

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041073</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/01/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTCHESTER HARBOUR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>630 WHITTIER AVENUE<br/>HIGH POINT, NC 27262</b>                             |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| D 000                                                          | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on 05/31/23 through 06/01/23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D 000                                                                         |                                                                                                                          |  |                                                                    |
| D 273                                                          | 10A NCAC 13F .0902(b) Health Care<br><br>10A NCAC 13F .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record review and interviews, the facility failed to ensure physician follow-up was completed for 1 of 5 sampled residents (#1) who had an order for daily weights with parameters for notifying the doctor.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 05/11/22 revealed:<br>-Diagnoses included hypertension, atrial fibrillation, type 2 diabetes mellitus, and dementia.<br>-There was an order to check weight weekly.<br><br>Review of Resident #1's physician's order dated 07/27/22 revealed an order to check weight daily and notify the primary care provider (PCP) of weight gain 3 pounds or greater in 1 day.<br><br>Review of Resident #1's April 2023 electronic medication administration record (eMAR) revealed:<br>-There was an entry for check weight daily and notify the PCP of weight gain 3 pounds or greater in 1 day scheduled daily from 7:00am to 9:30am.<br>-Resident #1's weight increased from 191.8 pounds on 04/07/23 to 195.4 pounds on 04/08/23 | D 273                                                                         |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| D 273                                                          | <p>Continued From page 1</p> <p>which was a 3.6-pound weight gain.<br/>-Resident #1's weight increased from 195.4 pounds on 04/08/23 to 198.4 pounds on 04/09/23 which was a 3.0-pound weight gain.<br/>-Resident #1's weight increased from 191.8 pounds on 04/11/23 to 196.0 pounds on 04/12/23 which was a 4.2-pound weight gain.<br/>-Resident #1's weight increased from 194.4 pounds on 04/13/23 to 198.4 pounds on 04/14/23 which was a 4.0-pound weight gain.<br/>-There was no documentation that the PCP was notified about the weight gain of 3 or more pounds on 04/08/23, 04/09/23, 04/12/23 or 04/14/23.</p> <p>Review of Resident #1's May 2023 eMAR revealed:<br/>-There was an entry for check weight daily and notify the PCP of weight gain 3 pounds or greater in 1 day scheduled daily from 7:00am to 9:30am.<br/>-Resident #1's weight increased from 189.6 pounds on 05/03/23 to 193.0 pounds on 05/04/23 which was a 3.4-pound weight gain.<br/>-Resident #1's weight increased from 190.0 pounds on 05/11/23 to 194.4 pounds on 05/12/23 which was a 4.4-pound weight gain.<br/>-Resident #1's weight increased from 185.6 pounds on 05/15/23 to 191.0 pounds on 05/16/23 which was a 5.4-pound weight gain.<br/>-Resident #1's weight increased from 185.6 pounds on 05/19/23 to 188.6 pounds on 05/20/23 which was a 3.0-pound weight gain.<br/>-There was no documentation that the PCP was notified about the weight gain of 3 or more pounds on 05/04/23, 05/12/23, 05/16/23 or 05/20/23.</p> <p>Review of Resident #1's Progress Notes revealed there was no documentation the PCP was notified about Resident #1's weight gain of 3 or</p> | D 273                                                                                        |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| D 273                                                          | <p>Continued From page 2</p> <p>more pounds on 04/08/23, 04/09/23, 04/12/23, 04/14/23, 05/04/23, 05/12/23, 05/16/23 or 05/20/23.</p> <p>Review of Resident #1's PCP Progress Note dated 04/19/23 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 had a diagnosis of congestive heart failure (CHF) with weight gain.</li> <li>-She assessed Resident #1 on 04/19/23 due to a notification she received from the home health nurse regarding Resident #1 having weight gain and increased edema (swelling) to her bilateral lower legs.</li> <li>-Resident #1 had complaints of shortness of breath with exertion but responded well over the previous two days to the increased dose of diuretic she had ordered.</li> <li>-Resident #1 had 2+ edema to her bilateral lower legs and her compression wraps were in place.</li> <li>-Resident #1 was to continue taking her daily diuretic and she ordered a temporary diuretic medication to take for three days in a row, then twice a week ongoing to help with fluid removal.</li> <li>-There was no documentation she had been updated on Resident #1's weight gain of 3 or more pounds on 04/08/23, 04/09/23, 04/12/23, or 04/14/23.</li> </ul> <p>Review of Resident #1's Home Health Nurse (HHN) progress notes revealed:</p> <ul style="list-style-type: none"> <li>-On 04/10/23, there was documentation Resident #1's bilateral lower extremities had no edema or skin breakdown, but her left foot had 1+ pitting edema so compression wraps were applied as ordered.</li> <li>-On 04/17/23, there was documentation that Resident #1's bilateral lower extremities were free from skin breakdown and compression wraps were applied to manage edema.</li> <li>-On 05/17/23, there was documentation Resident</li> </ul> | D 273                                                                                        |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| D 273                                                          | <p>Continued From page 3</p> <p>#1's bilateral lower extremities had no edema but there was some puffiness above the wraps and on her feet.</p> <p>-On 05/26/23, there was documentation Resident #1's bilateral lower extremities had no edema and her compression hose were in place.</p> <p>Observation of Resident #1 on 06/01/23 at 12:50pm revealed she was sitting in her wheelchair in her room, her compression hose were on her legs, and there was no edema observed.