STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL067004	A. BUILDING: _____ B. WING _____	R 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL CARE OF JACKSONVILLE	1241 ONSLOW PINES ROAD JACKSONVILLE, NC 28540

(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 an annual and follow-up survey on March 26, 2024 through March 27 2024.	D 000		
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 to meet the health care needs of 1 of 3 sampled residents (#1) related to failing to ensure the resident was referred to a dermatologist as ordered by his primary care provider. The findings are: Review of Resident #1's current FL-2 dated 02/12/24 revealed: -Diagnoses included dementia, heart disease, type 2 diabetes, hyperlipidemia, heart failure, osteoarthritis, and vitamin d deficiency. -The resident's level of care was special care unit (SCU). -The resident was ambulatory. -The resident was intermittently disoriented. Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 01/23/24. Review of Resident #1's primary care provider (PCP) visit note dated 01/29/24 revealed: -Included in the Physical Exam section: Skin, there was an abnormal skin lesion on the right	D 273	See Attachment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Neal W Nale — TITLE: Administrator — (X6) DATE: 4/29/24

Reveiwed and Acknowledged MW 05/02/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 273	Continued From page 1 side of the nasal bridge, the area was raised, irregular, and crusted over, and was non-painful. -Included in the Assessment and Plan section was a notation of a skin lesion of the face and would continue to monitor. -Included in the Orders for this visit section was a dermatology referral for abnormal skin lesion. Review of Resident #1's record on 03/27/24 revealed: -There were no notes from a dermatology provider. -There was a fax cover sheet and fax confirmation dated 01/31/24 for a referral to a dermatology practice. Interview with the Resident Care Coordinator on 03/27/24 at 10:22am revealed: -After a resident was seen by the PCP, the visit notes were reviewed by the RCC for orders. -If there were orders for a referral to another provider, the RCC made the referral or gave the referral information to the Transportation Coordinator (TC) to send and schedule. -A dermatology referral was sent for Resident #1 by the TC but there was an issue with insurance coverage and payment, and they were trying to find another dermatology provider for Resident #1. Interview with the TC on 03/27/24 at 10:40am revealed: -When she received a referral for a resident, she faxed the referral information and then followed up with a phone call to the referral office either later that same day or the next day if she did not hear anything back from the referral. -She faxed a referral to the dermatology office for Resident #1 on 01/31/24. -She called the dermatology office and was told	D 273	See Attachment	

N L U Nah Administrator 4/29/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 273	Continued From page 2 she could not set up an appointment for Resident #1 due to insurance coverage. -She left a message with Resident #1's guardian several weeks ago but had not received a call back. -She usually followed up with an additional phone call if she had not heard back by the end of the day or the next day, but she had been very busy and had not reached out again to Resident #1's guardian regarding the dermatology referral. -Resident #1 was hospitalized in February 2024 and at that time she was not sure if he would be returning to the facility and he now received hospice services. Second interview with the TC on 03/27/24 at 11:51am revealed: -She thought she had reached out to Resident #1's guardian again about 2 weeks ago and was told to obtain a quote for the fee for the dermatology visit. -She contacted the Dermatology office a few days ago to request the quote but had not heard back. -She notified Resident #1's PCP that the resident had not seen a dermatologist when she was in the facility on 03/25/24. Interview with the Administrator on 03/27/24 at 12:19pm revealed: -Once a resident was seen by their PCP, the visit notes were reviewed by the Director of Resident Care, the RCC or the Administrator for orders. -If there were orders for a specialty referral appointment, the referral went to the TC to send referral and schedule. -The TC kept her own documentation of referrals and appointments. -Dermatology appointments were difficult to obtain and could take six months to schedule. -She thought she had contacted the dermatology	D 273	See Attach	

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D 273	Continued From page 3 office on 03/13/24 and again on 03/27/24 and was waiting on a call back. -She thought the TC was looking for other dermatology practices to send Resident #1. -She thought Resident#1's PCP was notified on 03/25/24 while she was in the facility that he had not seen dermatology yet. -Referrals were documented in a personal notebook kept by the TC. Interview with a representative from the dermatology office on 03/27/24 at 1:11pm revealed she had no documentation of a referral for Resident #1 or phone contact with the facility on Resident #1's behalf. Interview with Resident #1's PCP on 03/27/24 at 1:02pm revealed: -She saw Resident #1 on 01/29/24 for an initial visit. -Resident #1 had a facial lesion. -She was concerned that Resident #1 had facial skin cancer and placed an order for a dermatology referral at the resident's 01/29/24 visit. -She was not notified until 03/25/24 while at the facility that Resident #1 had not seen a dermatologist yet. -She knew Resident #1 had been hospitalized in February 2024 and now received hospice services and that may have delayed the dermatology referral. -On 03/25/24, she placed another order for a dermatology referral and had her office personnel send the referral. -It was her understanding that the facility was trying since 03/25/24 to find another dermatology practice for Resident #1. Attempted telephone interview with Resident #1's	D 273	See Attach	

Administrator 4/29/24

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D 273	Continued From page 4 guardian on 03/27/24 at 10:52am was unsuccessful.	D 273	See Attach	

Administrator 4/29/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Complete Date

In reference to rule area 10A NCAC 13F .0902(b) The facility shall assure referral and follow up to meet the routine and acute health care needs of residents.

Administrator and Administrator Assistant immediately had a meeting with Resident Care Director, Special Care Unit Director, facility Transportation and Medication Aides on the importance of the facility shall assure all residents needs are being met by referral and follow-up to meet routine and acute health needs of all residents. Including (but not limited to) lab work, med appts, referral to mental health, PT, OT, Podiatry, and specialties. 3/27/24

Appointments that are scheduled have been made/written on calendar hung up in RCD, RCC and conference meeting rooms. Admin and Admin assist made an appointment book for facility to keep on them to follow up when residents went. A mileage log placed in van document where and when transported, to and from the doctor's office and doctor office visit notes must be signed by the doctor. 4/5/24

Daily summary every morning and new orders/ follow ups. To be turned in by RCD and RCC to Admin and Admin Assist of any falls, referrals, er visits taken place from day before Admin/ Admin assist will keep a logbook and follow up with emails by 48hrs of receiving to ensure all steps are being followed to be in compliance to state rules and regulations and facility policies and procedures. 4/23/24

Admin/ Admin assist will hold a meeting at least one time weekly to follow up all referrals and follow ups are being met by the facility and if not that they are properly documenting the steps they are taking to refer back to and make sure all responsible parties/ guardians and PCP are aware. 4/23/24

Admin/ Admin assist will go over referral and follow up with all new staff within their first week of hire and reviewed quarterly. 4/25/24

Nicole Noble Administrator 4/29/24

Nicole Noble