STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074042	A. BUILDING: _____ B. WING _____	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS GLEN RETIREMENT COMMUNITY MEMOR\	100 HICKORY STREET GREENVILLE, NC 27858

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on September 16, 2024 and September 17, 2024.	D 000		
D 235	10A NCAC 13F .0703 (b & c) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination completed by a licensed physician or physician extender prior to admission to the facility and annually thereafter. For the purposes of this Rule, "physician extender" means a licensed physician assistant or licensed nurse practitioner. The medical examination completed prior to admission shall be used by the facility to determine if the facility can meet the needs of the resident. (c) The medical examination shall be completed no more than 90 days prior to the resident's admission to the facility, except in the case of emergency admission. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure 1 of 3 sampled residents (#3) had a FL-2 completed annually. The findings are:	D 235		

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Review of Resident #3's FL-2 dated 07/27/23 revealed:
-Diagnoses included Alzheimer's Disease, coronary artery disease, hyperlipidemia, bradycardia, osteoporosis, multiple myeloma in remission, lumbar degenerative disc disease and hyponatremia (a condition that occurs when the level of sodium in the blood is too low).
-He was intermittently disoriented.
-His level of care was Special Care Unit (SCU).

Review of Resident #3's record revealed Resident #3 did not have an updated FL-2 completed since 07/27/23.

An updated and signed FL2 since 07/27/23 was requested for Resident #3 on 09/16/24 at 3:51pm and was not provided.

Interview with the Administrator on 09/16/24 at 3:51pm revealed:
-The facility's Registered Nurse Manager (RNM) was responsible to make sure the resident's FL2 forms were completed, signed and up to date.
-She did not realize there was no signed updated FL2 for Resident #3.
-It was possible Resident #3's FL2 was in the RNM's office.
-The RNM was not available at the facility currently.

Interview with the RNM on 09/17/24 at 11:58am revealed:
-The residents were to have a completed FL2 signed by the primary care provider (PCP) upon admission and at least annually.
-It was her responsibility to ensure there was an updated, completed and signed FL2 in the residents' record.
-She was unaware until today the Resident #3 did

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D 235	Continued From page 2 not have an updated and signed FL2 form. -It was an oversight on her part that Resident #3 did not have an updated FL2 since 07/27/23. -She had updated Resident #3's FL2 and would have his PCP review and sign it today or tomorrow. Second interview with the Administrator on 09/17/24 at 12:17pm revealed: -FL2 forms were completed upon admission, and at least annually or if there were significant changes with the resident. -She performed resident chart audits quarterly. -Chart audits included making sure all resident assessments were up to date. -It was the RNM's responsibility to ensure the residents' FL2 forms were up to date. -She expected each resident to have a current signed FL2.	D 235		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;	D 280		

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D 280	Continued From page 3 (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure licensed health professional support (LHPS) reviews and evaluations were performed quarterly for 1 of 3 sampled residents (#2) with a task of ambulation using assistive devices. The findings are: Review of Resident #2's current FL-2 dated 06/18/24 revealed: -Diagnoses included dementia, cardiac arrhythmia, atrial fibrillation and osteoporosis. -The resident was constantly disoriented. -Her level of care was Special Care Unit (SCU). -She was ambulatory. Review of Resident #2's previous FL-2 dated 12/20/23 revealed: -Diagnoses included Alzheimer's Disease, Rheumatic mitral valve disease, atrial fibrillation, iron deficiency anemia, atrioventricular block, chronic pain syndrome, thoracic spine pain, cardiac pacemaker, and hypertension. -The resident was constantly disoriented. -Her level of care was Special Care Unit (SCU). -She was ambulatory. Review of Resident #2's Resident Register dated 01/14/19 revealed:	D 280		

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D 280	Continued From page 4 -The resident was admitted to the facility on 01/15/19. -The resident used a walker. Review of Resident #2s Assessment and Care Plan dated 06/17/24 revealed: -She required limited assistance with ambulation. -She ambulated with a walker. Review of a previous care plan for Resident #2 dated 12/21/23 revealed she was independent with transfers and used a walker when ambulating. Review of Resident #2's current Licensed Health Professional Support (LHPS) evaluation dated 08/14/24 revealed: -The resident's vital signs were documented as height 63", weight 123 lbs., pulse 98, temperature 97.7 F, respirations 20, and blood pressure 127/82. -The resident's primary diagnoses were documented as Alzheimer's Disease with behavioral disturbance, osteoarthritis and heart block. -Personal care tasks currently present were documented as ambulation using assistive devices that requires physical assistance. -LHPS personal care tasks provided included rolling walker with staff competency validated. Review of Resident #2's previous LHPS evaluation dated 10/12/23 revealed: -The resident's vital signs were documented as height 63", weight 135.2 lbs., pulse 60, temperature 98.0 F, respirations 18, and blood pressure 125/67. -The resident's primary diagnoses were documented as Alzheimer's Disease with behavioral disturbance, osteoarthritis, and heart	D 280		

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block.
-Personal care tasks currently present were documented as ambulation using assistive devices that requires physical assistance.
-LHPS personal care tasks provided included rolling walker with staff competency validated.

No LHPS evaluations were provided for Resident #2 between 10/12/23 and 08/14/24.

Interview with the Administrator on 09/16/24 at 3:54pm revealed:
-LHPS evaluations were performed on admission and quarterly.
-The facility's Registered Nurse Manager (RNM) was responsible for performing LHPS evaluations quarterly.
-The current RNM started at the facility in November of 2023.
-Resident #2's most recent LHPS evaluation dated 08/14/24 was performed by the current RNM.
-Resident #2's previous LHPS evaluation dated 10/12/23 was performed by the previous RNM.
-She was not aware there was no LHPS evaluation for Resident #2 between 10/12/23 and 08/14/24.
-She knew Resident #2 had some previous hospital admissions, most recently in June 2024 for pneumonia, and it was possible that she was out of the facility when her LHPS evaluations were due.

Interview with the RNM on 09/17/24 at 11:58am revealed:
-She was aware LHPS evaluations were performed on admission, quarterly or when there was a change in condition of the resident that required a new task.
-She was responsible for performing the LHPS

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evaluations.
-She started at the facility in the role of the RNM in November of 2023.
-She was responsible for quarterly care plans for the residents and usually tried coordinate the residents' updated care plan with the LHPS evaluations.
-She was still learning her role as the RNM late last year and early this year and said she did have a learning curve with her role as RNM.
-It was an oversight on her part and Resident #2 should have LHPS evaluations quarterly.

Second interview with the Administrator on 09/17/24 at 12:17pm revealed:
-She expected LHPS evaluations to be completed quarterly for the residents that had tasks.
-She expected the RNM to keep up with the residents' LHPS evaluations.

Based on interviews, observations, and record reviews, it was determined that Resident #2 was uninterviewable.

Attempted telephone interview with Resident #2's responsible party on 09/17/24 at 11:35am was unsuccessful.