PRINTED: 05/16/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION V(X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WNG 345358 05/02/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG NURSING CENTER LOUISBURG, NC 27649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION . (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY)** F323 F 323 483.25(h) FREE OF ACCIDENT F 323 Standard Disclaimer: HAZARDS/SUPERVISION/DEVICES SS=D This plan of correction is provided as a necessary requirement of continued The facility must ensure that the resident participation in the Medicare and Medicaid environment remains as free of accident hazards program(s) and does not, in any manner, as is possible; and each resident receives constitute an admission to the validity of adequate supervision and assistance devices to the alleged deficient practice. prevent accidents. Resident #2 is has been re-evaluated for use of personal alarm and risk for falls. Care plan has been updated. All nursing staff has been in-serviced on This REQUIREMENT is not met as evidenced appropriate monitoring of personal alarms by: with attention to tolleting residents with Based on observation, staff and resident alarms. interviews and a review of medical records the facility failed to assure that 1 of 3 residents All alarms are noted on MAR for q shift (Resident #2) received adequate supervision to verification by nursing staff. prevent an accident. Residents who are at risk for falls and/or fall related injuries are reviewed weekly Findings: during Person At Risk weekly mtg. Resident #2 was admitted to the facility on All nursing staff have attended the in-2/13/12 with diagnoses including Cerebral service and DVD review on "Mobility and Vascular Accident, Macular Degeneration and Safe Movement of the Elderly: Improving delirium tremore. An undated Fall Risk your skills to prevent injuries and reduce Assessment indicated that she was at High Risk fells" by Teepa Snow as approved by for falls. The Director of Nursing (DON) on DHSR. interview on 5/2/12 at 2:55pm stated that this The Interdisciplinary Care Plan Team shall undated Falls Assessment was completed on ensure compliance with care plan reviews 2/13/12 as part of the resident 's admission for residents who have personal alarms assessment.

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

Vernulyea RN

The 30 day MDS (Minimum Data Set)

assessment dated 3/27/12 Indicated that Resident #2 had severe cognitive deficits and required the extensive assistance of 1 person for bed mobility and transfers including tolleting.

, ,

TITLE

and/or incidents/accidents related to falls.

Any identified discrepancies shall be

5/29/12

5/30/12

Any deficiency statement ending with an asterlish (*) 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 60 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.

remediated.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, 1	(X2) MULTIPLE CÓNSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345358 B, WING			C 05/02/2012				
	ROVIDER OR SUPPLIER			20	EET ADDRESS, CHY, STATE, ZIP CODE 2 SMOXETREE WAY DUISBURG, NC 27649			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			OVIE CONDITION (X2)	
	secondary to impaired impulsive behavior. Tuse of a clip alarm to transfer. Resident #2 was obsessive was in bed with a place on the bed and the wheelchair next to the interviewed on 5/1/12 she needed help goin she had one fall result could not recall when stated she had only bor so. During an interview or aide (NA#1) assigned the resident needed 1 bathroom. She revea alarms and a fall mat if She stated that staff the "immediately respondent in use and if the "immediately respondent indicated the resident needed 1 had not indicated the resident frevealed a Nurses Not that indicated the resident findicated that Resident fumb on BR (bath rock indicated that Resident thumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb on BR (bath rock was a second for the resident fumb of the rock was a second for the resident fumb of the rock was a second for the rock was a	2/22/12 included ass Resident #2's fall risk if functional mobility and the interventions included alert staff of attempts to self erved on 5/1/12 at 7:20pm. The pressure sensitive alarm in a clip type alarm secured to the bed. There was a fall the bed. When she was at 7:48pm she stated that g to the bathroom and that ting in some hip pain. She the fall happened and the fall happened and the facility for 1 week to Resident #2 stated that person to assist her to the ted that there were personal in use for fall prevention. ad to make sure the alarms alarm sounded staff had to the fact of the fall of the fall record the dated 3/22/12 at 8:40pm tent sustained a skin tear of further information.	F3	323	The plan of correction for this deficient practice shall be include addendum to the facility's mos Quality Assurance Committee minutes. Additionally, the Admit DON and/or Clinical Coordinat report any episodes of non-cor with Physician recommendations/fidentified to Quality Assurance Comonthly for three months are quarterly thereafter.	d as an trecent meeting nistrator, or shall npliance ollow-up mmittee		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES	OMB NO. 0938-0391						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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	345358 .		B. Wil	ю <u> —</u>		C 05/02/2012			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE						
		•		202 SMOKETREE WAY					
LOUISBUI	RG NURSING CENTER			LOUISBURG, NC 27649					
	SUMMARY STATEMENT OF DEFICIENCIES			J	PROVIDER'S PLAN OF CORRECTI	TION OS			
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREF	łX	(EACH CORRECTIVE ACTION SHOULD BE		CONSTERIOR		
TAG	REGULATORY OR LSC (DENTIFYING INFORMATION)		TAG	;	CROSS-REFERENCED TO THE APPRO	DATE			
					DEFICIENCY)				
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F 323	Continued From page	2	F	323					
	During an Interview of	n 5/2/12 at 10am the NA							
	(NA#2) who had assis	sted Resident #2 on the				ļ			
	evening of 3/21/12 inc	dicated that the resident had							
	removed the clip alan	m and transferred herself			1				
		/12. The NA stated that the		:	* · · · · · · · · · · · · · · · · · · ·				
		e emergency call light in the	1		4	j			
	bathroom to call for assistance. The NA								
-	indicated that she was in the next room which is]				
	connected to Resident #2 's room via the bathroom. She stated that she heard the bathroom call light and responded. She found Resident #2 seated on the toilet and the resident requested help to transfer to the wheelchair. The				1				
					1				
					·				
	NA reported that she								
		or not more then 10 or 15					,		
٠		shed caring for the resident							
	not quite 10 minutes :	She then reported that in			·	ļ	•		
	Resident #2 and foun								
	transferred herself of				ĺ	ļ			
		r wheelchair. She stated				ŀ			
•		the resident's clip alarm							
		that the resident had blood			•	ļ			
	on her hand.	•				Ī			
		·			į.		•		
	NA#2 reported that sl	ne did not hear an alarm	1		į	į			
		had remoyed it. She stated			:	ı	·		
		was caring for in the next			İ				
	room was safely in he	or bed when she responded				,			
	to Resident #2's req	uest for help. She stated			}				
	that when she left Re	sident #2 seated on the							
	toilet she closed the b								
		s and put night clothes on					,		
	the other resident. Sl	ne indicated she could not							
		that she left her alone on	1			.	·		
		10 minutes. She indicated							
	that she believed Res	sident #2 had transferred			1				

