

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2021  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345553</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/28/2021</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AUTUMN CARE OF FAYETTEVILLE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1401 71ST SCHOOL ROAD</b><br><b>FAYETTEVILLE, NC 28314</b>          |                      |   |
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| E 000  | Initial Comments  | E 000   |   |                      |   |
| F 000  | An unannounced COVID-19 Focused Survey was conducted on 01/26/2021 to 01/28/2021. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 4W6311   | F 000   |   |                      |   |
| F 773<br>SS=D  | <p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 01/26/2021 to 01/28/2021. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event#4W6311.</p> <p>3 of the 3 complaint allegations were not substantiated.</p> <p>Lab Srvcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)</p> <p>§483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>This REQUIREMENT is not met as evidenced</p> | F 773   |   | 2/19/21              |   |

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

TITLE

(X6) DATE

Electronically Signed

02/12/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 773  | <p>Continued From page 1</p> <p>by:<br/>Based on record review, staff interviews, Nurse Practitioner (NP) and the Medical Director's interview the facility failed to notify the Physician on the day a resident's Metabolic Panel returned with abnormal values for 1 of 1 resident. (Resident #1)</p> <p>Findings include:</p> <p>A review of the facility's procedures for notification of laboratory results to the physician read: When an abnormal lab or x-ray result is reported by fax, the charge nurse will call the Physician's office and report the results. The nurse may then fax the report to the Physician.</p> <p>Resident #1 was admitted 07/08/2020 with diagnoses including Diabetes Mellites, Chronic Obstructive Pulmonary Disease and Chronic Kidney Disease Stage 3. The admissions Minimum Data Set (MDS) dated 07/15/2020 had Resident #1 coded as cognitively intact.</p> <p>The care plan dated 07/15/2020 had a focus of resident being on diuretic therapy with interventions including administer medication as ordered, assess for interactions/adverse consequences related to any other medication usage, labs per orders and report pertinent lab results to MD, may cause dizziness, postural hypotension, fatigue, and an increased risk for falls. Observe for possible side effects every shift while giving care and as needed, Physician to review for possible reduction per routine.</p> <p>Review of Resident #1's orders revealed a Physician's order on 07/23/2020 collected at 03:15 PM to obtain a Comprehensive metabolic</p> | F 773   | <p>This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied</p> <ol style="list-style-type: none"> <li>Corrective action for the Resident found to be affected by the alleged deficient practice: Resident no longer resides in the facility. No corrections will be necessary.</li> <li>Corrective action taken for those residents having the potential to be affected by the alleged deficient practice. Residents that have labs ordered have the potential to be affected by the same alleged deficient practice. Lab orders for the past 30 days have been audited for accuracy, MD and family notification, and proper follow through by nursing administration to assure compliance. Critical labs results were communicated to the physician and the facility received acknowledgement of receipt. No other Resident's had noted negative outcome.</li> <li>Measures/ changes put into place to ensure the alleged deficient practice does not re occur: The DON/ADON will in</li> </ol> |                      |   |

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| F 773  | <p>Continued From page 2 panel.</p> <p>Review of lab results for Resident #1 revealed the blood work was completed on 07/23/2020 and the report from the metabolic panel was reported by fax on 07/23/2020 at 6:02 PM. The results showed the resident's Sodium level was 129 a normal range was 136 to 145. (A low Sodium level may indicate taking diuretics, Dehydration, Kidney Disease or Kidney Failure). The Chloride level was 96 a normal range is 98 to 107. (A low Chloride level may indicate Dehydration). The CO2 (Carbon Dioxide) level was 20. A normal range is 21 to 32. (A low CO2 level may indicate Kidney Disease). The BUN (blood urea nitrogen) level was 128. A normal range is 7 to 18. (A high BUN value may indicate kidney injury or disease). The Creatinine level was 2.58. (A high Creatinine level may indicate Chronic Kidney Disease). The Glucose Random level was 162. A normal range is 74 to 106. (A high glucose level may indicate Diabetes Mellites). The Calcium level was 8.4. A normal range is 8.5 to 10.1. (A low Calcium level may indicate kidney disorders). The total Protein level was 5.7. A normal range is 6.4 to 8.2. (A low total Protein level could indicate kidney disease). The Albumin level was 2.7. A normal range is 3.4 to 5.0. (A low Albumin level may indicate a disorder with the liver or kidneys). The GFR (glomerular filtration rate) level was 16.1. A normal range is greater than 60. (A low GFR level may indicate kidney disease).</p> <p>There was no documentation in the resident's record the lab result was called to the physician on 07/23/2020.</p> <p>During a telephone interview with Nurse #1 on 01/28/2021 at 10:46 AM, Nurse #1 stated she remembered Resident #1 and this resident was</p> | F 773   | <p>service licensed nursing on the policy/protocol for obtaining, reporting to appropriate physician and following up on lab orders by date of compliance. PRN nurses will be in serviced prior to first scheduled work day. All nurses will be Skill checked off on "Lab Result Reporting" and "Lab Order Protocol Competency" PRN nurses will be checked off prior to first scheduled work day.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice will not re occur: All Critical labs will be reviewed in Morning Clinical Meeting. DON/ADON will ensure labs were followed through and reviewed with the Medical Director. Unit Coordinators will ensure nurses have called all critical labs to the physician upon notification from the lab. Nursing administration will audit Critical lab results for residents twice weekly x 4 weeks, then twice monthly x 3 months, Then 3 X quarterly as needed until 95% compliance is achieved. Any negative trends will be reviewed in monthly QA meeting.</p> <p>5. Date the systemic change(s) will be completed: February 19, 2021</p> |                      |   |

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| F 773  | <p>Continued From page 3</p> <p>admitted for rehab for hip surgery. The abnormal lab report on 07/23/2021 was not called in to the Physician because if she would have called the Physician, there would be a note in the residents' medical records. Nurse#1 also stated she didn't see the Metabolic Panel lab results because she was focused on the CBC (complete blood count) because the resident was having issues with her H &amp; H (Hemoglobin and Hematocrit) levels. Nurse #1 further stated when labs come in, they are signed and dated by the nurse to indicate they were seen, and abnormal lab values are to be called in to the Physician for further orders.</p> <p>During a telephone interview with the Nurse Practitioner (NP) on 01/27/2021 at 4:35 PM, the NP stated she did not receive a call concerning the abnormal lab results for Resident #1 on 07/23/2020. The NP also stated she should have received a call when there were abnormal results.</p> <p>During a telephone interview with the Medical Director on 01/28/2021 at 11:43 AM, the MD stated she did not receive a call about the abnormal lab values from Resident #1 and there was not a note in her chart pertaining to any abnormal lab values.</p> <p>During a telephone interview with the Director of Nursing (DON) on 01/28/2021 at 1:23 PM, the DON stated if an abnormal lab level comes back from the lab then the nurses are to call the Physician with those lab values and document it in the resident's medical records.</p> <p>During a telephone interview with the Administrator on 01/28/2021 at 1:47 PM, the Administrator stated the Physician is supposed to be called when there are abnormal labs.</p> | F 773   |   |                      |   |

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