

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/21/2023
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 The Adult Care Licensure Section conducted a follow-up survey on December 20 - 21, 2023.	{D 000}	Response to the cited deficiencies do not constitute an admission of agreement by the facility of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with the law.	
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: 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. The findings are: Review of Resident #5's current FL-2 dated 10/31/23 revealed: -Diagnoses included atrial fibrillation, acute myocardial infarction, and atherosclerotic cardiovascular disease. -There was an order for monthly blood pressure checks. 1. Review of Resident #5's primary care physician (PCP) visits notes dated 12/12/23 revealed: -Resident #5's blood pressure was initially low but had improved upon rechecking. -Resident #5's blood pressure was to be monitored and inform the PCP of any changes. -A cardiology referral was made, and it was to be prioritized. -After Resident #5 had seen the cardiologist his skin cancer issues would be addressed.	{D 273}	The facility shall assure that referral and follow-up are to meet routine and acute health care needs of all residents. Resident Care Coordinator (RCC) and transporter will meet at the end of each day to discuss all appointments from that day to ensure all follow up has occurred or will occur within 48 hours. Executive Director will monitor by discussing daily at stand up meeting. Staff in-serviced on 1/19/2024 regarding all physician paperwork including hospital visits to be put in the RCC mailbox outside RCC office. RCC will check box daily and make copies of follow up needed to give to transporter for appointments. If transporter not here the paperwork will be put in their mailbox. RCC to follow up with transporter within 24 hours to ensure follow up has occurred. Executive Director will monitor all manager mailboxes to ensure they are emptied daily.	02/02/24

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

TITLE

(X6) DATE

STATE FORM

6899

HUYX12

If continuation sheet 1 of 6

Received via email 01/25/2024.

Reviewed and Acknowledged with Addendum

W. Lantz RN

02/05/2024

George H. [Signature] - Executive Director

2/2/24

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

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{D 273}	Continued From page 2 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	{D 273}		Resident seen by cardiologist on 1/19/24. Cardiologist scheduled Echocardiogram for 3/15/24. Resident to follow up with cardiologist in 6 months on 7/19/24. No medication changes were done.	

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{D 273}	Continued From page 3 revealed: -She gave the cardiology referral to the transportation coordinator to make the appointment. -She requested clarification for blood pressure parameters on 12/21/23. -Resident #5 had not complained about his blood pressure being low or high. -The transportation coordinator was the person responsible for scheduling appointments once she was given the referrals. 2. Review of report of consultation from Resident #5's previous facility (date not provided) revealed: -Resident #5 hit his left foot on the great toe. -The left toe was bruised and was draining clear fluids. -The toe was to be cleaned with sterile normal saline and topical triple-antibiotic ointment applied. 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. Interview with Resident #5 at 2:47pm revealed: -He hit his big toe a while back in January 2022. -He had issues with the toe at times, but the infection had cleared. Observation of Resident #5's great left toe on 12/21/23 at 12:03pm revealed: -The toe was not bandaged. -The toe had not shown any evidence of bleeding or any other draining fluid. -There was a small blackish sore at the tip of the toe. 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 12:34pm revealed: -She received a referral for Resident #5 on 12/08/23. -The appointment could not be scheduled because the orders were not clear on the referrals and there were no physician orders attached. -She had tried to process the referral but learned their agency did not take Resident #5's insurance. -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. -She had spoken with the RCC again on today about Resident #5's referral. Telephone Interview with Resident #5's Primary Care Physician (PCP) on 12/21/23 at 1:35pm revealed: -He received a telemedic referral request on 12/05/23 from the facility requesting home health care for Resident #5's great left toe. -He forwarded a request to the facility for home health services for Resident #5 to treat the toe. -He examined Resident #5's great left toe on 12/12/23 and noticed the toe was healing remarkably. -He did not see where an appointment was made with a home health agency. Interview with the transportation coordinator on 12/21/23 at 2:23pm revealed: -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. -She did not receive a referral for home health	{D 273}	RCC will send referrals to home health agency. If issues with insurance RCC will notify PCP for further advisement. Executive Director will monitor by having discussion with RCC daily in stand up meeting to ensure referral process has been completed.		

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

Division of Health Service Regulation
STATE FORM

6009

HUYX12

If continuation sheet 6 of 6

[Handwritten Signature] Executive Director
1/25/24

Forte, Hope

From: Tonya Hoffman <Tonya.Hoffman@saberhealth.com>
Sent: Thursday, January 25, 2024 5:42 PM
To: Forte, Hope
Cc: Debra Richardson; Amy Ricks
Subject: [External] POC for Meadowview AL
Attachments: Signed POC for state 1-25-24.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hello! Attached is the plan of correction for our state survey in December 2023. Thank you for your time.

Tonya Hoffman, MHA, NCALA | Executive Director | Meadowview Assisted Living | email:
tonya.hoffman@saberhealth.com | Phone: 919-989-4848



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Forte, Hope

From: Tonya Hoffman <Tonya.Hoffman@saberhealth.com>
Sent: Friday, February 2, 2024 2:17 PM
To: Forte, Hope
Cc: Amy Ricks; Debra Richardson
Subject: [External] signed addendum POC
Attachments: Signed addendum POC 2-2-24.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hello! Attached is the adjusted POC per phone conversation between Hope and I on 2/1/24.

Tonya Hoffman, MHA, NCALA | Executive Director | Meadowview Assisted Living | email:
tonya.hoffman@saberhealth.com | Phone: 919-989-4848



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