

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

NOV 02 2012

PRINTED: 10/26/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/12/2012
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NAME OF PROVIDER OR SUPPLIER  BRIGHTMOOR NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 610 WEST FISHER STREET SALISBURY, NC 28146
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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 322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and record review the facility failed to administer tube feeding as ordered for 1 of 3 residents with a tube feeding (Resident #1).</p> <p>The findings include:</p> <p>Resident #1 was admitted on 10/5/07 and readmitted on 10/7/10 with cumulative diagnoses including: dysphagia, congestive heart failure, chronic renal insufficiency, hemiplegia and had a colostomy and feeding tube.</p> <p>The Annual Minimum Data Set (MDS) Assessment dated 7/3/12 revealed Resident #1 had unclear speech, was rarely understood, could rarely understand and was severely impaired in decision making. Resident #1 was also assessed and being totally dependent for all activities of daily living. She was coded as being 65 inches tall and weighing 235 pounds and as having a feeding tube that provided 51 percent or more of her nutrition.</p>	F 322	<p>THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.</p> <p>* F: 322 <u>ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u></p> <p>All nurses have been re educated on October 11, 2012 by the Director of Nursing to ensure that each resident that has a gastrostomy tube receives the appropriate amount of nutrition on a daily basis.</p> <p><u>ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</u></p> <p>An in service was held on October 11, 2012 by the Director of Nursing for all nurses regarding residents with gastrostomy tubes. A new policy was created and implemented on 10/11/12 concerning gastrostomy tubes. Along with the new policy a form was created called "The Gastrostomy Tube Audit" which includes making rounds oncoming and off going shifts on residents with gastrostomy tubes. The audit form is used by oncoming and off going charge nurses and includes making rounds per shift on residents with gastrostomy tubes which include name of resident, date, time the round was made, amount of formula dispensed by the pump at that time, and that all information on bottle of formula is complete.</p>	10/11/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Adm (X6) DATE 10-30-12

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 322	<p>Continued From page 1</p> <p>Review of the Physician's Orders and Medication Administration Record (MAR) revealed a 7/25/12 order for Jevity 1.2 liquid 80 cc (cubic centimeters/milliliters) by gastric tube starting at 10 AM for 18 hours (off at 4 AM).</p> <p>Review of the medical record from 7/25/12 to 10/11/12 revealed no unexpected weight loss.</p> <p>On 10/11/12 at 5:45 PM Resident #1 was observed resting in bed with the head of the bed up 45 degrees. The tube feeding pump was turned off and an empty bottle of Jevity 1.2 (1000 cc volume) was hanging; no tube feeding formula was infusing and no tube feeding formula was available to infuse on this observation. The empty Jevity 1.2 bottle was had a handwritten date and time hung on it of 10/10/12 at 8:15 PM.</p> <p>Review of the Intake/Output record for 10/11/12 on 7 - 3 shift revealed an intake of 404 cc recorded.</p> <p>On 10/11/12 at 6 PM the MDS Coordinator and Nurse #1 were accompanied to Resident #1's room to observe the resident and her tube feeding. During interview at this time both the MDS Coordinator and Nurse #1 acknowledged the tube feeding was empty and not running but that it should have been running. Nurse #1 stated it was running when she gave 5 PM medication to Resident #1 and no one reported to her that the pump had alarmed and had been turned off. Nurse #1 also said that she did not do change of shift rounds with the outgoing Nurse from first shift (Nurse #2).</p> <p>Review of the Physician's Telephone orders for</p>	F 322	<p>Any discrepancies noted during the audit must be immediately reported to the on call administrative person. Failure of oncoming and off going nurse to do so will result in immediate termination of both nurses.</p> <p><u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u></p> <p>Each nurse will complete a competency by October 19, 2012 which will be done by the Director of Nursing, Clinical Service Nurse, and MDS Nurse in these areas: 1.) A competency on maintenance of gastrostomy tubes including the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal pharyngeal ulcers and administration of tube feedings as ordered. 2.) Competency in completion of the QA form created called "The Gastrostomy Tube Audit" which includes: name of resident, date, time that round was made, formula dispensed by the pump at that time, and that all information on bottle of formula is complete to assist oncoming and off going nurses in ensuring that the tube feeding has been administered as ordered.</p> <p>If any nurse fails to demonstrate competency in these two areas they will be removed from the assignment and will be unable to continue nursing duties with any resident with a gastrostomy tube. The Director of Nursing will be responsible for reeducating the nurse and making sure the competency is passed before the nurse returns to an assignment with residents with gastrostomy tubes.</p>	

