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	The facility will maintain records of resident in resident file for review purpose. The facility will continue to provided quality care for residents by assessment 30 days following admission and annually. The facility will check resident records month to ensure that all the important paperwork has been filed in he/she record. The correct plan will be to check care plan each month and make sure the documents has been signed by physician	05/01/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pamela Cromwell | TITLE: administrator | (X6) DATE: 05/01/2023

Reviewed and Acknowledged Keisha Banks 05/16/2023

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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	The facility administrator will SIC have the knowledge and training of the resident care. The SIC will know where the residents' care plans are filed and will be reviewed by SIC to ensure compliance are met. The facility will continue to follow resident care plan to met he/she ADL. The facility plan of correction by having monthly meeting with the SIC which will be conducted by an administrator. The meeting will included viewing of the resident care plan, where the records are kept in the resident file an check to make sure document are sign by physician.	05/23/2023

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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	The facility will continue to be in compliance with rule 10a ncac 13g .0902 by assure documentation or recorded on resident MAR The plan of corrective action will be taken by reviewing physician orders after appointment visit and making sure the order is recorded on the MAR sheet for the staff in charge will know to record the result in the MAR. The plan of corrective action will also included the pharmacist knowledge of the changes made of the resident care This will be put in place by communicating with the pharmacist to make sure the physician order for the resident has been electronic send from the doctor office	05/01/2023

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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	The resident blood pressure will be record on MAR as order by physician The resident blood pressure with be monitored and readings will be recorded The correction of action will be taken by assuring the staff in charge is aware of any changes in resident health and where to record the founding of the results of the resident reading The facility administrator will check to assure the readings are being recorded after taking the blood pressure on the day that is giving on the MAR sheet. The correction of action will also include to make sure there are an area on the MAR sheet to record the readings The administrator will review all the resident physician order that was document to make sure the he/she is aware of any changes the physician order	05/01/2023