

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-092268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2022
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MILLS FARM VILLA #1		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MILLS CHASE LOOP APEX, NC 27523		
(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 09/23/22.	C 000		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the Primary Care Provider (PCP) was notified of blood pressure parameters for 1 of 3 sampled residents (#1). The findings are: Review of Resident #2's current FL-2 dated 04/18/22 revealed diagnoses included hypertension, dementia, anxiety, hyperlipidemia and hypothyroidism. Review of Resident #2's July 2022 electronic medication administration record (eMAR) revealed: -Check blood pressure 3 times per week, if systolic blood pressure (top number) was more than 180 or less than 90 call the PCP. -The start date was 04/22/22. Review of Resident #2's August 2022 eMAR	C 249		

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: FCL-092268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2022
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MILLS FARM VILLA #1		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MILLS CHASE LOOP APEX, NC 27523		
(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
C 249	Continued From page 1 revealed: -Check blood pressure 3 times per week, if systolic blood pressure (top number) was more than 180 or less than 90 call the PCP. -The start date was 04/22/22. Review of Resident #2's September 2022 eMAR revealed: -Check blood pressure 3 times per week, if systolic blood pressure (top number) was more than 180 or less than 90 call the PCP. -The start date was 04/22/22. Review of Resident #2's electronic weights and vitals for 06/08/22 revealed his blood pressure reading was 81/47mmHg. Review of Resident #2's electronic weights and vitals for 07/08/22 revealed his blood pressure reading was 77/50mmHg. Review of Resident #2's electronic weights and vitals for 08/01/22 revealed his blood pressure reading was 88/44mmHg. Review of Resident #2's electronic weights and vitals for 08/19/22 revealed his blood pressure reading was 212/73mmHg. Review of Resident #2's progress notes dated 06/01/22- 09/22/22 revealed there was no documentation the PCP was notified of blood pressure readings. Interview with a representative from the PCP's office on 09/23/22 at 1:40pm revealed there was no documentation the PCP was notified of Resident #2's blood pressure reading on 06/08/22, 07/08/22, 08/01/22 and 08/19/22.	C 249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-092268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2022
NAME OF PROVIDER OR SUPPLIER THE RESERVE AT MILLS FARM VILLA #1		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 MILLS CHASE LOOP APEX, NC 27523		
(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
C 249	Continued From page 2 Interview with the Resident Care Coordinator (RCC) on 09/23/22 at 1:22pm revealed: -When the medication aides (MA) notified the PCP, they completed a physician communications form and faxed it to the PCP. -The physician communication form would be placed in a folder for faxes and a copy placed in the resident's record. -She was not aware the MAs were not notifying the PCP of Resident #2's blood pressure parameters. -There was no other documentation, other than the physician communication form and fax confirmation, required for the MAs to notify the PCP. Interview with the Administrator on 09/23/22 at 3:14pm revealed: -There should be documentation in Resident #2's record that his PCP was notified of blood pressure readings. -The MAs were responsible to ensure the PCP was notified of blood pressure parameters. -She and the RCC were responsible to ensure the PCP was notified within 48 hours. -She was not aware Resident #2 had an order to notify the PCP of blood pressure readings outside of a parameter.	C 249		