</p> <p>Telephone interview with Resident #1's PCP on 06/01/23 at 11:30am revealed:</p> <p>-She reviewed Resident #1's daily weights whenever she was at the facility to see Resident #1.</p> <p>-She saw Resident #1 at least once or twice per month.</p> <p>-She had not received any notification from the facility regarding Resident #1 gaining 3 or more pounds on 04/08/23, 04/09/23, 04/12/23, 04/14/23, 05/04/23, 05/12/23, 05/16/23 or 05/20/23.</p> <p>-When Resident #1 had weight gains that she was aware of, she prescribed short-term doses or dose increases of diuretic medication.</p> <p>-She expected the facility to contact her as ordered if Resident #1 gained 3 or more pounds from the day prior.</p> <p>-When Resident #1 gained weight due to her CHF she sometimes experienced increased swelling to her legs or shortness of breath.</p> <p>-If she was aware that Resident #1 had gained 3 to 4 pounds, she would have wanted to know if Resident #1 was experiencing any symptoms such as increased edema or shortness of breath, and she might have ordered a dose increase of her diuretic.</p> | D 273                                                                         |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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| D 273                                                          | <p>Continued From page 4</p> <p>-If she was aware that Resident #1 had gained 5 or more pounds, she would have adjusted her prescriptions or increased her dose of diuretic.</p> <p>Telephone interview with Resident #1's power of attorney (POA) on 06/01/23 at 12:20pm revealed:</p> <p>-Resident #1 went through cycles of retaining fluid and having her legs swell.</p> <p>-The facility let him know if Resident #1's prescriptions changed but did not contact him if she gained 3 or more pounds, so he was not sure if Resident #1 had gained weight</p> <p>-Resident #1 was occasionally short of breath but never to the point of needing oxygen.</p> <p>-He had not noticed Resident #1 having worsening edema in the previous two months.</p> <p>Interview with a medication aide (MA) on 06/01/23 at 12:30pm revealed:</p> <p>-The personal care aides (PCA) obtained Resident #1's weight every day and reported the weight to the MA.</p> <p>-The PCAs weighed Resident #1 on the wheelchair scale and were all trained how to weigh the wheelchair and subtract that weight from the total weight with Resident #1 in the chair.</p> <p>-If Resident #1's weight had increased 3 or more pounds, the MAs were supposed to call and notify the PCP's office, document which nurse they spoke to at the PCP's office, then fill out a PCP communication form for the PCP to review the next time she was at the facility.</p> <p>Interview with the Resident Care Director (RCD) on 06/01/23 at 12:37pm revealed:</p> <p>-The MA who had documented each of Resident #1's weight gains of 3 or more pounds no longer worked at the facility.</p> <p>-She completed audits of the eMARs every month</p> | D 273                                                                         |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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| D 273                                                          | <p>Continued From page 5</p> <p>but had not been auditing the orders with parameters to ensure the MAs followed the parameters.</p> <p>-She was not aware that Resident #1 had documented weight gains of 3 or more pounds and the PCP had not been notified.</p> <p>-The MA who documented the increased weights for Resident #1 had not given her a PCP communication form for the doctor to review.</p> <p>-Resident #1 did sometimes have increased swelling to her legs or increased shortness of breath but the PCP was aware because she had adjusted her diuretic medication in April 2023.</p> <p>-The PCP saw Resident #1 and reviewed her daily weights at least twice per month.</p> <p>-The MAs were expected to follow orders as written on the eMAR.</p> <p>Interview with a PCA on 06/01/23 at 12:45pm revealed:</p> <p>-She obtained Resident #1's weights on most days.</p> <p>-She weighed Resident #1 the same way every time she weighed her by using the wheelchair scale and subtracting the weight of the wheelchair from Resident #1's weight.</p> <p>-If there was a discrepancy in Resident #1's weight from the day prior, the MA usually had her recheck the weight.</p> <p>-Resident #1 occasionally had shortness of breath or increased edema but she could not remember if those symptoms occurred on the same days that her weight was increased 3 or more pounds.</p> <p>Telephone interview with a representative from Resident #1's home health office revealed:</p> <p>-They saw Resident #1 for her diagnoses of CHF, edema, and diabetes.</p> <p>-They monitored Resident #1's weight at each of</p> | D 273                                                                                        |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| D 273                                                          | <p>Continued From page 6</p> <p>their weekly visits.<br/>-Their parameters were to notify the PCP if Resident #1's weight was greater than 192 pounds.<br/>-Resident #1's edema fluctuated from visit to visit but had been well controlled over the previous month or two.</p> <p>Interview with the Administrator on 06/01/23 at 1:40pm revealed:<br/>-He was not aware that Resident #1 had weight gains of 3 or more pounds 4 times in April 2023 and 4 times in May 2023 and the PCP had not been notified as ordered.<br/>-He expected the MAs to follow PCP's orders which included completing notifications if values fell outside of set parameters.<br/>-If the MA completed a notification to the PCP, they were expected to document the notification in a progress note.</p> <p>Attempted interview with the MA who documented each of Resident #1's weight gains of 3 or more pounds on 06/01/23 was unsuccessful.</p> <p>Based on observation, record review and attempted interview it was determined that Resident #1 was not interviewable.</p> | D 273                                                                                        |                                                                                                                          |                                                                    |