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F 322	<p>Continued From page 2</p> <p>10/11/12 (no time specified) revealed an order to increase Jevity 1.2 to 98 cc per hour for 9 hours, then decrease the rate to 80 cc per hour and turn the feeding off at 4 AM, (on at 10 AM and off at 4 AM daily). The order also indicated Resident #1's vital signs and lung sounds were to be checked hourly with the increased flow rate and the tube feeding was to be stopped and the doctor notified if vomiting occurred.</p> <p>On 10/12/12 at 8:30 AM interview with the Administrator revealed it was her expectation that staff do change of shift rounds with the oncoming and outgoing staff. She also stated that the Registered Dietician was consulted and the Physician was notified for orders regarding the tube feeding amount they calculated that she had missed. She added that Resident #1 was monitored for vital signs and lung sounds throughout the night and tolerated the small temporary increase in her tube feeding volume to make up the difference. The Administrator said that she had already initiated corrective actions and quality assurance monitoring to correct this oversight.</p> <p>On 10/12/12 at 3:35 PM, telephone interview with Nurse #2 revealed she recalled turning on the tube feeding pump at 10 AM on 10/11/12 and she thought there had been about 1/2 a bottle of tube feeding left and said that she did not hang a new bottle. She acknowledged that given the date and time of the tube feeding bottle (originally hung on 10/10/12 at 6:15 PM) approximately 800 cc of the 1000 cc bottle should have infused by the time she restarted it at 10 AM but she also stated that the formula bottles tend to be filled over the 1000 cc mark. Nurse #2 added that at</p>	F 322	<p><u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u></p> <p>Each nurse will complete a competency by October 19, 2012 which will be done by the Director of Nursing, Clinical Service Nurse, and MDS Nurse in these areas:</p> <ol style="list-style-type: none"> <li>1.) A competency on maintenance of gastrostomy tubes including the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal pharyngeal ulcers and administration of tube feedings as ordered.</li> <li>2.) Competency in completion of the QA form created called "The Gastrostomy Tube Audit" which includes: name of resident, date, time that round was made, formula dispensed by the pump at that time, and that all information on bottle of formula is complete to assist oncoming and off going nurses in ensuring that the tube feeding has been administered as ordered.</li> </ol> <p>If any nurse fails to demonstrate competency in these two areas they will be removed from the assignment and will be unable to continue nursing duties with any resident with a gastrostomy tube. The Director of Nursing will be responsible for reeducating the nurse and making sure the competency is passed before the nurse returns to an assignment with residents with gastrostomy tubes.</p>		

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F 322	Continued From page 3 2:30 PM on 10/11/12 she checked the tube feeding that was still infusing and documented the volume that the pump indicated had infused since 10 AM. Nurse #2 said she then cleared the volume on the pump for the next shift per protocol but that at change of shift she and Nurse #1 did not do rounds together, although change of shift rounds with outgoing and incoming staff was the facility 's expected practice.	F 322	<u>INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE PoC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY:</u>  The Director of Nursing, Clinical Service Nurse and MDS Nurse will conduct QA's to ensure appropriate nutrition has been administered per the facility's protocol and policy. The QA's will be conducted as follows: Two residents three times a week for two months, then two residents two times a week for one month, then one resident one time a week for one month, and then as needed.  These audits will be reviewed by the facility administrator within 24 hours of completion and by the QA Committee monthly to ensure that corrections are achieved and sustained. The QA Committee will be responsible for ensuring the current intervention plan is working or implement a new one if it is determined the current intervention plan is not adequately addresses the alleged deficient practice.		