Received 04/04/25 tmj

PRINTED: 03/06/2025
FORM APPROVED

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 |
|---|---|---|---|
| | HAL075010 | A. BUILDING: _____ B. WING _____ | R 03/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAURELWOODS | 1062 WEST MILLS STREET COLUMBUS, NC 28722 |

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| D 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted a follow-up survey from 03/04/25 to 03/05/25. | 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 record review and interviews, the facility failed to ensure parameters were followed for 1 of 1 sampled resident (Resident #1) related to contacting the primary care provider (PCP) for systolic blood pressure greater than 170, diastolic blood pressure greater than 90, and pulse rate greater than 90 and less than 60.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 10/24/24 revealed diagnosis included vascular dementia, history of falls, and high blood pressure.<br><br>Review of Resident #1's physician orders dated 12/30/24 revealed:<br>-There was an order to check systolic blood pressure twice daily and if it was greater than 170 to call the PCP.<br>-There was an order to check diastolic blood pressure twice daily and if it was greater than 90 to call the PCP.<br>-There was an order to check the pulse rate twice daily and if it was greater than 90 or lower than 60 to call the PCP. | D 273 | See last sheet for corrective action. | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director — 3/24/2025

STATE FORM 6899 OEWR11 If continuation sheet 1 of 5

Reviewed + acknowledged tmj 04/04/25

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| D 273 | Continued From page 1<br><br>Review of Resident #1's electronic medication administration record (eMAR) for January 2025 revealed:<br>-There was documentation twice daily at 8:00am and 8:00pm of Resident #1's blood pressure and pulse.<br>-There was documentation on 01/02/25 at 8:00pm of a blood pressure reading of 147/99.<br>-There was documentation on 01/03/25 at 8:00pm of a pulse rate of 54.<br>-There was documentation on 01/03/25 at 8:00pm of a blood pressure reading of 144/96.<br>-There was documentation on 01/04/25 at 8:00pm of a blood pressure reading of 154/98.<br>-There was documentation on 01/13/25 at 8:00am of a blood pressure reading of 174/83.<br>-There was documentation on 01/13/25 at 8:00pm of a blood pressure reading of 188/117.<br>-There was documentation on 01/17/25 at 8:00am of a blood pressure reading of 184/97.<br>-There was documentation on 01/17/25 at 8:00pm of a blood pressure reading of 184/97.<br>-There was documentation on 01/21/25 at 8:00pm of a blood pressure reading of 215/114.<br>-There was documentation on 01/22/25 at 8:00pm of a blood pressure reading of 174/95.<br>-There was documentation on 01/23/25 at 8:00am of a pulse rate of 58.<br>-There was documentation on 01/23/25 at 8:00pm of a blood pressure reading of 162/92.<br>-There was documentation on 01/25/25 at 8:00pm of a blood pressure reading of 179/89.<br>-There was documentation on 01/26/25 at 8:00am of a blood pressure reading of 184/74.<br>-There was documentation on 01/27/25 at 8:00am of a pulse rate of 58.<br>-There was documentation on 01/27/25 at 8:00am of a blood pressure reading of 181/83.<br>-There was documentation on 01/28/25 at | D 273 | | |

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| D 273 | Continued From page 2<br>8:00pm of a blood pressure reading of 178/95.<br>-There was documentation on 01/30/25 at 8:00pm of a pulse rate of 40.<br><br>Review of Resident #1's eMAR for February 2025 revealed:<br>-There was documentation twice daily at 8:00am and 8:00pm of Resident #1's blood pressure and pulse.<br>-There was documentation on 02/02/25 at 8:00pm of a blood pressure reading of 157/91.<br>-There was documentation on 02/03/25 at 8:00pm of a blood pressure reading of 207/92.<br>-There was documentation on 02/08/25 at 8:00pm of a blood pressure reading of 160/102.<br>-There was documentation on 02/09/25 at 8:00am of a blood pressure reading of 185/90.<br>-There was documentation on 02/09/25 at 8:00pm of a blood pressure reading of 192/99.<br>-There was documentation on 02/10/25 at 8:00am of a blood pressure reading of 182/91.<br>-There was documentation on 02/12/25 at 8:00pm of a blood pressure reading of 180/61.<br>-There was documentation on 02/12/25 at 8:00pm pf a pulse rate of 97.<br>-There was documentation on 02/13/25 at 8:00am of a blood pressure reading of 137/107.<br>-There was documentation on 02/13/25 at 8:00pm of a blood pressure reading of 156/93.<br>-There was documentation on 02/23/25 at 8:00am of a blood pressure reading of 193/85.<br>-There was documentation on 02/26/25 at 8:00pm of a blood pressure reading of 169/97.<br><br>Review of Resident #1's eMAR for March 1-3, 2025, revealed:<br>-There was documentation twice daily at 8:00am and 8:00pm of Resident #1's blood pressure and pulse.<br>-There was documentation on 03/03/25 at | D 273 | | |

