| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL051047 | A. BUILDING: _____ B. WING _____ | R 12/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MEADOWVIEW ASSISTED LIVING | 250 HIGHWAY 210 WEST SMITHFIELD, NC 27577 |

| (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<br><br>The Adult Care Licensure Section conducted a follow-up survey on December 20 - 21, 2023. | {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, interviews, and record reviews, the facility failed to ensure health care referral and follow-up for 1 of 5 sampled residents (#5) related to not scheduling a cardiology appointment with a provider due to low blood pressure and with a home health provider for treatment of a toe wound.<br><br>The findings are:<br><br>Review of Resident #5's current FL-2 dated 10/31/23 revealed:<br>-Diagnoses included atrial fibrillation, acute myocardial infarction, and atherosclerotic cardiovascular disease.<br>-There was an order for monthly blood pressure checks.<br><br>1. Review of Resident #5's primary care physician (PCP) visits notes dated 12/12/23 revealed:<br>-Resident #5's blood pressure was initially low but had improved upon rechecking.<br>-Resident #5's blood pressure was to be monitored and inform the PCP of any changes.<br>-A cardiology referral was made, and it was to be prioritized.<br>-After Resident #5 had seen the cardiologist his skin cancer issues would be addressed. | {D 273} | | |

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| {D 273} | Continued From page 1<br><br>Interview with Resident #5 on 12/20/23 at 9:05pm revealed:<br>-He had seen the PCP at least twice since his admission.<br>-His blood pressure was sometimes low.<br><br>Interview with a medication aide (MA) on 12/21/23 at 2:40pm revealed:<br>-She checked Resident's #5's blood pressure per the request of the surveyor.<br>-Resident #5's blood pressure was 186/63.<br>-She did not consider Resident #5's blood pressure of 186/63 to be low.<br>-Resident #5 did not have blood pressure parameters.<br>-Resident #5 had not complained about his blood pressure being low.<br><br>Second interview with Resident #5 at 2:47pm revealed:<br>-He had his blood pressure checked a few minutes ago.<br>-He felt fine, but he was almost asleep when his blood pressure was checked and that could have been the reason for the reading.<br><br>Review of a physician's clarification order dated 12/21/23 revealed:<br>-A request for resident blood pressure parameters was submitted for advising.<br>-Resident #5's blood pressure reading was 90/60.<br>-The request for parameters was for blood pressure checks biweekly with reports of systolic below 90 or above 180 and dystolic below 50 and above 100.<br>-The request was signed by the Resident Care Coordinator (RCC).<br><br>Telephone interview with the referred cardiology | {D 273} | | |

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| {D 273} | Continued From page 2 | {D 273} | | |

agency on 12/21/23 at 2:09pm revealed:
-There was not an appointment made for Resident #5.
-If an appointment was scheduled on 12/21/23 it would be set for 1 or 2 weeks from 12/21/23.

Interview with the transportation coordinator on 12/21/23 at 2:23pm revealed:
-She received the cardiology referral from the RCC on 12/21/23.
-She called on 12/21/23 and scheduled the cardiology appointment for Resident #5 for 01/19/24.
-On the day she received residents 'referrals from the RCC she scheduled their appointments.
-She scheduled residents' follow appointments on site during the residents' visits.
-She documented all scheduled appointments in her calendar book.

Telephone interview with the receptionist at the referred cardiology agency on 12/21/23 at 2:20pm revealed:
-There had not been an appointment made for Resident #5.
-The referral for Resident #5 had not been received.
-The facility called on 12/21/23 at 2:14pm and scheduled an appointment for Resident #5 for 01/19/24.

Telephone interview with Resident #5's PCP on 12/21/23 at 1:35pm revealed:
-He made a referral for Resident #5 to see a cardiologist on 12/12/23 because of concerns of Resident #5's low blood pressure.
-He did not see where an appointment was made with a cardiologist.

