STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL018016	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY VILLAGE	427 3RD AVENUE SE HICKORY, NC 28602

(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 and the Catawba County Department of Social Services completed an annual survey on 03/06/24 through 03/07/24.	D 000	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state 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 interviews and record reviews, the facility failed to ensure referral and follow-up had been completed for 1 of 5 sampled residents (Resident #2) who had an order for a speech therapy evaluation due to the resident having difficulty swallowing. The findings are: Review of Resident #2's current FL2 dated 01/10/24 revealed: -Diagnoses included dementia, muscle weakness and left femur fracture. -Resident #2 was intermittently disoriented. -Resident #2 was semi-ambulatory. Review of Resident #2's Resident Register dated 01/18/23 revealed an admission date of 01/18/23. Review of Resident #2's Primary Care Provider's (PCP) triage note dated 01/31/24 and timed at 3:31pm revealed: -Staff reported Resident #2 had difficulty swallowing. -A physician order to begin crushing appropriate medications as needed for safe swallowing.	D 273	10A NCAC 13F .0902(b) Health Care Facility Executive Director (ED) and/or Special Care Coordinator (SCC) will assure referral and follow-up to meet the routine and acute health care needs of residents Facility has re-implemented Daily Stand-Up Meetings, to included but not limited to on-site Therapy service attendance of no less than 2 times per week. Facility ED and/or SCC will assure that therapy orders are reviewed during Daily Stand Up meetings. ED has reviewed all current therapy orders with Provider to assure all orders have been processed. Any new orders for home health and/or therapy services will be reviewed by ED and/or SCC, with a follow-up of no less than 48 hours to assure implementation of therapy services. Facility ED will maintain a file folder/binder of any residents receiving therapy services. Regional Director of Operations (RDO) will review Daily Stand-up meeting minutes and therapy folder/binder during on site visits. Facility's Clinical Nurse Consultant (RN) has completed in-service training on Health Care referral and follow-up.	03/27/24 03/27/24 03/27/24 03/27/24 03/27/24 03/27/24 03/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Amanda Randle TITLE Executive Director (X6) DATE 3-28-24

Reviewed and acknowledged by Melissa J. Jones, 04/01/24

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D 273	Continued From page 1 -A physician order to refer to speech therapy for an evaluation and treatment of dysphagia. Review of Resident #2's physician order dated 01/31/24 revealed an order for speech therapy for evaluation and treatment of dysphagia. Telephone interview with Resident #2's current home health agency on 02/06/24 at 4:42pm revealed: -Resident #2 was current with physical therapy, occupational therapy, and skilled nursing services. -The agency did not receive a referral/order for speech therapy to evaluate and treat Resident #3. Telephone interview with the program director for the facility's contracted rehab agency on 03/07/24 at 10:10am revealed: -She was responsible for making home health referrals for the facility. -She was notified of referrals/orders by the PCP or the facility via email or by obtaining the referrals/orders while at the facility. -She received Resident #2's speech therapy referral/order from the Administrator on 02/06/24 while she was at the facility. -She emailed the speech therapy referral/order to Resident #2's current home health agency on 02/06/24. -She had spoken with Resident #2's PCP on 02/29/24 about completing an addendum for the speech therapy evaluation ordered on 01/31/24 after realizing Resident #2 had not received a speech therapy evaluation. -She emailed Resident #2's current home health agency notifying the agency of the PCP not wanting to write an addendum. Review of an email from facility's contracted	D 273		

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D 273	Continued From page 2	D 273		

rehab agency dated 02/06/24 revealed a speech therapy referral /order was emailed to Resident #2's current home health agency.

Review of an email from facility's contracted rehab agency dated 02/09/24 revealed a speech therapy referral /order was emailed to Resident #2's current home health agency.

Review of an email from facility's contracted rehab agency dated 02/29/24 revealed:
-The program director for the facility's contracted rehab agency had notified Resident #2's current home health agency that Resident #2's PCP did not wish to write an addendum for the previously ordered speech therapy referral/order from 01/31/24.
-The program director attached the PCP's triage note for the speech therapy evaluation and treatment from 01/31/24.

Telephone Interview with Resident #2's PCP on 03/07/24 at 11:23am revealed:
-She did not know Resident #2's speech therapy evaluation had not been completed until she was notified on 02/29/24 by the facility.
-She had made the speech therapy referral due to staff reporting Resident #2 had difficulty swallowing her medications.
-She expected the facility to make referrals immediately.
-The referral should have been completed but did not feel Resident #2 had any negative outcome from not receiving the speech therapy evaluation.

Interview with the Administrator on 03/07/24 at 11:50am and at 2:08pm revealed:
-She was responsible for printing any referrals/orders related to therapy services and giving the referrals/orders to the program director

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D 273	Continued From page 3 for the facility's contacted rehab agency. -She had given Resident #2's speech therapy referral/order to the program director for the facility's contacted rehab agency on 02/06/24. -She did not recall why she did not give the referral to the program director prior to 02/06/24. -She was not aware that Resident #2 had not received a speech therapy evaluation until last week on 02/29/24 when she was notified by the program director for the facility's contacted rehab agency. -She thought the referral had been taken care of last week on 02/29/24. -She expected the facility's contracted rehab agency to handle all therapy referrals. -There was no process in place to ensure all orders and referrals had been processed or implemented correctly.	D 273		