

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

PRINTED: 02/15/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/07/2012
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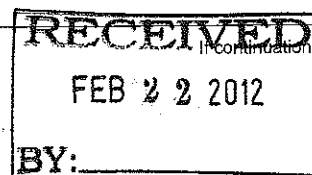
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide treatment for complaint of pain for one(1) of three(3) sampled residents (Resident #2.)</p> <p>The findings are: Resident #2 was admitted to the facility 08/29/11 with diagnoses which included personal history of fall and muscle weakness.</p> <p>Review of the initial nursing assessment dated 8/29/11 revealed in the past five days the resident had not been on a scheduled pain medication regimen, had received PRN (as needed) pain medications, and had experienced pain in the last five days.</p> <p>Review of Physician orders dated 08/31/11 revealed orders for Tylenol 650 mg (milligrams) every four (4) hours as needed for pain or fever.</p> <p>A plan of care was developed with focus on alteration in comfort and risk for complications of infections related to multiple skin tears/abrasions.</p>	F 309	<p>The center provides the following plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and executed solely because it is required by provisions of Federal State law. The facility reserves all rights to contest the survey findings through dispute resolution, final appeal proceedings or any administration or legal proceedings.</p> <p>F 309 allegation: Failed to Provide treatment for Complaint of pain</p> <p><u>Corrective action for affected resident:</u> Resident was discharged 8/31/11 and was not a resident on 2/7/12 the date of survey.</p> <p><u>Corrective action for those potentially affected:</u> Residents assessed (100%) for pain, if pain is present a nursing pain assessment is performed. Pain medication is administered as indicated by the nurses assessment and as ordered by the physician.</p>	3/2/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Mary Ann Fisher* TITLE: *Administrato* (X6) DATE: *2/18/12*

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 309	<p>Continued From page 1</p> <p>Goals included for resident to remain free of complications/infections and to achieve acceptable level of pain control for 90 days. Interventions included monitoring for and evaluating pain, completing pain assessment per protocol and to medicate as ordered.</p> <p>Review of a NN (Nurse's Note) dated 09/03/11 at 12:12 AM revealed Resident #2 complained of pain and discomfort in left elbow. Further documentation revealed LN#1 had cleansed and redressed a current skin tear that Resident #2 had above the left elbow but there was no documentation addressing the resident's complaint of pain.</p> <p>Review of the MAR (Medication Administration Record) for the month of September 2011 revealed no PRN pain medication documented as given.</p> <p>During an interview on 02/07/12 at 3 PM, LN #1 stated the 12:15 AM time reflected on the NN dated 09/03/11 was the computerized generated time for when she had entered the note. She stated she had cared for the resident on the evening shift of 09/02/11. LN #1 stated Resident #2 had wounds on his arms when he was first admitted on 08/29/11 consisting of skin tears, bruises and dressings. LN #1 stated around 5 PM on 09/02/11 (could not recall exact time), that Resident #2 had complained of his arm hurting and she had encouraged him to elevate his arm and thought she had given the resident some pain medication but could not recall what kind. LN#1 further stated she cleaned and dressed the resident's arm and thought she had given the resident pain medication, but that this would have</p>	F 309	<p>The nurse will assess and document the effectiveness of the pain medication in the medical record. If nurse identifies, through assessment, the presence of pain without pain medication orders, the physician will be notified. Pain medication will be administered per the physician orders. Effectiveness of pain medication will be documented in the medical record. Inservice education on pain medication process and protocols was provided.</p> <p><u>Systemic changes:</u> Residents will be assessed on admission for complaints of pain and while a resident at Mooresville Center. If pain is noted, or if patient complains of pain a nursing assessment will be performed. The nurse will review physician orders and administer pain medication as indicated and as ordered by the physician. Administration of pain medication and effectiveness of the medication will be</p>		

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F 309	Continued From page 2 been documented on the MAR. LN#1 reviewed the MAR and stated she must not have given the resident anything for pain. LN#1 further stated she had checked on the resident later in the evening and but did not remember if he complained of any more pain that evening. Review of subsequent NN dated 09/03/11 at 04:38 AM revealed the resident was lying in bed with no complaint, no discomfort and no distress noted. During an interview on 02/07/12 at 12:35 PM, the DON (Director of Nursing) stated if a resident complained of pain a complete pain assessment should be done and medications should be given as ordered. If no pain medications were currently ordered, the physician should be contacted for an order. The DON reviewed the resident's record and concluded no PRN pain medication had been given on 09/02/11.	F 309	documented in the medical record. If nurse identifies, through assessment, the presence of pain without pain medication orders, the physician will be notified. Pain medication will be administered per the physician orders. Effectiveness of pain medication will be documented in the medical record. DON or designee will perform audits for 10% of the patient population weekly times two weeks, monthly times three months and quarterly times three quarters to assure pain assessments are complete, pain medication orders are in place as indicated, pain medication is administered per the nurses assessment and medication and effectiveness of medication is documented in the medical record. Results of these audits will be reviewed in monthly QA meetings. <u>Quality assurance and monitoring:</u> DON or designee will perform audits for 10% of the patient population weekly times two weeks, monthly times three months and quarterly times three quarters to assure		

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