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

PRINTED: 05/16/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROMDER OR SUPPLIER LOUISBURG NURSING GENTER LOUISBURG NURSING CORRECTIVE ACTION SHOW DIS COMMITTED TAYS REQUITED THE PROPRIES OF THE PROPRIE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER STREET ADDRESS, CITY, STATE, 2IP CODE 202 SMOKETREE WAY LOUISBURG, NO 2749 PREFIX PAPER OR PROFIDENCY MUST BE PRECEDED BY FULL REQUI AT JORY OR I SCIDENTIFONG INFORMATION) F 323 Continued From page 3 herself into the bathroom and then used the call light to seek assistance out of the bathroom. She reported \$\frac{1}{2}\$ that she didn't think Resident #2 would by to transfer herself booause she had put the call light on for help. She stated that she was trained not to leave residents with personal alarms unattended when in the bathroom. On \$52/12 at 11:25pm a Mod Aide (MA#1) was Interviewed in regard to residents who have personal alarms unattended when the belt alone while in the bathroom. During an Interview on \$52/12 at 11:28am a NA (NA#3) who has worked at the facility for 2 years stated that residents who have personal alarms are closely supervised when using the bathroom. On Interview on \$52/12 at 11:38am a nurse (LPN#1) who was assigned to Resident #2 indicated that it was the policy of the facility to keep residents with personal lairms are closely supervised when using the bathroom use. She stated that this was done to prevent unassisted transfers. During an interview on \$52/12 at 11:50am the NA (NA#4) assigned to Resident #2 stated that two has be tolled the resident she remained in the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom in the doorway and kept the resident to the bathroom in the doorway and kept the resident to the bathroom in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the bathroom or in the doorway and kept the resident to the se			345358						
F 323 Continued From page 3 herself into the bathroom and then used the call light to seek assistance out of the bathroom. She reported that she didn't think Resident #2 would try to transfer herself because she had put the call light on for help. She stated that she was trained not to leave residents with porsonal alarms unattonded when in the bathroom. On 5/2/12 at 11:25pm a Med Aide (MA#1) was interviewed in regard to residents who have personal alarms. She stated that while tolleting a resident who had a personal alarm is turned off and the resident is not to be left alone while in the bathroom. During an interview on 5/2/12 at 11:28am a NA (NA#3) who has worked at the facility for 2 years stated that residents who have personal alarms are closely supervised when using the bathroom. "Wo make sure we can see them" while allowing privacy and provide "close supervision." On interview on 5/2/12 at 11:38am a nurse (LPN#1) who was assigned to Resident #2 in your vision "when alarms are turned off during bathroom use. She stated that this was done to prevent unassisted fransfers. During an interview on 5/2/12 at 11:50am the NA (NA#4) assigned to Resident #2 stated that when she tolleted the resident she romained in the bathroom or in the doorway and kept the resident in the sight "bocauses she will gut up unassisted	·			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY					
herself into the bathroom and then used the call light to seek assistance out of the bathroom. She reported that she idin't think Resident #2 would by to transfer herself because she had put the call light on for help. She stated that she was trained not to leave residents with personal alarms unattended when in the bathroom. On 5/2/12 at 11:25pm a Med Aide (MAiff) was interviewed in regard to residents who have personal alarms. She stated that while tolleting a resident who had a personal alarm the alarm is turned off and the resident is not to be left alone while in the bathroom. During an interview on 5/2/12 at 11:28am a NA (NAM3) who has worked at the facility for 2 years stated that residents who have personal alarms are closely supervised when using the bathroom. "Wo make sure we can see them" while allowing privacy and provide "close supervision." On interview on 5/2/12 at 11:38am a nurse (LPNi/1) who was assigned to Resident #2 indicated that it was the policy of the facility to keep residents with personal alarms "in your vision" when alarms are turned off during bathroom use. She stated that this was done to prevent unassisted transfers. During an interview on 5/2/12 at 11:50am the NA (NA/4) assigned to Resident #2 stated that when she toileted the resident she remained in the bathroom or in the doorway and kept the resident in her slight" because she will get up unassisted	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE				
