STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041080	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CINNAMON RIDGE	3211 GROOMETOWN ROAD GREENSBORO, NC 27407

(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 and the Guilford County Department of Social Services conducted an annual survey on 04/05/23.	C 000		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents (#3) had an assessment and care plan updated annually. The findings are:	C 231		

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C 231	Continued From page 1 Review of Resident #3's current FL-2 dated 05/23/22 revealed diagnoses included mild mental retardation, seizure dyslipidemia, iron deficiency, and gastroesophageal reflux disease. Review of Resident #3's record revealed: -There was a care plan dated 03/31//21 that was signed by Resident #2's primary care provider (PCP). -Resident #3 requireed limited assistance with eating, ambulation, dressing, and transfers. -resident #3 required extensive assistance with toileting, bathing, and grooming. Interview with the Supervisor-in-charge (SIC) on 08/03/23 at 9:13am revealed: -He did not know resident care plans should have been completed annually or that Resident #3 did not have a current care plan. -The Administrator was responsible for ensuring residents' care plans were completed annually. Telephone interview with the Administrator on 04/05/23 at 11:34am revealed: -She was responsible for ensuring care plans were completed annually for residents, -She usually had the residents' care plans completed and signed when she got the residents' FL2s signed by PCP. -She did not know there was no current care plan for Resident #3 in his record. -She knew she had Resident #3's care plan completed and signed. -She did not know where the care plan was and would have to tell the SIC some places where he could look to see if he could find it. Attempted interview with Resident #3 on 04/05/23 at 11:02am was unsuccessful.	C 231		

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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 interviews and resident records, the facility failed to implement physician's orders for 1 of 3 sampled residents (#1) with an order for monthly blood pressure checks. The findings are: Review of Resident #1's current FL-2 dated 07/11/2022 revealed: -Diagnoses included hypertension , hyperkeratosis lenticularis perstans, developmental delay, chronic obstructive pulmonary disease, and gastroesophageal reflux disease. -There was an order to take Resident #1's blood pressure monthly. Review of Resident #1's Care Plan dated 07/11/2022 revealed Resident #1 was to have his blood pressure taken monthly on a Tuesday. Review of Resident# 1's Medication Administration Record (MAR) for February and March 2023 revealed there was no entry for monthly blood pressure checks.	C 249		

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C 249	Continued From page 3 Interview with Resident #1 on 04/05/2023 at 12:28pm revealed: -Facility staff had not checked his blood pressure. -He did not know if he staff should have been checking his blood pressure. Interview with the Supervisor-in-Charge (SIC) on 04/05/2023 at 10:30am revealed: -He did not know Resident #1's FL-2 indicated he was to have his blood pressure taken monthly. -Resident #1's primary care provider (PCP) monitored his blood pressure during his check-up. -There was no record of blood pressure readings in the facility for Resident #1 since no one had been taking them. -There was blood pressure monitoring equipment in the facility. Telephone interview with the Administrator on 04/05/2023 at 11:30am revealed: -She did not know Resident #1 had an order on his FL-2 dated 07/11/23 to check his blood pressure monthly. -She did not know his care plan documented Resident #1 was to have his blood pressure checked monthly on a Tuesday. -She had not taken Resident#1's blood pressure and did not have any documentation of any blood pressure checks for Resident #1. -Resident #1's PCP did not mention the order for monthly blood pressure monitoring. Attempted telephone interview with Resident #1's PCP on 04/05/2023 at 10:46am was unsuccessful.	C 249		