

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

PRINTED: 01/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2012
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NAME OF PROVIDER OR SUPPLIER MEADOWWOOD NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4414 WILKINSON BLVD GASTONIA, NC 28056
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F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident, staff and physician interview and record review, the facility failed to evaluate the risk of applying moist hot packs and follow the Occupational Plan of Care for one of three sampled residents. (Resident #1)</p> <p>The findings are:</p> <p>Review of the undated manufacturer recommendations for the moist hot pack heating unit included: The water temperature in the heating unit is approximately 160 degrees Fahrenheit. Do not apply over insensitive skin or in the presence of poor circulation.</p> <p>Review of the facility's Rehabilitation policy for using moist heat dated 9/1/2002 listed contraindications for use to include sensory loss. Under the heading, "Starting the Treatment" is listed check skin sensation. "Use hot packs with EXTREME caution if sensation is lacking or diminished. Check the patient after a few minutes. More toweling may be needed between the pack and the patient."</p>	F 323	<p>Corrective action for the alleged deficient practice was accomplished for resident #1 by immediate removal of the hot pack, by the COTA, physician notification by the nurse and orders obtained for treatment of blisters.</p> <p>The family was notified as well as facility Officials on 12/17/2012.</p> <p>To ensure that others are not affected by the Same alleged deficient practice the COTA was Not scheduled in the facility during the investigation And indefinitely once the investigation was complete.</p> <p>On 01/12/2012 the director of rehab completed an educational session with all therapy staff.</p> <p>The session included the proper usage of hot packs, Contraindications, cautions, and manufactures Recommendations, return demonstration, Audit tool implementation and the importance of following Physician orders.</p>	01/27/2012
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kymberly W. King

RECEIVED
FEB 01 2012
BY: _____

Administrator 1-31-12

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 323	<p>Continued From page 1</p> <p>Resident #1 was admitted with diagnoses of hypertension, cerebrovascular accident with aphasia, depression and anxiety. Review of the current Minimum Data Set (MDS) dated 12/21/11 revealed the resident was assessed with no cognitive impairment. The resident's speech was assessed as unclear (slurred or mumbled) although he could respond adequately to simple, direct communication. The resident had limited range of motion of both upper and lower extremities on one side of his body and required extensive assistance of one staff for the majority of his activities of daily living.</p> <p>Review of a physician's order dated 12/15/11 revealed the resident was to be seen by Occupational Therapy 5 times a week for 8 weeks for therapeutic exercises to increase mobility and decrease contractures of his right upper extremity. Apply resting hand splint to right hand. Monitor use of splint and instruct resident and staff in proper use of it.</p> <p>Review of the Occupational Therapy Evaluation completed on 12/15/11 revealed the resident had limited range of motion of the right shoulder and contractures of the right hand. The Occupational Therapist (OT) documented the resident was receiving gentle stretching exercises to the resident's right upper extremity and the hand splint was applied.</p> <p>The OT Therapy note dated 12/16/11 and signed by Certified Occupational Therapist Assistant (COTA) #1 stated the resident was found wearing the hand splint. The right hand splint was removed and gentle massaging and range of motion (ROM) to the right hand was provided.</p>	F 323	<p>Beginning 01/12/2012 the facility began using</p> <p>A monitoring tool daily, completed a skills validation</p> <p>On all therapy employees, and completed an audit of all</p> <p>Medical records to ensure appropriate orders for</p> <p>Treatment. The facility instituted the policy that all</p> <p>Therapist must complete a skills validation and</p> <p>Comprehension Checklist prior to treating residents.</p> <p>The system put into place is the daily use of the</p> <p>monitoring tool and daily audit of each employee applying</p> <p>hot packs. This tool will be completed daily for six months</p> <p>by the Rehab Director , or Licensed nurse</p> <p>to ensure that the system is in use and no issues noted.</p> <p>After six months the monitoring tool will be</p> <p>completed monthly for 6 months</p>	
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F 323	<p>Continued From page 2</p> <p>There was no documentation related to moist hot packs being applied to the resident's right hand.</p> <p>Review of a nurse's note dated 12/17/11 at 1:30 p.m. documented the resident showed the nurse supervisor the knuckles of his right hand. Two blisters without redness or swelling were noted. The resident communicated through gestures and yes/no answers that the blisters occurred during his therapy session on 12/16/11. The resident indicated that something hot had been placed on his hand. A fax was sent to the physician notifying him of the two blisters on the resident's hand. Treatment orders from the physician were received on 12/17/11 to apply skin prep to blisters on right hand every shift. "Blisters intact." On 12/26/11, the orders were changed to discontinue the skin prep and clean with normal saline. Apply a topical antibiotic ointment and cover with a clear, adhesive dressing which was to be changed every three days and whenever necessary. The last treatment order was received on 12/27/11 which stated to change the dressing from the clear dressing to an SS (silver sulfadiazine, a topical medication in the treatment of partial-thickness burns or secondary degree burns) D (dressing) and to cover it with tape. The dressing was to be changed every day and whenever necessary.</p> <p>Observation on 1/12/12 at 10:45 a.m. revealed Resident #1 sitting in the therapy room receiving passive range of motion by COTA #2. The resident had a dressing covering the back of his right hand. When asked, the resident pointed to the heating unit for moist hot packs and stated "hot, burn." COTA #2 then placed the splint on</p>	F 323	<p>To ensure that the system remains in effect the DON Or Administrator will monitor completion of the Monitor tools twice weekly for 90 days. Any issues will be Corrected immediately. The DON will prepare and compiled a report monthly for 6 months and present to QA for monitoring.</p>		