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| D 273 | Continued From page 3<br>8:00am of a blood pressure reading of 149/92.<br><br>Review of Resident #1's eMAR medication exception report, PCP charting notes, and nursing notes lack documentation the PCP was contacted for any of the blood pressure readings or pulse rates outside of designated parameters for January, February, and March 2025.<br><br>Interview with the Resident Care Coordinator (RCC) on 03/04/25 at 12:51pm revealed:<br>-She verified no documentation had been made that the PCP for Resident #1 was contacted about blood pressure readings and pulse rates outside of parameters for January, February and March 2025.<br>-She thought the wrist cuff they were using may be giving staff a false high reading.<br>-All staff had access to a standard blood pressure monitor as well as the wrist cuff and could use it if they thought they were getting an error.<br><br>Telephone interview with the PCP on 03/04/25 at 1:30pm revealed:<br>-He was unable to remember if he had been contacted about all the times Resident #1's blood pressure had been elevated and her pulse rate elevated or decreased.<br>-He knew he had not been contacted on 03/03/25 when the last documented elevated blood pressure was 149/92.<br>-He wrote the parameters so he could monitor her blood pressure to make changes to her blood pressure medications as needed.<br>-She had a diagnosis of high blood pressure, so he was currently working towards changing her medications to what was most effective for her.<br><br>Telephone interview with a medication aide (MA) on 03/05/25 at 8:02am revealed: | D 273 | | |

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| D 273 | Continued From page 4<br><br>-She knew that Resident #1 had orders to have her blood pressure and pulse taken twice daily.<br>-She was not aware of the reason Resident #1 needed to have her blood pressure and pulse taken twice daily.<br>-She usually sends the PCP a text about blood pressure and pulse rates outside the parameters.<br>-It was possible she sent the texts and just forgot to document it.<br>-She also may have forgotten to notify him if she got busy.<br><br>Telephone interview with a second MA on 03/05/25 at 8:10am revealed:<br>-He knew Resident #1 had parameters for notifying the PCP when her blood pressure was too high, or her pulse was too high or too low.<br>-He knew he was supposed to contact the PCP when her blood pressure and pulse were outside of the designated range, but he had not been contacting the PCP.<br><br>Interview with the Executive Director on 03/05/25 at 8:21am revealed:<br>-The MAs all knew they were supposed to follow resident parameters per PCP orders.<br>-She was not aware the PCP had not been notified about Resident #1's elevated blood pressures and low and high pulse rates.<br>-If the MAs got busy or forgot to call the PCP or document they contacted the PCP that was not okay.<br>-She expected the MAs to notify the PCP per the written order to do so regarding blood pressures and pulse rates outside of range for Resident #1. | D 273 | | |

Laurelwoods: State Survey 3/5/25 POC DRB REVISIONS –**ATTORNEY CLIENT PRIVILEGE/ ATTORNEY WORK PRODUCT**

This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Laurelwoods as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. change in policy and procedures, staff training, changes in staffing patterns, etc.);
- Indicate what measures will be put in place to prevent the problem from occurring again;
- Indicate who will monitor the situation to ensure it will not occur again;
- Indicate how often the monitoring will take place;
- Competition dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign & date the bottom of the first page of the State Form.

D 273

1. Resident 1's primary care provider (PCP) will be contacted regarding the elevated systolic blood pressure (>170), diastolic blood pressure (>90), and pulse rate (>90 and <60). The Executive Director (ED) and Resident Care Coordinator (RCC) have clarified orders with the Nurse Practitioner (NP).

2. Blood pressure will be monitored weekly by the Executive Director ("ED"), Wellness Director (WD), or RCC. The Nurse Practitioner (NP) will review the readings on a weekly basis during their visits.

3. Medication Aide training will be provided regarding the proper protocol for following orders related to medication administration parameters, including the notification of physicians for abnormal results. Training and documentation of completion was completed on March 28, 2025.

4. The WD or RCC will conduct an audit of the medication orders to ensure compliance with current MD orders. Additionally, the physician will be notified of any abnormal results.

5. Audits will be conducted weekly for 4 weeks, followed by bi-weekly audits for 2 months. Afterward, audits will occur once a month. After 3 consecutive months of compliance the WD will review the results with the Community's Quality Assurance Committee (consisting of the WD, the ED, the Regional Operations Director, and the Regional Clinical Manager) to determine if further auditing is necessary.