 2022 - June 2022 revealed there was no entry for the lymphedema compression device and there was no entry for acute charting related to lymphedema. Interview with the Administrator on 06/03/22 at 10:30am revealed Resident #4 did not have a lymphedema compression pump when she began working at the facility in March 2022. Interview with a personal care assistant (PCA) on 06/03/22 at 8:55am revealed that she had seen the lymphedema compression device in Resident	D 273	order and resident care plan. Discontinued physician orders for residents will be documented in the resident's chart. The Area Clinical Director and/or Executive Director will monitor physician orders for compliance of implementation of acute needs and for discontinued orders to be documented and filed in the resident's record. This monitoring will occur bi-weekly for 8 weeks and then monthly thereafter for 3 months. Compliance date of this rule area will not exceed 8/7/22. (273) Addendum per telephone conversation with M/S. Jayle Baird on 07/05/2022 revealed the correction date will Not exceed 07/15/2022. Lee 07/05/2022	