Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054071	A. BUILDING: _____ B. WING _____	R 06/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF KINSTON	3207 CAREY ROAD KINSTON, NC 28504

(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 06/08/22 to 06/09/22.	{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: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to notfy the primary care provider (PCP) notification for 2 of 5 sampled residents (#3 and #5) in which a resident was injured from a fall and required a follow-up appointment (#5), a resident had a change in condition (#3), and for finger stick blood sugars (#3) and blood pressures (#5) that were outside of ordered parameters. The findings are: 1. Review of Resident #5's current FL-2 dated 11/10/21 revealed diagnoses were not included on the document. Review of Resident #5's physician orders dated 01/14/22 revealed diagnoses included dizziness and unsteadiness on feet, muscle weakness, and history of a fibula fracture. Review of Resident #5's current care plan dated 09/10/22 revealed: -The resident ambulated with a walker and was oriented.	{D 273}		

Reviewed/Acknowledged Shawn Melvin 07/19/22

PLAN OF CORRECTION for Follow up survey completed on June 9, 2022.

Spring Arbor of Kinston
HAL-054-071
Lenoir County

It is the policy and standard practice of Spring Arbor of Kinston to comply with all North Carolina Adult Care rules and state regulations.

D 273 - 10A NCAC 13F .0902(b) Health Care
b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.

Plan of Correction

During the survey, on 6/9/2022 at 2p and 9p, Regional Director held an immediate in-service to retrain team members on referral and follow-up to meet the health care needs of the residents. This included follow-up appointments, parameter follow-up, and the change in status for residents.

Following this survey, a complete audit was conducted of referral and follow-up orders to assure that appointments were scheduled and plans in place to assure compliance and follow through. Physician orders with stated parameters were identified and reviewed with Medication Aides and the care team to assure timely communication to appropriate physician. This audit and review was completed by the Resident Care Director and Cottage Care Coordinator.

Prevention of Re-occurrence

An appointment calendar is maintained to track and manage all scheduled appointments. It is the responsibility of the individual who has scheduled the actual appointment to enter this appointment into the calendar. This will usually be the Transporter or the Supervisor-in-Charge. A copy of the calendar will be provided by the Transporter to the Resident Care Director, Cottage Care Coordinator, and the Executive Director one week in advance to assure accuracy and appropriate team member awareness and availability.

A standardized system has been implemented as of 6/15/22 for physician notification in writing of any parameter which is "out of range" (as per Physician Order). A copy of this notification will also be submitted to the Resident Care Director and/or Cottage Care Coordinator for timely awareness and review. Training was held on this notification system by the Resident Care Director and Regional Nurse for all Medication Aides on 6/15/2022.

PLAN OF CORRECTION for Follow up survey completed on June 9, 2022.

Monitoring Responsibility & Frequency

Resident Care Director will conduct and document focused Medication Aide training weekly for 4 weeks, then monthly and as needed thereafter.

Executive Director will review the "out of parameter compliance" notifications with the Resident Care Director and the Cottage Care Coordinator each month for 3 months, and then randomly ongoing.

The Regional Director and the Regional Nurse will randomly audit the Appointment Calendar and "out of parameter" notifications for compliance and follow through at least Quarterly during community visits.

Correction Completion Date: June 15, 2022

PLAN OF CORRECTION for Follow up survey completed on June 9, 2022.

D912 - G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21
Every resident shall have the following rights:
2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.

Plan of Correction

During the survey on 6/8/2022 at 2p and 9p, Regional Director held an in-service with all staff on Residents Rights. Following the survey, Resident Rights trainings was held on 6/24/2022 at 2p by the Resident Care Director. Each of these trainings focused on the right of each resident to receive care and services which are adequate and appropriate to the individual, and to receive care which is in compliance with Physician Orders and with all rules and regulations.

During the survey, on 6/9/2022 at 2p and 9p, Regional Director held an immediate in-service to retrain team members on referral and follow-up to meet the health care needs of the residents. This included follow-up appointments, parameter follow-up, and the change in status for residents.

Prevention of Re-occurrence

Ongoing review and reinforcement of Resident Rights to receive adequate and appropriate care will be addressed by the Executive Director or Designee at monthly staff meetings ongoing.

Monitoring Responsibility & Frequency

Resident Care Director and Cottage Care Coordinator will continue to monitor the appointment calendar and follow through, in addition to the 'out of parameter' notifications on a weekly basis for compliance and follow up as needed in order to assure that resident rights to care and services are being maintained.

Correction Completion Date: 6/24/2022

Submitted by: Beverly H. Jones Date: 07-15-2022