in you leave rief.	F 323	herself into the bathro light to seek assistance reported that she didray try to transfer herself to call light on for help, trained not to leave realarms unattended with the construction of the call light on for help, trained not to leave realarms unattended with the construction of the call light on for help, trained not to leave realarms unattended with the construction of the call light on the call light of the call li	com and then used the call ce out of the bathroom. She in 't think Resident #2 would because she had put the She stated that she was esidents with personal then in the bathroom. In a Med Aide (MA#1) was to residents who have a stated that while tolleting a tersonal alarm the alarm is ident is not to be left alone. In 5/2/12 at 11:28am a NA ted at the facility for 2 years who have personal alarms divident is not to be attroom. In 5/2/12 at 11:28am a NA ted at the facility for 2 years who have personal alarms divident is not to be attroom. In 5/2/12 at 11:38am a nurse signed to Resident #2 to provide " close supervision. In 5/2/12 at 11:50am the NA tesident #2 stated that when the sident #2 stated tha	F 323					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/16/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING C. B. WNG_ 345358 05/02/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG NURSING CENTER LOUISBURG, NC 27649 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) DATE ĐẠT CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 4 F 323 On interview on 5/2/12 at 12pm a PTA (physical therapy aide #1) who had worked with Resident #2 from 2/13/12 to 3/28/12 stated that Resident #2 could get up from a bed or chair unassisted. She indicated that the resident when toileted needed someone with her. She stated that the resident was unsafe when turning or reaching for safety bars and that the resident was very inconsistent. She stated that staff " could be in the doorway keeping her in sight but not walk away and leave her unsupervised, " During an interview on 5/2/12 at 12:05pm the DON stated that her expectations would have been that the NA would have assisted Resident #2 from the tollet on the evening of 3/21/12 and then resumed care for the resident who was already in bed. On interview on 5/2/12 at 4:05pm the Administrator stated that when the 3/21/12 incident was reviewed at morning meeting they determined the causal factor to be the resident 's self transfer. They did not identify that the resident was left unsupervised in a bathroom.

F323

Standard Discisions:

This plan of correction is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice.

Resident #2 is has been re-evaluated for use of personal alarm and risk for fells. Cere plan has been updated.

All nursing steff has been in-serviced on appropriate monitoring of personal alarms with attention to toileting realdents with alarms.

All alarms are noted on MAR for q shift for verification by nursing staff.

Residents who are at risk for fells and/or fall related injuries are reviewed weekly during Person At Risk (PAR) weekly mig.

An nursing stell have attended the inservice and DVD review on "Mobility and Safe Movement of the Elderly, improving your skills to prevent injuries and reduce talls" by Teepa Snow as approved by DHSR.

The Interdisciplinary Care Plan Team shall ensure compliance with care plan reviews for residents who have personal alarms and/or incidents/accidents related to fulls. Any identified discrepancies shall be remodiated.



The DON/Administrator and/or designed shall mentor nursing staff weekly for compliance with fall prevention process and the safe monitoring of residents with alarms weekly x 4 weeks and then monthly/pm thereafter. Any variances identified will be included in the morning meetings, weakly PAR meetings and QA committee.

The plan of correction for this alleged deficient practice shall be included as an addendum to the facility's most recent Quality Assurance Committee meeting minutes. Additionally, the Administrator, DON and/or Clinical Coordinator shall report any episodes of non-compliance with Fall Prevention process and personal alarm use recommendations/follow-up

5/30/12

identified to Quality Assurance Committee monthly for three months and then quarterly thomsefter.