Interview with the RCC on 12/21/23 at 12:07pm

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| {D 273} | Continued From page 3<br>revealed:<br>-She gave the cardiology referral to the transportation coordinator to make the appointment.<br>-She requested clarification for blood pressure parameters on 12/21/23.<br>-Resident #5 had not complained about his blood pressure being low or high.<br>-The transportation coordinator was the person responsible for scheduling appointments once she was given the referrals.<br><br>2. Review of report of consultation from Resident #5's previous facility (date not provided) revealed:<br>-Resident #5 hit his left foot on the great toe.<br>-The left toe was bruised and was draining clear fluids.<br>-The toe was to be cleaned with sterile normal saline and topical triple-antibiotic ointment applied.<br><br>Review of Resident #5's provider's visit form dated 12/05/23 revealed an order for home health services for sore of left great toe.<br><br>Interview with Resident #5 at 2:47pm revealed:<br>-He hit his big toe a while back in January 2022.<br>-He had issues with the toe at times, but the infection had cleared.<br><br>Observation of Resident #5's great left toe on 12/21/23 at 12:03pm revealed:<br>-The toe was not bandaged.<br>-The toe had not shown any evidence of bleeding or any other draining fluid.<br>-There was a small blackish sore at the tip of the toe.<br><br>Telephone interview with the referred home health agency intake nurse on 12/21/23 at | {D 273} | | |

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| {D 273} | Continued From page 4<br><br>12:34pm revealed:<br>-She received a referral for Resident #5 on 12/08/23.<br>-The appointment could not be scheduled because the orders were not clear on the referrals and there were no physician orders attached.<br>-She had tried to process the referral but learned their agency did not take Resident #5's insurance.<br>-She contacted the Residential Care Coordinator (RCC) on 12/09/23 and informed her of the issue of not being able to provide Resident #5 with home health services due to his insurance not being accepted.<br>-She had spoken with the RCC again on today about Resident #5's referral.<br><br>Telephone interview with Resident #5's Primary Care Physician (PCP) on 12/21/23 at 1:35pm revealed:<br>-He received a telemedic referral request on 12/05/23 from the facility requesting home health care for Resident #5's great left toe.<br>-He forwarded a request to the facility for home health services for Resident #5 to treat the toe.<br>-He examined Resident #5's great left toe on 12/12/23 and noticed the toe was healing remarkably.<br>-He did not see where an appointment was made with a home health agency.<br><br>Interview with the transportation coordinator on 12/21/23 at 2:23pm revealed:<br>-On the day she received residents' referrals from the RCC she scheduled their appointments.<br>-She scheduled residents' follow appointments on site during the residents' visits.<br>-She documented all scheduled appointments in her calendar book.<br>-She did not receive a referral for home health | {D 273} | | |

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| {D 273} | Continued From page 5<br>services for Resident #5.<br>-The RCC made the home health appointment for Resident #5.<br><br>Interview with the RCC on 12/21/23 at 12:07pm revealed:<br>-She had submitted a home health referral to an agency for Resident #5 but could not remember the date when the referral was submitted.<br>-She learned on today the home health agency could not provide the services for Resident #5 due to their agency not accepting his insurance.<br>-Resident #5 had not made any complaints about his toe.<br>-Resident #5 was admitted with the toe issue that had been treated by the previous facility.<br>-She requested the home health services via telemedic because there was not a standing order for skin tear to treat the toe.<br>-She had sent the referral to other home health agencies.<br>-The transportation coordinator was the person responsible for scheduling appointments once she was given the referrals.<br><br>Interview with the Administrator on 12/21/23 at 1:09pm revealed:<br>-She had spoken with the PCP about the home health referral but could not remember the date of the call.<br>-She knew there was an issue with scheduling the home health appointment because of Resident #5's insurance.<br>-Resident #5's previous facility had treated the toe but there were no orders for the medication aides to treat the toe.<br>-The RCC could request referrals via telemedic. | {D 273} | | |