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F 323	<p>Continued From page 3</p> <p>the resident's right hand showing that it did not rest against the dressing.</p> <p>During an observation and interview on 1/12/12 at 12:50 p.m. the Restorative Aide stated hot packs were only used with a physician's order. She demonstrated how the packs were removed from the heating unit and wrapped inside a specially designed cover. The wrapped hot pack was then placed inside a folded bath blanket. Prior to placing it against a resident, she stated a towel was used as another barrier between the resident and the hot pack. The aide also stated residents should not be left alone with a hot pack.</p> <p>A second observation of Resident #1 on 1/12/12 at 1:40 p.m. revealed he was sitting in his wheelchair without a dressing on the back of his right hand. The knuckle of the first finger had a circular scabbed area approximately .5 centimeter (cm) in diameter. The second knuckle had a circular superficial open area approximately 1 cm in diameter.</p> <p>During a telephone interview on 1/12/12 at 1:55 p.m., the Occupational Therapist stated she completed the evaluation on Resident #1 on 12/15/11. On 12/16/11, she returned and saw Resident #1 with the hot pack on his right hand. She stated that staff should not have placed a hot pack on Resident #1's hand because of the resident's "decreased sensation" in that extremity and there was not a physician's order for the use of moist heat. She stated that she told COTA #1 to remove the hot pack. She added that the pack was wrapped correctly and did "not think it had been on very long."</p>	F 323		

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F 323	<p>Continued From page 4</p> <p>Interview with the Director of Nurses (DON) on 1/12/12 at 2:35 p.m. revealed an investigation into the incident involving Resident #1 began on 12/17/11. Although the facility had been unable to contact COTA #1, the resident had previously indicated to her the blisters came after the hot packs were applied.</p> <p>During a telephone interview on 1/12/12 at 3:30 p.m., COTA #1 stated she put the moist heat on the resident's right hand because she thought she had verbal approval from the OT. She stated she did not have a physician's order and was unaware of the resident's decreased sensation in the right upper extremity. She added that after she applied the hot packs, she stepped outside the door to discuss the resident with the OT. There was other staff in the therapy room at this time, but no one was specifically with Resident #1. She stated the hot pack was on the resident's hand for approximately 5 minutes. She also stated when she removed the hot pack from the resident's hand, she did not see any blisters</p> <p>Telephone interview on 1/18/12 at 12:55 p.m. with the physician confirmed Resident #1 had decreased sensation on his right side which would have been more of a risk. He stated that generally, he did not have a problem with moist hot packs but expected staff to obtain an order from him prior to using them.</p>	F 323	<p><i>Disclaimer statement:</i></p> <p><i>Preparation and submission of this plan</i></p> <p><i>Of correction is in response to the</i></p> <p><i>2567 from the survey of Jan. 12, 2012</i></p> <p><i>And admission by Meadow Wood</i></p> <p><i>Nursing Center of the truth of the</i></p> <p><i>Facts alleged or the correctness</i></p> <p><i>Of the conclusions stated on the</i></p> <p><i>Statement of deficiencies, findings,</i></p> <p><i>Conclusions, and actions of the agency.</i></p> <p><i>This plan of correction is prepared</i></p> <p><i>And submitted solely because of</i></p> <p><i>State and federal regulation and</i></p> <p><i>Functions as the facility's credible</i></p> <p><i>Allegations of compliance.</i></p>		